

STATEMENT OF ORGANIZATION		OFFICE USE ONLY												
1. Name and Address of Committee HOUSE DEMOCRATIC CAMPAIGN COMMITTEE OF THE LA DEMOCRATIC STATE CENTRAL COMMITTEE POB 4385 Baton Rouge, LA 70821 Check If: New Committee _____	2. Date of this Statement <div style="text-align: center;">3/16/2021</div> 3. Estimated Membership <div style="text-align: center;">35</div> 4. Amended Statement? <div style="text-align: center;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>	Report Number: 97423 Date Filed: 3/16/2021 												
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 style="text-align: center;">SAM JENKINS</td> <td style="text-align: center;">Chairperson</td> <td style="text-align: center;">PO Box 4035</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">Baton Rouge, LA 70821-4035</td> </tr> <tr> <td></td> <td style="text-align: center;">Treasurer</td> <td></td> </tr> </table>			<u>a. Name</u>	<u>b. Position</u>	<u>c. Address</u>	SAM JENKINS	Chairperson	PO Box 4035			Baton Rouge, LA 70821-4035		Treasurer	
<u>a. Name</u>	<u>b. Position</u>	<u>c. Address</u>												
SAM JENKINS	Chairperson	PO Box 4035												
		Baton Rouge, LA 70821-4035												
	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> </tr> </table> <p style="text-align: center;">On attached sheet</p>			<u>a. Name</u>	<u>b. Address</u>										
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8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: <input type="checkbox"/> Principal Campaign Committee <input type="checkbox"/> Subsidiary Committee														
b. Name of Candidate	c. Office Sought by the Candidate													
9. a. Name of Person Preparing Report MARY C HOFFMAN b. Daytime Telephone 2253364155														
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>16th</u> day of <u>March</u> , <u>2021</u> . <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"> <u>Sam Jenkins</u> Signature of Committee/Chairperson </td> <td style="width: 40%;"> _____ Daytime Telephone </td> </tr> <tr> <td> _____ Signature of Committee Treasurer, if any </td> <td> _____ Daytime Telephone </td> </tr> </table>			<u>Sam Jenkins</u> Signature of Committee/Chairperson	_____ Daytime Telephone	_____ Signature of Committee Treasurer, if any	_____ Daytime Telephone								
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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.)

a. Name

LIBERTY BANK

b. Address

4707 Perkins Rd
Baton Rouge, LA 70808