STATEMENT OF ORGANIZATION

OFFICE USE ONLY

Amend
S/O
900366
8/5

900366

1. Name and Address of Committee

Senate Democratic Campaign Committee
P.O. Box 4385
Baton Rouge, LA 70821

2. Date of this Statement

08/03/2009

3. Estimated Membership

22

4. Amended Statement?

X Yes ____ No

Check #:

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
Eric LaFleur	Chairperson	P.O. Box 4385 Baton Rouge, LA 70821
	Treasurer	

2009 AUG -5 PM 2:01
RECEIVED
CAMPAIGN FINANCE

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

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	
Liberty Bank And Trust Co	4707 Perkins Rd	Baton Rouge, LA 70808

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

9. a. Name of Person Preparing Report

b. Daytime Telephone

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 03 day of August, 2009.

Eric Lafleur
Signature of Committee Chairperson

225-336-4155
Daytime Telephone Number

Signature of Committee Treasurer, if any

Daytime Telephone Number

Form 200, Rev. 12/03

AMENDMENT

STATEMENT OF ORGANIZATION

OFFICE USE ONLY

PAC 5/0 1/28 SCANNED FEB 10 2009 By: 0900366 Rec#7732 #1794

1. Name and Address of Committee

Senate Democratic Campaign Committee
P.O. Box 4385
Baton Rouge, LA 70821

Check if:

New Committee _____ Monthly Filer _____

2. Date of this Statement

01/31/2009

3. Estimated Membership

22

4. Amended Statement?

____ Yes X No

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

a. Name	b. Position	c. Address
Joel Chaisson	Chairperson	P.O. Box 4385 Baton Rouge, LA 70821
	Treasurer	

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

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.)

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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

9. a. Name of Person Preparing Report

b. Daytime Telephone

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 31 day of January 2009.

Joel Chaisson
Signature of Committee Chairperson

225-336-4155
Daytime Telephone Number

Signature of Committee Treasurer, if any

Daytime Telephone Number

Form 200, Rev. 12/03

HAND DELIVERED