| STATEMENT OF | OFFICE U | SE ONLY | | |
|--|--------------------------|--|--|-------------------|
| Name and Address of Committee | | 2. Date of this Statement | Report Number: Date Filed: 1/31/20 | 118703 |
| THE COMMITTEE TO ELECT SUSAN HUTSON P.O. Box 19974 New Orleans, LA 70179 | | 1/31/20 | | |
| | | 3. Estimated Membership | 2 | |
| | | 4. Amended Statement? | | |
| Check If: New Committee | | YesX | No - | |
| All Committee Officers and Directors (including C a. <u>Name</u> | hairperson, Treasurer | r, if any, and any other comm c. <u>Address</u> | nittee officers and directors) | |
| SUSAN HUTSON Chairperson | | PO Box 19974, New Orleans, LA 70179 | | |
| KRYSTAL ANCAR | PO Box 6396, , New | PO Box 6396, , New Orleans, LA 70174 | | |
| Affiliated Organizations (Any organization, other than a political committee) | e, which directly or ind | lirectly established, administ | ers, or financially supports this committe | e.) |
| a. <u>Name</u> b. <u>Addre</u> | ess . | c. Relationship to Committee | | |
| All Depositories for Committee Funds (committee mutual funds.) | funds must be depos | ited in one or more banks or | savings and loan institutions or money | market |
| a. <u>Name</u> b. <u>Addre</u> | ess_ | | | |
| On attached sheet | | | | |
| 8. Type of Committee | | | | |
| IF THE POLITICAL COMMITTEE SUPPORTS C X By my signature below, I hereby certify the | | | · | |
| By my signature below, I hereby certify the which is a committee of the candidate re | | he subsidiary of | | , |
| 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 the contributions (direct or in-kind as defined | | • | · | vill not, make |
| IF THE POLITICAL COMMITTEE SUPPORTS N By my signature below, I hereby certify the contributions (direct or in-kind as defined) | nat this committee is o | organized solely to make inde | ependent expenditures and is not, and v | vill not, make |
| 8a. Name of Candidate | | | 8b. Office Sought by the Candidate | |
| | | | | |
| 9. a. Name of Person Preparing Report: KRYS | | b. Daytime Telephone | 504-361-4152 | |
| 10. WE HEREBY CERTIFY that the information con information and belief. | tained in this STATEN | MENT OF ORGANIZATION is | s true and correct to the best of our know | vledge , |
| This 31st day of January | , | 4 | | |
| Susan Hutson | <u>512-461-08</u> | 84 Krystal A | ncar | 504-361-4152 |
| Signature of Committee/Chairperson | Daytime Telepl | hone Signature | of Committee Treasurer, if any | 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

HANCOCK WHITNEY BANK 701 Poydras Street, 2nd Floor New Orleans, LA 70139

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