

STATEMENT OF ORGANIZATION		OFFICE USE ONLY										
1. Name and Address of Committee TRINA TRINH THI CHU 8870 Youree Dr., Suite 217 Shreveport, LA 71115 Check If: New Committee _____	2. Date of this Statement <div style="text-align: center;">12/7/2015</div>	Report Number: 56657 Date Filed: 2/3/2016 										
	3. Estimated Membership <div style="text-align: center;">6</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;"> <thead> <tr> <th style="text-align: left; width: 30%;"><u>a. Name</u></th> <th style="text-align: left; width: 20%;"><u>b. Position</u></th> <th style="text-align: left; width: 50%;"><u>c. Address</u></th> </tr> </thead> <tbody> <tr> <td>RESHMA PARALIKAR</td> <td>Chairperson</td> <td>193 Promenade Ave Shreveport, LA 71115</td> </tr> <tr> <td>ROSELL F JONES</td> <td>Treasurer</td> <td>8870 Youree Dr Suite 217 Shreveport, LA 71115</td> </tr> </tbody> </table>				<u>a. Name</u>	<u>b. Position</u>	<u>c. Address</u>	RESHMA PARALIKAR	Chairperson	193 Promenade Ave Shreveport, LA 71115	ROSELL F JONES	Treasurer	8870 Youree Dr Suite 217 Shreveport, LA 71115
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ROSELL F JONES	Treasurer	8870 Youree Dr Suite 217 Shreveport, LA 71115										
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;"> <thead> <tr> <th style="text-align: left; width: 30%;"><u>a. Name</u></th> <th style="text-align: left; width: 30%;"><u>b. Address</u></th> <th style="text-align: left; width: 40%;"><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>						
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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;"> <thead> <tr> <th style="text-align: left; width: 30%;"><u>a. Name</u></th> <th style="text-align: left; width: 70%;"><u>b. Address</u></th> </tr> </thead> <tbody> <tr> <td colspan="2" style="height: 40px; vertical-align: bottom;">On attached sheet</td> </tr> </tbody> </table>				<u>a. Name</u>	<u>b. Address</u>	On attached sheet						
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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 COMMITTEE TO ELECT TRINA CHU		c. Office Sought by the Candidate <div style="height: 40px;"></div>										
9. a. Name of Person Preparing Report TRINA TRINH THI CHU b. Daytime Telephone 318-734-1923												
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>3rd</u> day of <u>February</u> , <u>2016</u> . <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <u>Reshma Paralikar</u> Signature of Committee/Chairperson </td> <td style="width: 50%; vertical-align: top;"> -- Daytime Telephone </td> </tr> <tr> <td style="vertical-align: top;"> <u>Roshell F Jones</u> Signature of Committee Treasurer , if any </td> <td style="vertical-align: top;"> -- Daytime Telephone </td> </tr> </table>				<u>Reshma Paralikar</u> Signature of Committee/Chairperson	-- Daytime Telephone	<u>Roshell F Jones</u> Signature of Committee Treasurer , if any	-- Daytime Telephone					
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a. Name

REGIONS BANK

b. Address

6602 Youree Drive
Shreveport, LA 71105