

STATEMENT OF ORGANIZATION		OFFICE USE ONLY												
1. Name and Address of Committee TRINA CHU ELECTION CAMPAIGN P. O. Box 53364 Shreveport, LA 71135 Check If: New Committee _____	2. Date of this Statement <div style="text-align: center;">7/30/2020</div>	Report Number: 89265 Date Filed: 7/30/2020 												
	3. Estimated Membership <div style="text-align: center;">60</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>NOREEN V KING</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>	NOREEN V KING	Chairperson	P. O. Box 53364			Shreveport, LA 71135		Treasurer	
<u>a. Name</u>	<u>b. Position</u>	<u>c. Address</u>												
NOREEN V KING	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: 34%;"><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></td> </tr> <tr> <td>On attached sheet</td> <td></td> <td></td> </tr> </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 TRINA T CHU	c. Office Sought by the Candidate 													
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>30th</u> day of <u>July</u> , <u>2020</u> . <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <u>Noreen V King</u> Signature of Committee/Chairperson </td> <td style="width: 50%; vertical-align: top;"> <u>318-734-2397</u> Daytime Telephone </td> </tr> <tr> <td style="vertical-align: top;"> _____ Signature of Committee Treasurer , if any </td> <td style="vertical-align: top;"> _____ Daytime Telephone </td> </tr> </table>			<u>Noreen V King</u> Signature of Committee/Chairperson	<u>318-734-2397</u> Daytime Telephone	_____ Signature of Committee Treasurer , if any	_____ Daytime Telephone								
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_____ 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

8350 Millicent Way
Shreveport, LA 71115