

STATEMENT OF ORGANIZATION		OFFICE USE ONLY									
1. Name and Address of Committee FRIENDS OF JULIE STOKES, INC 3501 N. Causeway Blvd., Suite 900 Metairie, LA 70002 Check If: New Committee _____	2. Date of this Statement <div style="text-align: center;">2/15/2021</div>	Report Number: 96284 Date Filed: 2/15/2021 									
	3. Estimated Membership <div style="text-align: center;">1</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: none;"> <tr> <td style="width: 33%;"><u>a. Name</u></td> <td style="width: 33%;"><u>b. Position</u></td> <td style="width: 33%;"><u>c. Address</u></td> </tr> <tr> <td style="text-align: center;">JULIE S STOKES</td> <td style="text-align: center;">Chairperson</td> <td style="text-align: center;">3501 N. Causeway Blvd, Suite 900 Metairie, LA 70002</td> </tr> <tr> <td></td> <td style="text-align: center;">Treasurer</td> <td></td> </tr> </table>			<u>a. Name</u>	<u>b. Position</u>	<u>c. Address</u>	JULIE S STOKES	Chairperson	3501 N. Causeway Blvd, Suite 900 Metairie, LA 70002		Treasurer	
<u>a. Name</u>	<u>b. Position</u>	<u>c. Address</u>									
JULIE S STOKES	Chairperson	3501 N. Causeway Blvd, Suite 900 Metairie, LA 70002									
	Treasurer										
6. Affiliated Organizations (Any organization, other than a political committee, which directly or indirectly established, administers, or financially supports this committee.) <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><u>a. Name</u></td> <td style="width: 33%;"><u>b. Address</u></td> <td style="width: 33%;"><u>c. Relationship to Committee</u></td> </tr> </table>			<u>a. Name</u>	<u>b. Address</u>	<u>c. Relationship to Committee</u>						
<u>a. Name</u>	<u>b. Address</u>	<u>c. Relationship to Committee</u>									
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.) <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><u>a. Name</u></td> <td style="width: 33%;"><u>b. Address</u></td> <td></td> </tr> </table>			<u>a. Name</u>	<u>b. Address</u>							
<u>a. Name</u>	<u>b. Address</u>										
8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: <input checked="" type="checkbox"/> Principal Campaign Committee <input type="checkbox"/> Subsidiary Committee											
b. Name of Candidate JULIE S STOKES	c. Office Sought by the Candidate Undecided										
9. a. Name of Person Preparing Report JULIE S STOKES, CPA b. Daytime Telephone 504-454-5009											
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 15th day of February , 2021 . <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;"> <u>Julie S Stokes</u> Signature of Committee/Chairperson </td> <td style="width: 50%; text-align: center;"> <u>504-454-5009</u> Daytime Telephone </td> </tr> <tr> <td style="text-align: center;"> _____ Signature of Committee Treasurer , if any </td> <td style="text-align: center;"> _____ Daytime Telephone </td> </tr> </table>			<u>Julie S Stokes</u> Signature of Committee/Chairperson	<u>504-454-5009</u> Daytime Telephone	_____ Signature of Committee Treasurer , if any	_____ Daytime Telephone					
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_____ Signature of Committee Treasurer , if any	_____ Daytime Telephone										