STATEMENT OF ORGANIZATION

S/O 1/14

OFFICE USE ONLY 99

990157

1. Name and Address of Committee

DEMOPAC-DEMOCRATIC POLITICAL ACTION COMMITTEE OF THE DEMOCRATIC STATE CENTRAL COMMITTEE OD LOUISIANA

Check if new committee ____

2. Date of this Statement

1/31/99

3. Estimated Membership

210

4. Amended Statement?

____ Yes X No

Rec. #496694
#3100

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

Position	Name	Address
Chairperson	BEN JEFFERS	P.O. BOX 4385 BATON ROUGE, LA. 70821-4385
Treasurer	MILTON M. OURSO	P.O. BOX 4385 BATON ROUGE, LA 70821-4385

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

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)

Name	Address

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. Name of Person Preparing Report PAT HOFFMAN

Daytime Telephone (225) 336-4155

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 31ST day of JANUARY, 19 99.

Signature of Committee Chairperson

225/336.4155
Daytime Telephone Number

Signature of Committee Treasurer, if any

225-336-4155
Daytime Telephone Number

Form 900, Rev. 3/91