STATEMENT OF ORGANIZATION

OFFICE USE ONLY 05

S/O 1/27

0500602

1. Name and Address of Committee

COMMITTEE TO ELECT
ANGELIQUE A. REED
P.O. BOX 58856
NEW ORLEANS, LOUISIANA 70158

2. Date of this Statement

JANUARY 24, 2005

3. Estimated Membership

20

4. Amended Statement?

____ Yes XX No

Check if:

New Committee _____ Monthly Filer _____

Rec # 5356
3249

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 ST., 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		

2005 JAN 28 PM 12:08
ETHICS ADMINISTRATION
CAMPAIGN FINANCE
RECEIVED

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 AND TRUST,	POST OFFICE BOX 60131, NEW ORLEANS, LA 70160

8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: _____ 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 24TH day of JANUARY, 2005.

Signature of Committee Chairperson

(504) 945-0042
Daytime Telephone Number

Carolyn E. Myers
Signature of Committee Treasurer, if any

(504) 244-1244
Daytime Telephone Number

Form 200, Rev. 12/03