OTHER PERSONS ~~COMMITTEE'S REPORT~~

(to be filed by committees that support or oppose more than one candidate and/or proposition)

1. Full Name and Address of ~~Political Committee~~ Person

Washington Parish Council on Aging
Jane C. Rester, Executive Director
1025 Dobson Street
Franklinton, LA 70438

OFFICE USE ONLY

other person
10/00 prop.
40-G
5/25

0103120

2. Date of Primary _____

This report covers from _____ thru _____

Same report as # 0103119

Received 5/25/01
9:55 a 0.45

3. Type of Report

___ 180th day prior to primary
___ 60th day prior to primary
___ 30th day prior to primary
___ 10th day prior to primary
___ 10th day prior to general
___ 40th day after general
___ Annual
___ Amendment to prior report
X 1st Report

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

Position	Name	Address
Chairperson	N/A	
Treasurer		

5. Candidates or Propositions the Committee is Supporting or Opposing (use additional sheets if necessary)

Name	Address	Office Sought	Political Party	Support or Oppose
Reduction of				Support

6. Is the Committee supporting the entire ticket of a political party? ___ Yes X No If 'yes,' which party?

7. Name of Person Preparing Report Jane C. Rester, Executive Director Daytime Telephone (985)839-4535

8. WE HEREBY CERTIFY that the information contained in this report and the attached schedules is true and correct to the best of our knowledge, information and belief, that no expenditures have been made nor contributions received that have not been reported herein; and that no information required to be reported by the Louisiana Campaign Finance Disclosure Act has been deliberately omitted.

This 25 day of May, WX2001

Jane C. Rester
Signature of ~~Committee Chairperson~~ Person

(985)839-4535
Daytime Telephone Number

Signature of Committee Treasurer, if any

Daytime Telephone Number