JAN-31-2000 13:31 P.04

STATEMENT OF ORGANIZATION

OFFICE USE ONLY 00

1. Name and Address of Committee

Residents for Cedric Richmond
4809 Eastview Dr.
N.O. LA 70129

2. Date of this Statement: 1/31

3. Estimated Membership: 3

4. Amended Statement? ___ Yes X No

S/O 1/31

Rec # 312688
1322

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

a. Name	b. Position	c. Address
Maple R. Gaines	Chairperson	8701 Lomond Rd. NOLA 70127
Maple R. Gaines	Treasurer	8701 Lomond Rd. NOLA 70127
Sidney L. Richmond	President	8701 Lomond Rd. NOLA 70127
Cedric Richmond	V.P.	4809 Eastview Dr. NOLA 70126

6. Affiliated Organizations
(Any organization, other than a political committee, which directly or indirectly established, administers, or financially supports this committee.)

a. Name: NONE

b. Address

c. Relationship to Committee

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: Liberty Bank

b. Address: 700 Crowder Blvd. N.O. LA 70127

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

b. Name of Candidate: Cedric L. Richmond

c. Office Sought by the Candidate: State Representative District 101

9. a. Name of Person Preparing Report: Maple Gaines

b. Daytime Telephone: 504-246-4700

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 31st day of January 2000

Maple Gaines
Signature of Committee Chairperson

504-246-4700
Daytime Telephone Number

Signature of Committee Treasurer, if any

Daytime Telephone Number