STATEMENT OF ORGANIZATION

OFFICE USE ONLY 04

0400958

S/O 1/31

Rec # 5014
3204

1. Name and Address of Committee

COMMITTEE TO ELECT
ANGELIQUE A. REED
P. O. BOX 58508
NEW ORLEANS; LOUISIANA 70112

Check if:

New Committee _____ Monthly Filer _____

2. Date of this Statement

JANUARY 30, 2004

3. Estimated Membership

20

4. Amended Statement?

____ Yes XX 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	
EDWIN MURRAY	Chairperson	1540 NORTH BROAD STREET	NEW ORLEANS; LA 70119
CAROLYN MYERS	Treasurer	5137 WENTWORTH	NEW ORLEANS, LA 70126

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	NEW ORLEANS, LA 70160

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

b. Name of Candidate

ANGELIQUE A. REED

c. Office Sought by the Candidate

JUDGE, FIRST CITY COURT
SECTION B

9. a. Name of Person Preparing Report

CAROLYN MYERS

b. Daytime Telephone 504 244-1244

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 30th day of JANUARY, 2004

[signature]
Signature of Committee Chairperson

(504) 995-0092
Daytime Telephone Number

Carolyn E. Myers
Signature of Committee Treasurer, if any

(504) 244-1244
Daytime Telephone Number

Form 200, Rev. 12/03