

<b>STATEMENT OF ORGANIZATION</b>		<b>OFFICE USE ONLY</b>	
<b>1. Name and Address of Committee</b>  LEADERSHIP FOR LOUISIANA 106 Treehaven Boulevard Lafayette, LA 70506  Check If: New Committee <input type="checkbox"/>	<b>2. Date of this Statement</b>  <div style="text-align: center;">1/10/2011</div>	<b>Report Number:</b> 21749  <b>Date Filed:</b> 1/10/2011  	
	<b>3. Estimated Membership</b>  <div style="text-align: center;">0</div>		
	<b>4. Amended Statement?</b>  <div style="text-align: center;"> <input type="checkbox"/> Yes     <input checked="" type="checkbox"/> No </div>		
<b>5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors)</b>			
<u>a. Name</u>	<u>b. Position</u>	<u>c. Address</u>	
MICHAEL MICHOT	Chairperson	106 Treehaven Blvd  Lafayette, LA 70506	
JOEL C. ROBIDEAUX	Treasurer	106 Treehaven Blvd  Lafayette, LA 70506	
<b>6. Affiliated Organizations</b> (Any organization, other than a political committee, which directly or indirectly established, administers, or financially supports this committee.)			
<u>a. Name</u>	<u>b. Address</u>	<u>c. Relationship to Committee</u>	
<b>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.)</b>			
<u>a. Name</u>	<u>b. Address</u>		
On attached sheet			
<b>8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE:</b> a. Check one: <input type="checkbox"/> Principal Campaign Committee <input checked="" type="checkbox"/> <b>Subsidiary Committee</b>			
<b>b. Name of Candidate</b>		<b>c. Office Sought by the Candidate</b>	
<b>9. a. Name of Person Preparing Report</b> COMMITTEE TREASURER JOEL C. ROBIDEAUX			
<b>b. Daytime Telephone</b> (337)981-5555			
<b>10. WE HEREBY CERTIFY</b> that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge , information and belief.			
This <u>10th</u> day of <u>January</u> , <u>2011</u> .			
<u>Michael Michot</u> Signature of Committee/Chairperson		_____ Daytime Telephone	
<u>Joel C. Robideaux</u> Signature of Committee Treasurer , if any		_____ Daytime Telephone	

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

MIDSOUTH BANK

b. Address

P O Box 3745  
Lafayette, LA 70502