STATEMENT OF ORGANIZATION

OFFICE USE ONLY 99

S/O 1/28

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99 JAN 28 P 3:14

1. Name and Address of Committee
LOUISIANA NURSING HOME POLITICAL ACTION COMMITTEE
7844 OFFICE PARK BLVD.
BATON ROUGE, LA 70809

Check if new committee ____

2. Date of this Statement
1/21/99

3. Estimated Membership
200

4. Amended Statement?
____ Yes X No

Rec. # 311979
#2149

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

Position	Name	Address
Chairperson	FINLEY MATTHEWS, JR	2421 E. TEXAS, ALEXANDRIA, LA
Treasurer	JAN WELLS	11546 FLORIDA, BATON ROUGE, LA
SECRETARY	LISA REARDON	307 CARTLEMAN, OAK GROVE, LA
DIRECTOR	DAVID HARGRAVE	2401 IDAHO ST., KENNER, LA
DIRECTOR	J.B. SARVER	903 CENTER ST., LAFAYETTE, LA
DIRECTOR	WALTER LEDIG	P.O. BOX 892, MINDEN, LA
DIRECTOR	SUE LEWIS	2701 ERNEST ST., LAKE CHARLES, LA
DIRECTOR	BOBBY ROTOLLO	17441 W. MURFIELD, BATON ROUGE, LA
DIRECTOR	LANSING KOLB	1004 CALAIS CIRCLE, ALEXANDRIA, LA

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
N/A		

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

Name	Address
UNION PLANTERS BANK	P.O. BOX 2710, BATON ROUGE, 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
N/A

9. Name of Person Preparing Report MARK BERGER Daytime Telephone 225-927-5642

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 28th day of JANUARY, 1999.

Finley C Matthews
Signature of Committee Chairperson

318443 5638
Daytime Telephone Number

Jan Wells
Signature of Committee Treasurer, if any

275-0474
Daytime Telephone Number

Form 900, Rev. 3/91

HAND DELIVERED