STATEMENT OF ORGANIZATION

OFFICE USE ONLY

PAC
S/O
9/18

0805099

1. Name and Address of Committee

LOUISIANA Political
& Vikings

2. Date of this Statement

9-18-08

3. Estimated Membership

3

4. Amended Statement?

____ Yes ✓ No

Check If:

New Committee ✓ Monthly Filer ____

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

a. Name	b. Position	c. Address
CHRISTIAN COMARDA	Chairperson	4956 FOLSE DR. METAIRIE LA 70006
Kelly COMARDA	Treasurer	4956 Folse DR. METAIRIE LA 70006
CLAUDE Kelly	Vice President	9609 JUSTIN Pl. River Ridge LA 70123

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

a. Name	b. Address	c. Relationship to Committee
NONE	N/A	

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

a. Name	b. Address
FIRST BANK AND TRUST	909 Poydras Street New Orleans LA.

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

b. Name of Candidate N/A

c. Office Sought by the Candidate

9. a. Name of Person Preparing Report CHRISTIAN COMARDA

b. Daytime Telephone 504 491-2480

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.

This 18th day of September 2008

Signature of Committee Chairperson

504 491 2480
Daytime Telephone Number

Kelly Comarda
Signature of Committee Treasurer, if any

504 259 4575
504 887 2170
Daytime Telephone Number

Form 200, Rev. 12/03