


STATEMENT OF ORGANIZATION		OFFICE USE ONLY												
1. Name and Address of Committee COMMITTEE TO ELECT TRINA CHU P.O. Box 53364 Shreveport, LA 71135 Check If: New Committee _____	2. Date of this Statement <div style="text-align: center;">7/15/2016</div> 3. Estimated Membership <div style="text-align: center;">7</div> 4. Amended Statement? <div style="text-align: center;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>	<div style="text-align: right;"> Report Number: 59505 Date Filed: 7/15/2016 </div> <div style="text-align: right;">  </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: 33%;"><u>c. Address</u></td> </tr> <tr> <td>JACKIE DOZIER</td> <td>Chairperson</td> <td>P.O. Box 53364</td> </tr> <tr> <td></td> <td></td> <td>Shreveport, LA 71135</td> </tr> <tr> <td></td> <td>Treasurer</td> <td></td> </tr> </table>			<u>a. Name</u>	<u>b. Position</u>	<u>c. Address</u>	JACKIE DOZIER	Chairperson	P.O. Box 53364			Shreveport, LA 71135		Treasurer	
<u>a. Name</u>	<u>b. Position</u>	<u>c. Address</u>												
JACKIE DOZIER	Chairperson	P.O. Box 53364												
		Shreveport, LA 71135												
	Treasurer													
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: 33%;"><u>c. Relationship to Committee</u></td> </tr> </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;"> <tr> <td style="width: 33%;"><u>a. Name</u></td> <td style="width: 33%;"><u>b. Address</u></td> <td style="width: 33%;"></td> </tr> </table>			<u>a. Name</u>	<u>b. Address</u>										
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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 TRINA T CHU	c. Office Sought by the Candidate Judge Juvenile Court, sec. 1C													
9. a. Name of Person Preparing Report TRINA T 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>15th</u> day of <u>July</u> , <u>2016</u> . <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <u>Jackie Dozier</u> Signature of Committee/Chairperson </div> <div style="width: 45%;"> _____ Daytime Telephone </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> _____ Signature of Committee Treasurer , if any </div> <div style="width: 45%;"> _____ Daytime Telephone </div> </div>														