| STATEMENT OF ORGANIZA | OFFICE USE ONLY Report Number: 91275 | | | | | | | | | |
|---|---------------------------------------|--|--|--|--|--|--|--|--|--|
| Name and Address of Committee | 2. Date of this Statement | Date Filed: 10/22/2020 | | | | | | | | |
| ALDINE LOCKETT 8110 Lamond Road | 10/22/2020 | Report Number: 91275 Date Filed: 10/22/2020 | | | | | | | | |
| New Orleans, LA 70126 | 3. Estimated Membership | ■ | | | | | | | | |
| | 0 | | | | | | | | | |
| Check If: | 4. Amended Statement? | | | | | | | | | |
| New Committee | Yes X 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 | | | | | | | | | | |
| ALDINE LOCKETT Chairperson 8110 Lamond Road New Orleans, LA 70126 | | | | | | | | | | |
| ALDINE LOCKETT Treasurer 8110 Lamond Road New Orleans, LA 70126 | | | | | | | | | | |
| Additional officers listed on attached sheet | | | | | | | | | | |
| Affiliated Organizations (Any organization, other than a political committee, which directly or indirectly or indirectl | rectly established, administers, o | r 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 deposit mutual funds.) a. Name b. Address | ted in one or more banks or savir | gs and loan institutions or money market | | | | | | | | |
| 8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. | Check one: Principa | Campaign Committee Subsidiary Committee | | | | | | | | |
| b. Name of Candidate | C. I | Office Sought by the Candidate | | | | | | | | |
| 9. a. Name of Person Preparing Report ALDINE LOCKETT b. Daytime Telephone 504.250.7590 | 1 | | | | | | | | | |
| 10. WE HEREBY CERTIFY that the information contained in this STATEMI information and belief. | ENT OF ORGANIZATION is true | and correct to the best of our knowledge , | | | | | | | | |
| This 22nd day of October , 2020 | <u>) </u> . | | | | | | | | | |
| Aldine Lockett Signature of Committee/Chairperson | _ | 504.250.7590 Daytime Telephone | | | | | | | | |
| orginature of committee/orial/person | | Баушно тетернопе | | | | | | | | |
| Aldine Lockett Signature of Committee Treasurer, if any | 504.250.7590 Daytime Telephone | | | | | | | | | |

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5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors)

a. Name

b. Position

c. Address

ALDINE LOCKETT

Officer

8110 Lamond Road New Orleans, LA 70126

COMMITTEES WITH OVER 250 MEMBERS

The following certification is OPTIONAL and should be completed ONLY if it is applicable to your committee. Completion of this certification doubles the normal limitations on the amounts of contributions to candidates that are otherwise applicable to political committees.

11. WE HEREBY CERTIFY that the membership of this political committee exceeded two hundred fifty (250) members as of December 31 of the calendar year immediately preceding the date of this STATEMENT OF ORGANIZATION. We further certify that at least two hundred fifty (250) of the members of this political committee contributed at least fifty dollars (\$50.00) to this committee during the calendar year immediately preceding the date of this STATEMENT OF ORGANIZATION.

| This | 22nd | day of | October | 2020 | |
|------|-----------|--------|------------------------|----------|-----------------------------------|
| | Aldine Lo | | ttee/Chairperson | _ | 504.250.7590 Daytime Telephone |
| | Aldine Lo | | ttee Treasurer, if any | _ | 504.250.7590 Daytime Telephone |

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