STATEMENT OF ORGANIZATION

OFFICE USE ONLY

0903745

PAC
S/O
6/18
for 2009
Receipt # 3947
1133 for 2008+2009

1. Name and Address of Committee
La Association of Nurse Practitioner

2. Date of this Statement
6/6/09

3. Estimated Membership
5yrs

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
Lauri Hengl	Chairperson	4149 Sherville St. New Orleans, LA 70119
Patricia Moreno	Treasurer Office Mgr	6536 Highland Rd. Baton Rouge LA 70808

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		

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
Capital One	PO Box 61540, New Orleans, LA 70161

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

b. Name of Candidate
NA

c. Office Sought by the Candidate

9. a. Name of Person Preparing Report
Lauri F. Hengl
b. Daytime Telephone 504-237-6561

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 6th day of June, 2009.

Signature of Committee Chairperson — Daytime Telephone Number

Patricia Moreno — 225-769-2135
Signature of Committee Treasurer, if any — Daytime Telephone Number
Office Mgr

Form 200, Rev. 12/08