STATEMENT OF ORGANIZATION

OFFICE USE ONLY 1/3 08

Rec S/O 1/22

Rec # 7148 #512

1. Name and Address of Committee
LA EYE PAC
P.O. BOX 44352

BATON ROUGE LA 70804-4352

Check if new committee ___

2. Date of this Statement
01/22/2008

3. Estimated Membership
25

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		

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

Please see attached sheets.

Name	Address	Relationship to Committee

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

Please see attached sheets.

Name	Address

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

Please see attached sheets.

b. Name of Candidate

c. Office Sought by the Candidate

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.

Please see attached sheets.

Dated 01/22/2008

Don Texada
Signature of Committee Chairperson

318-221-8646
Daytime Telephone Number

Michael Hack
Signature of Committee Treasurer, if any

225-766-7441
Daytime Telephone Number

Form 200, Rev 3/98

HAND COPY

Name and Address of Chairperson
DON TEXADA, M.D.
P. O. BOX 44352

BATON ROUGE LA 70804-4352

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: Chairperson

Name and Address of Treasurer
MICHAEL HAIK, M.D.
P. O. BOX 44352

BATON ROUGE LA 70804-4352

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: Treasurer

Name and Address of
HANCOCK BANK
P. O. BOX 4019

GULFPORT MS 39395-4019

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: Legal Depository

Name and Address of Person Preparing Report
JOE MAPES
P. O. BOX 44352

BATON ROUGE LA 70804-4352

Chairperson:

Daytime Telephone (Preparer) 225-258-9[illegible]

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: Preparer