AMENDED

STATEMENT OF ORGANIZATION

OFFICE USE ONLY

Amendment
S/O
8/24

16001512

1. Name and Address of Committee
PIPER GRIFFIN
CAMPAIGN FUND
P.O. Box 51886
New Orleans, LA 70151-1886

Check If: New Committee_____

2. Date of this Statement
8-23-16

3. Estimated Membership

4. Amended Statement?
X Yes ____ No

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

a. Name	b. Position	c. Address
Beverly D. Smith	Chairperson	P.O. Box 51886, NOLA 70151-1886
Lisa M. Johnson	Treasurer	P.O. Box 51886, NOLA 70151-1886

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
Liberty Bank & Trust	P.O. Box 60131, NOLA 70160-0131

2016 AUG 29 AM 8:47
SECRETARY OF STATE
ADMINISTRATION
CAMPAIGN FINANCE
RECEIVED

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

b. Name of Candidate
PIPER D. GRIFFIN

c. Office Sought by the Candidate
Judge

9. a. Name of Person Preparing Report LISA M. Johnson

b. Daytime Telephone 713-203-8020

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 23 day of August, 2016.

AMENDMENT

Beverly D. Smith
Signature of Committee Chairperson

504-
Daytime Telephone Number

Lisa M Johnson
Signature of Committee Treasurer, if any

713-203-8020
Daytime Telephone Number

STATEMENT OF ORGANIZATION

OFFICE USE ONLY

S/O
2/4

1. Name and Address of Committee

Piper Griffin Campaign Fund
PO Box 51886
New Orleans LA 70151-1886

2. Date of this Statement

1-30-16

3. Estimated Membership

4. Amended Statement?

____ Yes X No

#892714
#1858

Check If: New Committee_____

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

a. Name	b. Position	c. Address
Beverly D. Smith	Chairperson	PO Box 51886, NOLA 70151-1886
Dorinda A. Dorsey	Treasurer	PO Box 51886, NOLA 70151-1886

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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
Liberty Bank & Trust	PO Box 60131, NOLA 70160-0131

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

b. Name of Candidate

Piper D. Griffin

c. Office Sought by the Candidate

Judge

9. a. Name of Person Preparing Report

Dorinda A. Dorsey

b. Daytime Telephone 361-728-7075

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 30 day of January, 2016.

Beverly D. Smith
Signature of Committee Chairperson

504-913-6825
Daytime Telephone Number

Dorinda A. Dorsey
Signature of Committee Treasurer, if any

361-728-7075
Daytime Telephone Number