

STATEMENT OF ORGANIZATION		OFFICE USE ONLY									
1. Name and Address of Committee LAMBERT C. BOISSIERE, III 421 Loyola Ave., Suite 208 New Orleans, LA 7011	2. Date of this Statement <div style="text-align: center;">1/27/2021</div>	Report Number: 94930 Date Filed: 1/27/2021 									
Check If: New Committee _____	3. Estimated Membership <div style="text-align: center;">0</div>										
	4. Amended Statement? <div style="text-align: center;"> <input type="checkbox"/> Yes <input checked="" 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: 33%;"><u>c. Address</u></th> </tr> </thead> <tbody> <tr> <td>LAMBERT BOISSIERE, JR</td> <td>Chairperson</td> <td>421 LOYOLA AVE NO, LA 70112</td> </tr> <tr> <td>TREASURER KRISTI AUGUST</td> <td>Treasurer</td> <td>2344 LEON C SIMON DR NO, LA 70122</td> </tr> </tbody> </table>			<u>a. Name</u>	<u>b. Position</u>	<u>c. Address</u>	LAMBERT BOISSIERE, JR	Chairperson	421 LOYOLA AVE NO, LA 70112	TREASURER KRISTI AUGUST	Treasurer	2344 LEON C SIMON DR NO, LA 70122
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TREASURER KRISTI AUGUST	Treasurer	2344 LEON C SIMON DR NO, LA 70122									
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 type="checkbox"/> Principal Campaign Committee <input type="checkbox"/> Subsidiary Committee											
b. Name of Candidate		c. Office Sought by the Candidate									
9. a. Name of Person Preparing Report BRIDGET JOSEPH b. Daytime Telephone 404-401-8018											
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>27th</u> day of <u>January</u> , <u>2021</u> . <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <u>LAMBERT BOISSIERE JR</u> Signature of Committee/Chairperson </div> <div style="width: 45%;"> <u>504-415-9923</u> Daytime Telephone </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <u>KRISTI AUGUST</u> Signature of Committee Treasurer , if any </div> <div style="width: 45%;"> <u>504-931-6018</u> Daytime Telephone </div> </div>											