STATEMENT OF ORGANIZATION			OFFICE USE ONLY	
1. Name and Address of Committee	2. Date of this Statement	Report Number: 11 Date Filed: 1/31/202	8704 4	
FRIENDS OF FREDDIE KING III	1/31/20			
P.O. Box 741340	3. Estimated Membership			
New Orleans, LA 70174		2		
	4. Amended Statement?			
Check If: New Committee	YesX	No		
5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors) a. Name b. Position c. Address				
MADELINE KING Chairperson	3766 Lang Street, , N	ew Orleans, LA 70131		
KRYSTAL ANCAR Treasurer	P.O. Box 6396, , New Orleans, LA 70174			
6. Affiliated Organizations				
(Any organization, other than a political committee, which directly or indirectly established, administers, or financially supports this committee.) a. <u>Name</u> b. <u>Address</u> c. Relationship to Committee				
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>				
On attached sheet				
8. Type of Committee				
IF THE POLITICAL COMMITTEE SUPPORTS ONLY ONE CANDIDATE, check <u>all</u> that apply AND complete 8a and 8b below: X By my signature below, I hereby certify that this committee is the principal campaign committee of the candidate referenced in 8a.				
By my signature below, I hereby certify that this committee is the subsidiary of , which is a committee of the candidate referenced in 8a.				
By my signature below, I hereby certify that this committee is not the principal or subsidiary committee the candidate referenced in 8a and that the committee is not working, and will not work, in coordination, consultation, or cooperation with the candidate referenced in 8a.				
By my signature below, I hereby certify that this committee is organized solely to make independent expenditures and is not, and will not, make contributions (direct or in-kind as defined in R.S. 18:1483(6), in contravention of the Campaign Finance Disclosure Act.				
IF THE POLITICAL COMMITTEE SUPPORTS MULTIPLE CANDIDATES, CHECK ONLY IF THE following applies:				
By my signature below, I hereby certify that this committee is organized solely to make independent expenditures and is not, and will not, make contributions (direct or in-kind as defined in R.S. 18:1483(6), in contravention of the Campaign Finance Disclosure Act.				
8a. Name of Candidate		8b. Office Sought by the Candidate		
FREDDIE KING III		City Council Member		
9. a. Name of Person Preparing Report: KRYSTAL ANCAR		b. Daytime Telephone:	504-361-4152	
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>31st day of</u> January , 2024	4			
Madeline King	Krystal A	ncar	504-361-4152	
Signature of Committee/Chairperson Daytime Teleph		f 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. <u>Name</u>

b. <u>Address</u>

LIBERTY BANK AND TRUST

3535 General DeGualle Drive New Orleans, LA 70131