STATEMENT OF ORGANIZATION

OFFICE USE ONLY 1/3

PAC
S/O
4/8

0002653

1. Name and Address of Committee
Our Children's Future
P.O. Box 13225

Alexandria LA 71315

Check if new committee X

2. Date of this Statement
06/06/2000

3. Estimated Membership
50

4. Amended Statement?
___Yes X No

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: ___ 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 06/06/2000

Joseph P. Page
Signature of Committee Chairperson

448-0917
Daytime Telephone Number

H. Lindsey Torbett
Signature of Committee Treasurer, if any

318-442-4911
Daytime Telephone Number

Form 200, Rev 3/98

Affiliated Persons / Organizations

Name and Address of Chair Person Mr Joseph P Page 617 Greenfield Drive Alexandria LA 71301 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: Chairman
Name and Address of Treasurer Mr H. Lindsey Torbett 5615-L Jackson Street Alexandria LA 71303 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): 318-449-4914	Rel of Aff. Org. to Comm: Treasurer
Name and Address of Financial Institution Red River Bank P.O. Box 12560 Alexandria LA 71315 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: Financial Institution