

STATEMENT OF ORGANIZATION		OFFICE USE ONLY									
1. Name and Address of Committee FRIENDS OF JULIE STOKES, INC. P.O. Box 641063 Kenner, LA 70064 Check If: New Committee _____	2. Date of this Statement <div style="text-align: center;">4/7/2017</div>	Report Number: 64330 Date Filed: 4/7/2017 									
	3. Estimated Membership <div style="text-align: center;">25</div>										
	4. Amended Statement? <div style="text-align: center;"> <input checked="" type="checkbox"/> Yes <input 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: 34%;"><u>c. Address</u></th> </tr> </thead> <tbody> <tr> <td>JULIE STOKES</td> <td>Chairperson</td> <td>P.O. Box 641063 Kenner, LA 70064</td> </tr> <tr> <td>KIRK WILLIAMSON</td> <td>Treasurer</td> <td>5331 Canal Blvd. Suite C New Orleans, LA 70124</td> </tr> </tbody> </table>			<u>a. Name</u>	<u>b. Position</u>	<u>c. Address</u>	JULIE STOKES	Chairperson	P.O. Box 641063 Kenner, LA 70064	KIRK WILLIAMSON	Treasurer	5331 Canal Blvd. Suite C New Orleans, LA 70124
<u>a. Name</u>	<u>b. Position</u>	<u>c. Address</u>									
JULIE STOKES	Chairperson	P.O. Box 641063 Kenner, LA 70064									
KIRK WILLIAMSON	Treasurer	5331 Canal Blvd. Suite C New Orleans, LA 70124									
6. Affiliated Organizations (Any organization, other than a political committee, which directly or indirectly established, administers, or financially supports this committee.)											
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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.)											
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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 JULIE STOKES		c. Office Sought by the Candidate State Treasurer									
9. a. Name of Person Preparing Report JULIE S STOKES, CPA b. Daytime Telephone 504-470-3898											
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 7th day of April , 2017 . <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <u>Julie Stokes</u> Signature of Committee/Chairperson </div> <div style="width: 45%;"> <u>504-470-3898</u> Daytime Telephone </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <u>Kirk Williamson</u> Signature of Committee Treasurer, if any </div> <div style="width: 45%;"> <u>504-470-3898</u> Daytime Telephone </div> </div>											

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

CAPITAL ONE BANK

1000 W. Esplanade Ave
Kenner, LA 70065

GULF COAST BANK & TRUST

3410 Williams Blvd.
Kenner, LA 70065