

| STATEMENT OF ORGANIZATION | | OFFICE USE ONLY | | | | | | | | | |
|--|---|--|---|--|--|--|-------------|--|-------------------|-----------|--|
| 1. Name and Address of Committee LOUISIANA NURSING HOME POLITICAL ACTION COMMI 7844 Office Park Blvd Baton Rouge, LA 70809-0000 Check If: New Committee _____ | 2. Date of this Statement <div style="text-align: center;">1/1/2017</div> | Report Number: 61415 Date Filed: 1/1/2017 | | | | | | | | | |
| | 3. Estimated Membership <div style="text-align: center;">200</div> | | | | | | | | | | |
| | 4. Amended Statement? <div style="text-align: center;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> | | | | | | | | | | |
| 5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors) <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 33%;"><u>a. Name</u></th> <th style="text-align: left; width: 33%;"><u>b. Position</u></th> <th style="text-align: left; width: 34%;"><u>c. Address</u></th> </tr> </thead> <tbody> <tr> <td>RONALD A GOUX</td> <td>Chairperson</td> <td>P.O. Box 1429 Mandeville, LA 70470-1429</td> </tr> <tr> <td>PHYLLIS CHATELAIN</td> <td>Treasurer</td> <td>P.O. Drawer 320 New Roads, LA 70760</td> </tr> </tbody> </table> <p>Additional officers listed on attached sheet</p> | | | <u>a. Name</u> | <u>b. Position</u> | <u>c. Address</u> | RONALD A GOUX | Chairperson | P.O. Box 1429 Mandeville, LA 70470-1429 | PHYLLIS CHATELAIN | Treasurer | P.O. Drawer 320 New Roads, LA 70760 |
| <u>a. Name</u> | <u>b. Position</u> | <u>c. Address</u> | | | | | | | | | |
| RONALD A GOUX | Chairperson | P.O. Box 1429 Mandeville, LA 70470-1429 | | | | | | | | | |
| PHYLLIS CHATELAIN | Treasurer | P.O. Drawer 320 New Roads, LA 70760 | | | | | | | | | |
| 6. Affiliated Organizations (Any organization, other than a political committee, which directly or indirectly established, administers, or financially supports this committee.) <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 33%;"><u>a. Name</u></th> <th style="text-align: left; width: 33%;"><u>b. Address</u></th> <th style="text-align: left; width: 34%;"><u>c. Relationship to Committee</u></th> </tr> </thead> <tbody> <tr> <td colspan="3" style="height: 40px;"> </td> </tr> </tbody> </table> | | | <u>a. Name</u> | <u>b. Address</u> | <u>c. Relationship to Committee</u> | | | | | | |
| <u>a. Name</u> | <u>b. Address</u> | <u>c. Relationship to Committee</u> | | | | | | | | | |
| | | | | | | | | | | | |
| 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.) <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 33%;"><u>a. Name</u></th> <th style="text-align: left; width: 33%;"><u>b. Address</u></th> </tr> </thead> <tbody> <tr> <td colspan="2" style="height: 40px;">On attached sheet</td> </tr> </tbody> </table> | | | <u>a. Name</u> | <u>b. Address</u> | On attached sheet | | | | | | |
| <u>a. Name</u> | <u>b. Address</u> | | | | | | | | | | |
| On attached sheet | | | | | | | | | | | |
| 8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: <input type="checkbox"/> Principal Campaign Committee <input type="checkbox"/> Subsidiary Committee | | | | | | | | | | | |
| b. Name of Candidate <div style="height: 60px;"> </div> | c. Office Sought by the Candidate <div style="height: 60px;"> </div> | | | | | | | | | | |
| 9. a. Name of Person Preparing Report MARK BERGER b. Daytime Telephone 225-927-5642 | | | | | | | | | | | |
| 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 <u>1st</u> day of <u>January</u> , <u>2017</u> . <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top; padding: 10px;"> <u>Ronald A. Goux</u> Signature of Committee/Chairperson </td> <td style="width: 50%; vertical-align: top; padding: 10px;"> <u>985-626-1900</u> Daytime Telephone </td> </tr> <tr> <td style="vertical-align: top; padding: 10px;"> <u>Phyllis Chatelain</u> Signature of Committee Treasurer, if any </td> <td style="vertical-align: top; padding: 10px;"> <u>225-638-4404</u> Daytime Telephone </td> </tr> </table> | | | <u>Ronald A. Goux</u> Signature of Committee/Chairperson | <u>985-626-1900</u> Daytime Telephone | <u>Phyllis Chatelain</u> Signature of Committee Treasurer, if any | <u>225-638-4404</u> Daytime Telephone | | | | | |
| <u>Ronald A. Goux</u> Signature of Committee/Chairperson | <u>985-626-1900</u> Daytime Telephone | | | | | | | | | | |
| <u>Phyllis Chatelain</u> Signature of Committee Treasurer, if any | <u>225-638-4404</u> Daytime Telephone | | | | | | | | | | |

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

RED RIVER BANK

9400 Old Hammond Hwy
Baton Rouge, LA 70809