


STATEMENT OF ORGANIZATION		OFFICE USE ONLY									
1. Name and Address of Committee LAMBERT C BOISSIERE III COMMITTEE 2358 Lake Oaks Parkway New Orleans, LA 70122 Check If: New Committee <input type="checkbox"/>	2. Date of this Statement <div style="text-align: center;">1/13/2022</div>	Report Number: 100801 Date Filed: 1/13/2022 <div style="text-align: right;">  </div>									
	3. Estimated Membership <div style="text-align: center;">0</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-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 33%;"><u>a. Name</u></th> <th style="text-align: left; width: 33%;"><u>b. Position</u></th> <th style="text-align: left; width: 33%;"><u>c. Address</u></th> </tr> </thead> <tbody> <tr> <td>LAMBERT BOISSIERE, JR</td> <td>Chairperson</td> <td>421 LOYOLA AVE NO, LA 70112</td> </tr> <tr> <td>TREASURER KRISTI AUGUST</td> <td>Treasurer</td> <td>2344 LEON C SIMON DR NO, LA 70122</td> </tr> </tbody> </table>			<u>a. Name</u>	<u>b. Position</u>	<u>c. Address</u>	LAMBERT BOISSIERE, JR	Chairperson	421 LOYOLA AVE NO, LA 70112	TREASURER KRISTI AUGUST	Treasurer	2344 LEON C SIMON DR NO, LA 70122
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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-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 33%;"><u>a. Name</u></th> <th style="text-align: left; width: 33%;"><u>b. Address</u></th> <th style="text-align: left; width: 33%;"><u>c. Relationship to Committee</u></th> </tr> </thead> <tbody> <tr> <td colspan="3" style="height: 40px;"></td> </tr> </tbody> </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-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 33%;"><u>a. Name</u></th> <th style="text-align: left; width: 33%;"><u>b. Address</u></th> </tr> </thead> <tbody> <tr> <td colspan="2" style="height: 40px;"></td> </tr> </tbody> </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 type="checkbox"/> Principal Campaign Committee <input type="checkbox"/> Subsidiary Committee											
b. Name of Candidate <div style="height: 60px;"></div>	c. Office Sought by the Candidate <div style="height: 60px;"></div>										
9. a. Name of Person Preparing Report BRIDGET JOSEPH b. Daytime Telephone 404-401-8018											
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 13th day of January , 2022 . <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top; padding: 10px;"> <u>LAMBERT BOISSIERE JR</u> Signature of Committee/Chairperson </td> <td style="width: 50%; vertical-align: top; padding: 10px;"> <u>504-415-9923</u> Daytime Telephone </td> </tr> <tr> <td style="vertical-align: top; padding: 10px;"> <u>KRISTI AUGUST</u> Signature of Committee Treasurer , if any </td> <td style="vertical-align: top; padding: 10px;"> <u>504-931-6018</u> Daytime Telephone </td> </tr> </table>			<u>LAMBERT BOISSIERE JR</u> Signature of Committee/Chairperson	<u>504-415-9923</u> Daytime Telephone	<u>KRISTI AUGUST</u> Signature of Committee Treasurer , if any	<u>504-931-6018</u> Daytime Telephone					
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