STATEMENT OF ORGANIZATION

OFFICE USE ONLY 13

PAC
5/0
1/31

13000853

1. Name and Address of Committee
LA CRNA Political Action Committee
P.O. Box 55876
Metairie, LA 70055

2. Date of this Statement
1/30/13

3. Estimated Membership
200

4. Amended Statement?
____ Yes XX No

Rec# 95557
#1369

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
Michelle Lapeyrouse	Chairperson Treasurer	85 OK Ave., Harahan, LA 70123

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
LA Assoc. of Nurse Anesthetists, Ltd.	P.O. Box 55261 Metairie, LA 70055	Professional Assoc. with some common members

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
Capital One	5400 Hounes St., Harahan, LA 70123

8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: ___ Principal Campaign Committee _____ Subsidiary Committee N/A

b. Name of Candidate
N/A

c. Office Sought by the Candidate
N/A

9. a. Name of Person Preparing Report Chris G. Young

b. Daytime Telephone (504) 915-5953

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 31st day of January 2013

Michelle Lapeyrouse
Signature of Committee Chairperson

(504) 975-9297
Daytime Telephone Number

Signature of Committee Treasurer, if any

Daytime Telephone Number