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## PERRET DOISE

A PROFESSIONAL LAW CORPORATION

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MAILING ADDRESS:  
P. O. DRAWER 3408  
LAFAYETTE, LOUISIANA 70507-3408

OF COUNSEL:  
LIPPMAN S. NAHFOZ, LLC  
MONROE CITY, LA

OUR FILE NUMBER:  
2271.01

MARK E. STIPE  
E-MAIL: MESTIPE@PerretDoise.com

November 7, 2002

**VIA CERTIFIED MAIL RRR**

**#7001 0360 0001 0661 1954**

Attn: Ms. Alissa V. Sagri,  
Campaign Finance Analyst  
Federal Election Commission  
Reports Analysis Division  
999 E. Street, N.W.,  
Washington, DC 20463

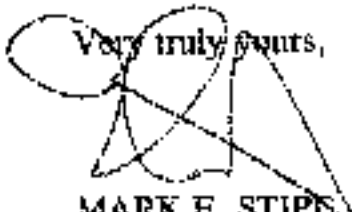
Re: *Statement of Organization, dated 10/16/02*

Dear Alissa:

Enclosed please find a FEC RQ-1 which has been modified pursuant to our discussion.

By separate correspondence the treasurer will forward a request for electronic transmittal information together with an e-mail address.

If you have any questions, please do not hesitate to contact me.

Very truly yours,  
  
MARK E. STIPE

MES/dvW:Sagri-Per Campaign-02.wpd

Enclosure

cc: Mr. Harold L. Taylor  
Mr. Jimmy Gravois

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

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2007 NOV 12 2 21

1. NAME OF COMMITTEE (In full)

(Check if name is changed)

Example: If typing, type over the lines.

12P84MS

Louisiana Healthcare Group Employees Federal Political Action Committee

ADDRESS (number and street)

1340 S. W. Taylor St

(Check if address is changed)

La Nouvelle Orleans LA 70501

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

3. FEC IDENTIFICATION NUMBER

4. IS THIS STATEMENT  NEW (N) OR  AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer JIMMY GRAYLIS

Signature of Treasurer [Handwritten Signature]

Date 10 16 2007

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §487p. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Table with 5 columns and 1 row, labeled 'Office Use Only'.

For further information contact: Federal Election Commission, Toll Free 800-424-9673, Local 202-694-1100

FEC FORM 1 (Revised 10/05)

Vertical text on the left margin, possibly a scanning artifact or reference number.

5. TYPE OF COMMITTEE (Check One)

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation	Office Sought	House	Senate	President	State District
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- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

- (d)  This committee is a \_\_\_\_\_ (National, State or subordinate) committee of the \_\_\_\_\_ (Democratic, Republican, etc.) Party.

- (e)  This committee is a separate segregated fund.

- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Louisiana Health Care Group, Inc. \_\_\_\_\_

Mailing Address 1340 Surrey Street \_\_\_\_\_

Monroe, Louisiana LA 70501 \_\_\_\_\_

CITY STATE ZIP CODE

Relationship Connected \_\_\_\_\_

Type of Connected Organization:

- Corporation
- Corporation w/o Capital Stock
- Labor Organization
- Membership Organization
- Trade Association
- Cooperative

Write or Type Committee Name

Louisiana Health Care Group Employee Federal Political Action Committee, Inc.

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name HAROLD J. TAYLOR

Mailing Address 1340 SURREY STREET

BAYLACRE LA 70501

Title or Position CITY STATE ZIP CODE

Vice-President Telephone number (337)-233-1307

8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer JIMMY GRAVONS

Mailing Address 6832 HWY 308

BELLEVUE LA 70341

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number (337)-233-1307

Full Name of Designated Agent HAROLD TAYLOR

Mailing Address 1340 SURREY STREET

BAYLACRE LA 70501

Title or Position CITY STATE ZIP CODE

VICE - PRESIDENT Telephone number (337)-233-1307

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

H I B E R N I A N A T I O N A L B A N K

Mailing Address

213 W. VERMILION

L A F A Y E T T E L A 7 0 5 0 3

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission

## ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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