STATEMENT	OFFICE	OFFICE USE ONLY		
Name and Address of Committee		2. Date of this Statement	Report Number:  Date Filed: 1/31/2	118705
THE COMMITTEE TO ELECT SUSAN HUTSON P.O. Box 19974 New Orleans, LA 70179		1/31/20		E024
		3. Estimated Membership	2	118705
		4. Amended Statement?		
Check If: New Committee			No	
All Committee Officers and Directors (including a. Name	ng Chairperson, Treasurer b. Position	, if any, and any other comm c. <u>Address</u>	ittee officers and directors)	
SUSAN HUTSON	Chairperson	PO Box 19974, New	Orleans. LA 70179	
KRYSTAL ANCAR Treasurer PO 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>A</u>	<u>ddress</u>	c. Relationship to Committee		
7. All Depositories for Committee Funds (comm mutual funds.)	ittee funds must be deposi	ited in one or more banks or	savings and loan institutions or money	/ market
a. <u>Name</u> b. <u>A</u>	<u>ddress</u>			
On attached sheet				
8. Type of Committee				
IF THE POLITICAL COMMITTEE SUPPOR  X By my signature below, I hereby cer			complete 8a and 8b below: ttee of the candidate referenced in 8a	ı.
By my signature below, I hereby cer which is a committee of the candidate	•	ne subsidiary of		,
, , ,	•		committee the candidate referenced in with the candidate referenced in 8a.	n 8a and that
By my signature below, I hereby cer contributions (direct or in-kind as det	=	-	pendent expenditures and is not, and ign Finance Disclosure Act.	will not, make
IF THE POLITICAL COMMITTEE SUPPOR  By my signature below, I hereby cer contributions (direct or in-kind as def	tify that this committee is o	organized solely to make inde	pendent expenditures and is not, and	will not, make
8a. Name of Candidate			8b. Office Sought by the Candidate	
SUSAN HUTSON			Sheriff	
9. a. Name of Person Preparing Report: KRYSTAL ANCAR			b. Daytime Telephon	e: 504-361-4152
10. WE HEREBY CERTIFY that the information information and belief.	contained in this STATEM	IENT OF ORGANIZATION is	true and correct to the best of our known	owledge ,
This 31st day of January	,,	<u>4</u> .		
Susan Hutson	512-461-08	84 Krystal A	ncar	504-361-4152
Signature of Committee/Chairperson	Daytime Teleph		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 b. Address

HANCOCK WHITNEY BANK 701 Poydras Street, 2nd Floor New Orleans, LA 70139

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