STATEMENT OF ORGANIZATION

OFFICE USE ONLY 1 / 3

1. Name and Address of Committee
Jefferson Federation of Teachers (COPE)
2540 Severn Avenue
Suite 301
Metairie LA 70002

Check if new committee ____

2. Date of this Statement
01/04/2010

3. Estimated Membership
240

4. Amended Statement?
____Yes X No

PAC 10
S/O
1/8

Rec# 8007
ck# 704

10000206

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

Position	Name	Address
Chairperson		
Treasurer		

Please see attached sheets.

6. Affiliated Organizations
(Any organization, other than a political committee, which directly or indirectly established, administrators or financially supports this committee.)

Name	Address	Relationship to Committee

Please see attached sheets.

7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions)

Name	Address

Please see attached sheets.

2010 JAN 4 PM 4:56
CAMPAIGN FINANCE
RECEIVED

8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one:____ Principal Campaign Committee ____Subsidiary Committee

b. Name of Candidate

c. Office Sought by the Candidate

Please see attached sheets.

9. Name of Person Preparing Report Daytime Telephone Please see attached sheets.

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.

Dated 1/7/10

Signature of Committee Chairperson

504-454-5047
Daytime Telephone Number

Signature of Committee Treasurer, if any

Daytime Telephone Number

Form 200, Rev 3/98

Affiliated Persons / Organizations

Name and Address of Chair Person Joe Potts, Jr. Metairie LA Chairperson:	Candidate Information Office Sought (include title of office as well as parish, city, town and/or election district) Name of Political Party: ☐ SUPPORTED ☐ OPPOSED by the Committee
Daytime Telephone (Preparer):	Rel of Aff. Org. to Comm:
Name and Address of Person Preparing Report Walter G. Jones 1100 Poydras Street Suite 2850 New Orleans LA 70163 Chairperson:	Candidate Information Office Sought (include title of office as well as parish, city, town and/or election district) Name of Political Party: ☐ SUPPORTED ☐ OPPOSED by the Committee
Daytime Telephone (Preparer):	Rel of Aff. Org. to Comm: