STATEMENT OF ORGANIZATION			OFFICE USE ONLY Report Number: 29522
1. Name and Address of Committee	2. Date of	this Statement	Date Filed: 2/6/2012
CEDRIC B GLOVER		1/31/2012	
P.O. Box 38184 Shreveport, LA 71133-8184	3. Estima	ted Membership	
		10	
Check If:	4. Amend	ed Statement?	—
New Committee		Yes <u>X</u> No	
5. All Committee Officers and Directors (including Chairperson a. <u>Name</u> b. <u>Pos</u>			e officers and directors)
LYNN BRAGGS Chairperson 2229 North Cross Drive			
Shreveport, LA 71107-9433			
TALMADGE E MITCHEL Treasurer 1240 Milam ST			
	S	hreveport, LA 7 [.]	1101
 Affiliated Organizations (Any organization, other than a political committee, which d 	irectly or indirectly estab	lished, administers,	or financially supports this committee.)
a. <u>Name</u> b. <u>Address</u>			c. Relationship to Committee
 All Depositories for Committee Funds (committee funds mu mutual funds.) 	st be deposited in one o	r more banks or sav	rings and loan institutions or money market
a. <u>Name</u> b. <u>Address</u>			
8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE	a. Check one	: <u>X</u> Princip	al Campaign Committee Subsidiary Committee
b. Name of Candidate		с	. Office Sought by the Candidate
CEDRIC B GLOVER			None Caddo
			4
9. a. Name of Person Preparing Report			
b. Daytime Telephone			
10. WE HEREBY CERTIFY that the information contained in t information and belief.	his STATEMENT OF OF	RGANIZATION is tru	e and correct to the best of our knowledge ,
This <u>6th day of</u> February ,	2012 .		
Lynn Braggs Signature of Committee/Chairperson			318-422-7158 Daytime Telephone
Talmadge E Mitchel Signature of Committee Treasurer, if any			318-675-1945 Daytime Telephone