

STATEMENT OF DISSOLUTION

Each political committee, including any subsidiary committee, which after having filed an annual statement of organization wishes to dissolve or disband and (1) determines that it has not received any contributions, transfers of funds, or loans and has not made expenditures, transfers of funds, or loans in the aggregate during the calendar year in excess of five hundred dollars (\$500) and does not anticipate doing so or (2) determines that it will no longer receive any contributions, loans, or transfers of funds and will no longer make any expenditures, loans, or transfers of funds, shall file a statement of dissolution with the supervisory committee prior to dissolving. All committee debts and obligations must be paid or otherwise extinguished and any funds on hand must be expended or otherwise distributed before a political committee can dissolve.

Hand deliver or mail to: **CAMPAIGN FINANCE, 2415 Quail Drive, 3rd Floor, Baton Rouge, LA 70808**

1. Full Name and Address of Political Committee

CITIZENS FOR LOCAL HEALTHCARE
P.O. BOX 1169
ARBEVILLE, LA 70511-1169

OFFICE USE ONLY

*Pro
5/19*

0807507

2. Name and Address of Committee Chairperson

JEFFERY MEAUX
P.O. BOX 1169
ARBEVILLE, LA 70511-1169

Rec: 11/30/08 1:15 pm

3. Was this Committee the Principal Campaign Committee of a Candidate? Yes No

If yes, give the name of the Candidate _____

4. Was this Committee a Subsidiary Committee designated by either a Candidate or a Principal Campaign Committee? Yes No

If yes, give the name of the Candidate or Committee _____

5. WE HEREBY CERTIFY that this committee has no unpaid debts or obligations and that all funds have been expended or otherwise distributed.

WE HEREBY CERTIFY that this committee (1) has not received contributions, transfers of funds, or loans and has not made expenditures, transfers of funds, or loans in the aggregate during the calendar year in excess of five hundred dollars (\$500) and does not anticipate doing so, or (2) will receive no contributions, transfers of funds, or loans and will make no expenditures, transfers of funds, or loans during the remainder of the calendar year.

WE FURTHER CERTIFY that a completed Committee's Report accompanies this Statement of Dissolution.

This 19th day of July NOVEMBER, 2008



Signature of Committee Chairperson

337-893-5066

Daytime Telephone Number

Signature of Committee Treasurer, if any

Daytime Telephone Number