

STATEMENT OF ORGANIZATION

OFFICE USE ONLY

1. Name and Address of Committee

La ~~Robt~~ Orthopaedic
Political Action
Committee

2. Date of Statement

2/25/11
~~2/25/10~~

3. Estimated Membership

217

4. Amended Statement?

Yes ☒ NoPAC
S/D
2/23R# 6714
1184

11002540

Check if:

New Committee

Monthly Filer

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

a. Name

b. Position

c. Address

Dr. Clark Gunderson, 2615 Enterprise Blvd, Lake Charles
Treasurer 70601
Dr. Mark Jarran, 1111 Medical Ctr Blvd, Metairie LA
70072

6. Affiliated Organizations

(Any organization, other than a political committee, which directly or indirectly established, administers, or financially supports this committee.)

a. Name

b. Address

c. Relationship to Committee

Louisiana Orthopaedic Assn, PO Box 80053
Baton Rouge LA 70898-0053 Affiliate

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

3110 College Drive
Capitol One Bank Baton Rouge LA 708088. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: ☐ Principal Campaign Committee ☐ Subsidiary Committee

b. Name of Candidate

c. Office Sought by the Candidate

9. a. Name of Person Preparing Report

b. Daytime Telephone

Cindy Bishop, (225) 923-1599

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 _____ day of _____

HAND DELIVERED

X

Signature of Committee Chairperson

Clark Gunderson MD

Signature of Committee Treasurer, if any

225 923 1599

Daytime Telephone Number

225 923 1599

Daytime Telephone Number