STATEMENT OF ORGANIZATION				OFFICE USE ONLY		
Name and Address of Committee		2. Date of this Stateme	ent	Report Number: 17  Date Filed: 1/30/202	18590	
JENNIFER M. MEDLEY CAMPAIGN FUND			0/2024	Date Filed: 1/30/202	<sup>24</sup>	
Po Box 51597 New Orleans, LA 70151		3. Estimated Members	ship 150		24	
		4. Amended Statemen	nt?			
Check If: New Committee		Yes	X No			
All Committee Officers and Directors (including Chair     a. <u>Name</u>	person, Treasurer b. <u>Position</u>	, if any, and any other co	ommittee off	icers and directors)		
LLOYD MEDLEY Chairperson		1531 Riviera Ave, , New Orleans, LA 70122				
WILLIAM VANDERBROOK CPA  Treasurer 3337 North Hullen St., Suite 301, Metairie, LA 70002						
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>Address</u>		c. Relationship to Committee				
All Depositories for Committee Funds (committee fun mutual funds.)	ids must be deposi	ited in one or more bank	s or savings	and loan institutions or money ma	arket	
a. Name b. Address						
On attached sheet						
8. Type of Committee						
IF THE POLITICAL COMMITTEE SUPPORTS ONL  X By my signature below, I hereby certify that						
By my signature below, I hereby certify that this committee is the subsidiary of which is a committee of the candidate referenced in 8a.						
By my signature below, I hereby certify that this committee is not the principal or subsidiary committee the candidate referenced in 8a and that the committee is not working, and will not work, in coordination, consultation, or cooperation with the candidate referenced in 8a.						
By my signature below, I hereby certify that this committee is organized solely to make independent expenditures and is not, and will not, make contributions (direct or in-kind as defined in R.S. 18:1483(6), in contravention of the Campaign Finance Disclosure Act.						
IF THE POLITICAL COMMITTEE SUPPORTS <b>MULTIPLE</b> CANDIDATES, CHECK <b>ONLY IF THE following</b> applies:  By my signature below, I hereby certify that this committee is organized solely to make independent expenditures and is not, and will not, make contributions (direct or in-kind as defined in R.S. 18:1483(6), in contravention of the Campaign Finance Disclosure Act.						
8a. Name of Candidate JENNIFER MEDLEY		8b. Office Sought by the Candidate  Civil District Judge Orleans Div. F		Div. F		
9. a. Name of Person Preparing Report: VANDERBROOK & CO., LLC CPAS				b. Daytime Telephone: 504-455-0762		
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 30th day of January	, 2024	<u>4</u> .				
byd Medley 504-312-0444					504-455-0762	
Signature of Committee/Chairperson	Daytime Teleph	one signati	71 C OI COIIII	initios risasulti, il ally	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

FIDELITY BANK PO Box 5990 Metairie, LA 70009

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