STATEMENT OF ORGANIZATION

OFFICE USE ONLY 1/3

2013
S/O
1/29

13002509

1. Name and Address of Committee
Dr. Harold L. Flocky Asevedo
P O Box 637

Belle Chasse LA 70037

Check if new committee ___

2. Date of this Statement
01/28/2013

3. Estimated Membership
2

4. Amended Statement?
___Yes X No

Ref 9564
Ref 1102

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.

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

Dr. Harold L. Asevedo
Signature of Committee Chairperson

504-451-0400
Daytime Telephone Number

Signature of Committee Treasurer, if any

Daytime Telephone Number

Form 200, Rev 2/98

Affiliated Persons / Organizations

Name and Address of Chair Person Dr. Harold L. Asevedo 433 Oak Tree Rd Belle Chasse LA 70037 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 Treasurer Dr. Harold L Rocky Asevedo 433 Oak Tree Road Belle Chasse LA 70037 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 Financial Institution Mississippi River Bank 8435 Highway 23 Belle Chasse LA 70037 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 Candidate Dr. Harold L. Rocky Asevedo 433 Oak Tree Rd. Belle Chasse LA 70037 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: