STATEMENT OF ORGANIZATION

OFFICE USE ONLY 1/3

08

PAC
S/O
1/25

Rec # 7196
1798

08027776

1. Name and Address of Committee
Louisiana Dental Political Action Committee
7833 Office Park Blvd

Baton Rouge LA 70809

Check if new committee ___

2. Date of this Statement
01/24/2008

3. Estimated Membership
585

4. Amended Statement?
___Yes X No

5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors)

Position	Name	Address
Chairperson		
Treasurer		

Please see attached sheets.

6. Affiliated Organizations
(Any organization, other than a political committee, which directly or indirectly established, administrators or financially supports this committee.)

Name	Address	Relationship to Committee

Please see attached sheets.

7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions)

Name	Address

Please see attached sheets.

8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: ___ Principal Campaign Committee ___ Subsidiary Committee

b. Name of Candidate

c. Office Sought by the Candidate

Please see attached sheets.

9. Name of Person Preparing Report

Daytime Telephone

Please see attached sheets.

10. WE HEREBY CERTIFY that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge, information and belief

Dated 01/24/2008

David A. Kessel, DMD
Signature of Committee Chairperson

337.478.8611
Daytime Telephone Number

Guy Ribando, DDS
Signature of Committee Treasurer if any

504.341.3120
Daytime Telephone Number

Form 200, Rev 3/98

COMMITTEES WITH OVER 250 MEMBERS

The following certification is OPTIONAL and should be completed ONLY if it is applicable to your committee. Completion of this certification doubles the normal limitations on the amounts of contributions to candidates that are otherwise applicable to political committees.

WE HEREBY CERTIFY that the membership of this political committee exceeded two hundred fifty (250) members as of December 31 of the calendar year immediately preceding the date date of this STATEMENT OF ORGANIZATION. We further certify that at least two hundred fifty (250) of the members of this political committee contributed at least fifty dollars($50.00) to this committee during the calendar year immediately preceding the date of this Statement of Organization.

Dated 01/24/2008

David A. Kestel, DMD
Signature of Committee Chairperson

Guy Ribando, CPA
Signature of Committee Treasurer, if any

INSTRUCTIONS FOR COMPLETION OF STATEMENT OF ORGANIZATION

1. A $100 filling fee must accompany this form. The fee should be paid with a committee check payable to 'Campaign Finance.'
2. This form must be filed every year between January 1 and January 31, subject to the following exceptions:
   -if a committee organizes after January 31, then this form must be filed within 10 days of the date of organization.
   -if the committee organizes within 10 days prior to an election, then this form must be filed within 3 days of the date of organization.
   -if the committee does not anticipate that it will have over $500 in total financial activity for a particular calendar year, it is not required to file this form for that year, if it determines later in that year that it will exceed $500 in total financial activity then this form must then be filed within 10 days.
3. Committee names must comply with the following rules:
   -The name cannot be the same as or deceptively similar to the name of another political committee.
   -if the committee supports only one candidate, the committee name must contain the name of that candidate.
   -if the committee supports more than one candidate, the committee name cannot contain the name of an individual unless the committee name clearly reflects that the committee is not supporting or opposing only that individual.
   -If the committee uses an acronym in addition to its complete name, place the acronym in parentheses after the complete name.
   -if the committee name contains a number, spell out the number in the name and place the numerical symbol(s) in parentheses.
4. Items 1-7 on the form must be completed. If the committee has no affiliated organization, then item 6 should be marked Not Applicable(N/A). Items 9 and 10 must also be completed.
5. Item 8 should be completed only if this committee supports a single candidate. If this item is completed, there must be a Statement of Designation completed by the candidate or his principal campaign committee already on file with this office or accompanying this form.
6. Any change in this information reported on this form that occurs before the committee's next Statement of Organization is otherwise due must be reported by filing an Amended Statement of Organization within 10 days following the change. No filing fee is required for the filing of such an amendment.
7. A Certificate of Registration will be issued to each properly organized committee.
8. A committee that has over $500 of financial activity in a calendar year and does not file a Statement of Organization is subject to fines.
9. Mail or hand deliver to:

LOUISIANA BOARD OF ETHICS
SUITE 200
8401 UNITED PLAZA BLVD.
BATON ROUGE, LA 70809

Affiliated Persons / Organizations

Name and Address of Chairperson
David A. Kestel, DMD
525 W. Prien Lake Rd
Lake Charles LA 70601

Chairperson:

Daytime Telephone (Preparer):

Candidate Information
Office Sought (include title of office as well as parish, city, town and/or election district)

Name of Political Party:

☐ SUPPORTED ☐ OPPOSED by the Committee

Rel of Aff. Org. to Comm: State Chairman

Name and Address of Treasurer
Guy Ribando, DDS
2272 Barataria Blvd.
Marrero LA 70072

Chairperson:

Daytime Telephone (Preparer):

Candidate Information
Office Sought (include title of office as well as parish, city, town and/or election district)

Name of Political Party:

☐ SUPPORTED ☐ OPPOSED by the Committee

Rel of Aff. Org. to Comm: Secretary Treasurer

Name and Address of Financial Institution
Hibernia Bank
P.O. Box 3597
Baton Rouge LA

Chairperson:

Daytime Telephone (Preparer):

Candidate Information
Office Sought (include title of office as well as parish, city, town and/or election district)

Name of Political Party:

☐ SUPPORTED ☐ OPPOSED by the Committee

Rel of Aff. Org. to Comm:

Name and Address of
Accountant Amanda L. Raymond
7833 Office Park Blvd
Baton Rouge LA 70809

Chairperson:

Daytime Telephone (Preparer):

Candidate Information
Office Sought (include title of office as well as parish, city, town and/or election district)

Name of Political Party:

☐ SUPPORTED ☐ OPPOSED by the Committee

Rel of Aff. Org. to Comm: LDA Director of Accounting