


<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;">1/8/2015</div> <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>	<div style="text-align: right;"> <b>Report Number:</b> 46167   <b>Date Filed:</b> 1/8/2015 </div> <div style="text-align: right;">  </div>												
<b>5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors)</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><u>a. Name</u></td> <td style="width: 33%;"><u>b. Position</u></td> <td style="width: 34%;"><u>c. Address</u></td> </tr> <tr> <td>CHAIRPERSON MICHAEL MICHOT, MR.</td> <td>Chairperson</td> <td></td> </tr> <tr> <td></td> <td></td> <td>, LA</td> </tr> <tr> <td>JOEL ROBIDEAUX</td> <td>Treasurer</td> <td>106 Treehaven Blvd. use same address for chairperson Lafayette, LA 70503</td> </tr> </table>			<u>a. Name</u>	<u>b. Position</u>	<u>c. Address</u>	CHAIRPERSON MICHAEL MICHOT, MR.	Chairperson				, LA	JOEL ROBIDEAUX	Treasurer	106 Treehaven Blvd. use same address for chairperson Lafayette, LA 70503
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<b>6. Affiliated Organizations</b> (Any organization, other than a political committee, which directly or indirectly established, administers, or financially supports this committee.) <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><u>a. Name</u></td> <td style="width: 33%;"><u>b. Address</u></td> <td style="width: 34%;"><u>c. Relationship to Committee</u></td> </tr> </table>			<u>a. Name</u>	<u>b. Address</u>	<u>c. Relationship to Committee</u>									
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<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>  <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><u>a. Name</u></td> <td style="width: 33%;"><u>b. Address</u></td> <td style="width: 34%;"></td> </tr> </table> <p style="text-align: center;">On attached sheet</p>			<u>a. Name</u>	<u>b. Address</u>										
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<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>8th</u> day of <u>January</u> , <u>2015</u> .  <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"> <u>Michael Michot Mr.</u>  Signature of Committee/Chairperson </td> <td style="width: 40%;"> _____  Daytime Telephone </td> </tr> <tr> <td> <u>Joel Robideaux</u>  Signature of Committee Treasurer, if any </td> <td> _____  Daytime Telephone </td> </tr> </table>			<u>Michael Michot Mr.</u> Signature of Committee/Chairperson	_____ Daytime Telephone	<u>Joel Robideaux</u> Signature of Committee Treasurer, if any	_____ Daytime Telephone								
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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