STATEMENT OF ORGANIZATION				OFFICE Number:	USE ONLY	
1. Name and Address of Committee		2. Date of this Statement			2016	
TRINA TRINHTHI CHU 8870 Youree Dr., Suite 217 Shreveport, LA 71115		2/15/2	016			
		3. Estimated Membership)			
			6			
		4. Amended Statement?				
Check If: New Committee		X Yes	No			
5. All Committee Officers and Directors (includi a. <u>Name</u>	ng Chairperson, Treasur b. <u>Position</u>	er, if any, and any other comm c. <u>Address</u>	nittee officers and dire	ctors)		
RESHMA PARALIKAR	Chairperson	193 Promenao	de Ave			
		Shreveport, L/	A 71115			
NOREEN V KING	Treasurer	8870 P.O. Bo	x 53364			
		Shreveport, L/	A 71135			
7. All Depositories for Committee Funds (comm mutual funds.) a. <u>Name</u> b. <u>4</u> On attached sheet	nittee funds must be depo Address	osited in one or more banks or	r savings and loan insl	itutions or mone	ey market	
8. IF THIS COMMITTEE SUPPORTS A SINGL	E CANDIDATE:	a. Check one: <u>X</u> Pri	incipal Campaign Con	nmittee	Subsidiary Co	ommittee
b. Name of Candidate COMMITTEE TO ELECT TRIN/	A CHU		c. Office Sought by 2nd Circuit (the Candidate Court of Appe	eal, 231A	
9. a. Name of Person Preparing Report b. Daytime Telephone 318-734-1	TRINA TRINHTHI 923	CHU				
10. WE HEREBY CERTIFY that the information information and belief.	n contained in this STATE	EMENT OF ORGANIZATION i	s true and correct to th	ne best of our kr	nowledge ,	
This <u>15th</u> day of Februar	<u>y ,</u> 20	16				
<u>Reshma Paralikar</u> Signature of Committee/Chair	person			 Daytime Teleph	one	

- 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. <u>Name</u>

b. <u>Address</u>

REGIONS BANK

6602 Youree Drive Shreveport, LA 71105