STATEMENT OF ORGANIZATION

OFFICE USE ONLY

10

S/O
8/13

10004303

1. Name and Address of Committee

Harold Turner for State Representative
333 Texas Street, Suite 1525
Shreveport, LA 71101

Check If:

New Committee _____ Monthly Filer _____

2. Date of this Statement

8/11/10

3. Estimated Membership

10

4. Amended Statement?

____ Yes X No

Rec# 8422
CAH 8/12

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

a. Name	b. Position	c. Address
Harold Turner	Chairperson	12010 Ashland Way, Shreveport, LA 71106
John Dean	Treasurer	Post Office Box 1607; Shreveport, LA 71165

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

a. Name	b. Address	c. Relationship to Committee
N/A		

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
Red River Bank	601 Market Street, Shreveport, LA 71101

8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: X Principal Campaign Committee _____ Subsidiary Committee

b. Name of Candidate	c. Office Sought by the Candidate
Harold Turner	State Representative

9. a. Name of Person Preparing Report

John Dean

b. Daytime Telephone (318) 429-1525

2010 AUG 11 PM 3:40

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 13 day of August, 2010

Signature of Committee Chairperson — (318) 675-0439 Daytime Telephone Number

Signature of Committee Treasurer, if any — (318) 429-1525 Daytime Telephone Number

Form 200, Rev. 12/03