

# STATEMENT OF ORGANIZATION

## OFFICE USE ONLY

Report Number: 56657

Date Filed: 2/3/2016



1. Name and Address of Committee

TRINA TRINH THI CHU  
8870 Youree Dr., Suite 217  
Shreveport, LA 71115

2. Date of this Statement

12/7/2015

3. Estimated Membership

6

4. Amended Statement?

Check If:

New Committee \_\_\_\_\_

\_\_\_\_ Yes    X No

5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors)

a. Name

b. Position

c. Address

RESHMA PARALIKAR

Chairperson

193 Promenade Ave

Shreveport, LA 71115

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.)

a. Name

b. Address

c. Relationship to Committee

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

On attached sheet

8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE:

a. Check one:

X Principal Campaign Committee

\_\_\_\_ Subsidiary Committee

b. Name of Candidate

COMMITTEE TO ELECT TRINA CHU

c. Office Sought by the Candidate

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 3rd day of February, 2016.

Reshma Paralikar

Signature of Committee/Chairperson

\_\_\_\_

Daytime Telephone

Roshell F Jones

Signature of Committee Treasurer, if any

\_\_\_\_

Daytime Telephone

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

REGIONS BANK

b. Address

6602 Youree Drive  
Shreveport, LA 71105