| STATEMENT OF ORGANIZATION | | OFFICE USE ONLY Report Number: 37909 |
|---|--|--|
| Name and Address of Committee | 2. Date of this Statement | Date Filed: 1/3/2014 |
| LOUISIANA NURSING HOME POLITICAL ACTION COMMI 7844 Office Park Blvd Baton Rouge, LA 70809-0000 | 1/5/201 | Report Number: 37909 Date Filed: 1/3/2014 |
| | 3. Estimated Membership | ■ |
| | 20 | 00 |
| Check If: | 4. Amended Statement? | |
| New Committee | YesX_N | 0 |
| All Committee Officers and Directors (including Chairperson, Treasurer, a. <u>Name</u> b. <u>Position</u> | , if any, and any other committ c. <u>Address</u> | ee officers and directors) |
| RONALD A GOUX Chairperson | P.O. Box 1429 | |
| | Mandeville, LA 7 | 0470-1429 |
| PHYLLIS CHATELAIN Treasurer P.O. Drawer 320 | | |
| New Roads, LA 70760 | | |
| Additional officers listed on attached sheet | | |
| Affiliated Organizations (Any organization, other than a political committee, which directly or indi | irectly established, administer | s, or financially supports this committee.) |
| a. <u>Name</u> b. <u>Address</u> | | c. Relationship to Committee |
| | | |
| All Depositories for Committee Funds (committee funds must be deposit mutual funds.) | ted in one or more banks or sa | avings and loan institutions or money market |
| a. <u>Name</u> b. <u>Address</u> | | |
| On attached sheet | | |
| 8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. | Check one: Princ | ipal Campaign Committee Subsidiary Committee |
| b. Name of Candidate | | c. Office Sought by the Candidate |
| | | |
| | | |
| 9. a. Name of Person Preparing Report MARK BERGER | I | |
| b. Daytime Telephone 225-927-5642 | | |
| 10. WE HEREBY CERTIFY that the information contained in this STATEM information and belief. | ENT OF ORGANIZATION is to | rue and correct to the best of our knowledge , |
| This <u>3rd</u> day of <u>January</u> , <u>2014</u> | <u>1</u> . | |
| | | |
| Ronald A. Goux Signature of Committee/Chairperson | | 985-626-1900 Daytime Telephone |
| | | |
| Phyllis Chatelain Signature of Committee Treasurer, if any | _ | 225-638-4404 |

Form 200, Rev. 12/03

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

a. Name b. Position c. Address

LANSING KOLB Officer 3700 Bayou Rapides Rd Alexandria, LA 71303

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

FIDELITY BANK 9400 Old Hammond Hwy
Baton Rouge, LA 70809

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