

STATEMENT OF ORGANIZATION		OFFICE USE ONLY									
1. Name and Address of Committee CEDRIC B GLOVER P.O. Box 38184 Shreveport, LA 71133-8184 Check If: New Committee _____	2. Date of this Statement <div style="text-align: center;">1/31/2012</div>	Report Number: 34547 Date Filed: 2/4/2013 									
	3. Estimated Membership <div style="text-align: center;">10</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: none;"> <tr> <td style="width: 33%;"><u>a. Name</u></td> <td style="width: 33%;"><u>b. Position</u></td> <td style="width: 34%;"><u>c. Address</u></td> </tr> <tr> <td>LYNN BRAGGS</td> <td>Chairperson</td> <td>2229 North Cross Drive Shreveport, LA 71107-9433</td> </tr> <tr> <td>TALMADGE E MITCHEL</td> <td>Treasurer</td> <td>1240 Milam ST Shreveport, LA 71101</td> </tr> </table>			<u>a. Name</u>	<u>b. Position</u>	<u>c. Address</u>	LYNN BRAGGS	Chairperson	2229 North Cross Drive Shreveport, LA 71107-9433	TALMADGE E MITCHEL	Treasurer	1240 Milam ST Shreveport, LA 71101
<u>a. Name</u>	<u>b. Position</u>	<u>c. Address</u>									
LYNN BRAGGS	Chairperson	2229 North Cross Drive Shreveport, LA 71107-9433									
TALMADGE E MITCHEL	Treasurer	1240 Milam ST Shreveport, LA 71101									
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: none;"> <tr> <td style="width: 33%;"><u>a. Name</u></td> <td style="width: 33%;"><u>b. Address</u></td> <td style="width: 34%;"><u>c. Relationship to Committee</u></td> </tr> </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: none;"> <tr> <td style="width: 33%;"><u>a. Name</u></td> <td style="width: 33%;"><u>b. Address</u></td> <td style="width: 34%;"></td> </tr> </table>			<u>a. Name</u>	<u>b. Address</u>							
<u>a. Name</u>	<u>b. Address</u>										
8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: <input checked="" type="checkbox"/> Principal Campaign Committee <input type="checkbox"/> Subsidiary Committee											
b. Name of Candidate CEDRIC B GLOVER	c. Office Sought by the Candidate None Caddo 4										
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 <u>4th</u> day of <u>February</u> , <u>2013</u> . <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <u>Lynn Braggs</u> Signature of Committee/Chairperson </div> <div style="width: 45%;"> <u>318-422-7158</u> Daytime Telephone </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <u>Talmadge E Mitchel</u> Signature of Committee Treasurer , if any </div> <div style="width: 45%;"> <u>318-675-1945</u> Daytime Telephone </div> </div>											