| STATEMENT OF ORGANIZATION | | OFFICE USE ONLY Report Number: 85686 |
|---|-----------------------------------|---|
| Name and Address of Committee | 2. Date of this Statement | Date Filed: 1/27/2020 |
| COMMITTEE TO ELECT JIM TALIAFERRO PO Box 53251 | 1/16/202 | |
| Shreveport, LA 71135 | 3. Estimated Membership | ■ |
| | 20 | 0 |
| Check If: | 4. Amended Statement? | |
| New Committee | Yes X N | |
| All Committee Officers and Directors (including Chairperson, Treasurer a. Name b. Position | r, if any, and any other committe | ee officers and directors) |
| MATT HOWERTON Chairperson | PO Box 248 | |
| | Benton, LA 7100 | 6 |
| REGIONS Treasurer | 333 Texas St | |
| Shreveport, LA 71101 | | |
| | | |
| 6. Affiliated Organizations (Any organization, other than a political committee, which directly or indirectly established, administers, or financially supports this committee.) a. Name b. Address c. Relationship to Committee | | |
| All Depositories for Committee Funds (committee funds must be deposed mutual funds.) | sited in one or more banks or sa | vings and loan institutions or money market |
| a. <u>Name</u> b. <u>Address</u> | | |
| | | |
| 8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: | a. Check one: X Princi | pal Campaign Committee Subsidiary Committee |
| b. Name of Candidate JIM TALIAFERRO | | c. Office Sought by the Candidate Caddo Commissioner |
| 9. a. Name of Person Preparing Report CLINT DAVIS b. Daytime Telephone | 1 | |
| 10. WE HEREBY CERTIFY that the information contained in this STATEM | MENT OF ORGANIZATION is tr | ue and correct to the best of our knowledge , |
| information and belief. | | |
| This 27th day of January , 202 | <u>0</u> . | |
| Matt Howerton | | |
| Signature of Committee/Chairperson | | Daytime Telephone |
| Regions | | _ |
| Signature of Committee Treasurer, if any | | Daytime Telephone |

Form 200, Rev. 12/03

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