STATEMENT OF ORGANIZATION

OFFICE USE ONLY 08

1. Name and Address of Committee
Louisiana Nursing Home Political Action Committee
7844 [illegible] Park [illegible]
Baton Rouge, LA [illegible]309

Check If:
New Committee _____ Monthly Filer _____

2. Date of this Statement
1/29/08

3. Estimated Membership
200

4. Amended Statement?
____ Yes X No

Rec. S/O 1/29

Rec # 7220
#3442

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

a. Name	b. Position	c. Address
Finley Matthews, Sr.	Chairperson	5100 Jackson St. Extension, Alexandria, LA
Phyllis Chatelain	Treasurer	P.O. Drawer 320, New Roads, LA
Ron Cook	Secretary	P.O. Box 1429, Mandeville, LA

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
N/A		

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 & Trust	9[illegible] Old Hammond Hwy., Baton Rouge, LA

8. 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
N/A	N/A

9. a. Name of Person Preparing Report

b. Daytime Telephone

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 29TH day of January, 2008.

[signature]
Signature of Committee Chairperson

1-318-448-0028
Daytime Telephone Number

[signature]
Signature of Committee Treasurer, if any

1-225-638-4404
Daytime Telephone Number

Form 200, Rev. 12/03

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