STATEMENT OF ORGANIZATION

OFFICE USE ONLY 08

1. Name and Address of Committee

[illegible] Electors Association

[illegible]

New [illegible]

Check if

New Committee _____ Month Filer _____

2. Date of this Statement

1-24-08

3. Estimated Membership

20

4. Amended Statement?

____ Yes ✓ No

FAC S/O 1/24

Rec # 7191

304

0802741

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

a. Name	b. Position	c. Address
[illegible]	Chairperson	[illegible] Box [illegible] [illegible]
[illegible]	Treasurer	same
[illegible]	[illegible]	same

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
Capital [illegible]	Box 60[illegible] New Orleans [illegible] -1050

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

b. Name of Candidate

N/A

c. Office Sought by the Candidate

9. a. Name of Person Preparing Report [illegible] P. Egan

b. Daytime Telephone [illegible]

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 24 day of [illegible] 2008

[illegible] P. Egan
Signature of Committee Chairperson

504-[illegible]
Daytime Telephone Number

Derek T. [illegible]
Signature of Committee Treasurer if any

504-655-2993
Daytime Telephone Number

Form 200, Rev. 12/03