

STATEMENT OF ORGANIZATION		OFFICE USE ONLY
1. Name and Address of Committee LEADERSHIP FOR LOUISIANA 106 Treehaven Boulevard Lafayette, LA 70506 Check If: New Committee _____	2. Date of this Statement <div style="text-align: center;">1/30/2013</div> 3. Estimated Membership <div style="text-align: center;">0</div> 4. Amended Statement? <div style="text-align: center;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>	Report Number: 34438 Date Filed: 1/31/2013
5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors) <div style="display: flex; justify-content: space-between;"> <u>a. Name</u> <u>b. Position</u> <u>c. Address</u> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;">MICHAEL MICHOT</div> <div style="width: 20%;">Chairperson</div> <div style="width: 50%;">, LA</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;">JOEL C ROBIDEAUX</div> <div style="width: 20%;">Treasurer</div> <div style="width: 50%;">106 Treehaven Blvd same address for chairperson Lafayette, LA 70503</div> </div>		
6. Affiliated Organizations (Any organization, other than a political committee, which directly or indirectly established, administers, or financially supports this committee.) <div style="display: flex; justify-content: space-between;"> <u>a. Name</u> <u>b. Address</u> <u>c. Relationship to Committee</u> </div>		
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.) <div style="display: flex; justify-content: space-between;"> <u>a. Name</u> <u>b. Address</u> </div> <p style="text-align: center; margin-top: 10px;">On attached sheet</p>		
8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: <input type="checkbox"/> Principal Campaign Committee <input checked="" type="checkbox"/> Subsidiary Committee		
b. Name of Candidate		c. Office Sought by the Candidate
9. a. Name of Person Preparing Report JOEL C ROBIDEAUX COMMITTEE TREASURER b. Daytime Telephone (337)981-5555		
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 <u>31st</u> day of <u>January</u> , <u>2013</u> . <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <u>Michael Michot</u> Signature of Committee/Chairperson </div> <div style="width: 45%;"> _____ Daytime Telephone </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <u>Joel C Robideaux</u> Signature of Committee Treasurer, if any </div> <div style="width: 45%;"> _____ Daytime Telephone </div> </div>		

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