STATEMENT OF ORGANIZATION

OFFICE USE ONLY 1/3

0902417

S/O
1/30
Rec# 7872
1482

1. Name and Address of Committee
Committee to Elect Charles Scott
P. O. Box 52162
Shreveport LA 71135-2162

Check if new committee ____

2. Date of this Statement
01/26/2009

3. Estimated Membership
12

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 Campaign 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 X 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 01/26/2009

John Dean
Signature of Committee Chairperson

318-429-1525
Daytime Telephone Number

Susan Whitelaw
Signature of Committee Treasurer, if any

318-797-8500
Daytime Telephone Number

Form 280, Rev 2/98

COMMITTEES WITH OVER 250 MEMBERS

The following certification is OPTIONAL and should be completed ONLY if it is applicable to your committee. Completion of this certification doubles the normal limitations on the amounts of contributions to candidates that are otherwise applicable to political committees.

WE HEREBY CERTIFY that the membership of this political committee exceeded two hundred fifty (250) members as of December 31 of the calendar year immediately preceding the date date of this STATEMENT OF ORGANIZATION. We further certify that at least two hundred fifty (250) of the members of this political committee contributed at least fifty dollars($50.00) to this committee during the calendar year immediately preceding the date of this Statement of Organization.

Dated _____.

_____
Signature of Committee Chairperson

_____
Signature of Committee Treasurer, if any

INSTRUCTIONS FOR COMPLETION OF STATEMENT OF ORGANIZATION

1. A $100 filing fee must accompany this form. The fee should be paid with a committee check payable to 'Campaign Finance.'
2. This form must be filed every year between January 1 and January 31, subject to the following exceptions:
   -If a committee organizes after January 31, then this form must be filed within 10 days of the date of organization.
   -If the committee organizes within 10 days prior to an election, then this form must be filed within 3 days of the date of organization.
   -If the committee does not anticipate that it will have over $500 in total financial activity for a particular calendar year, it is not required to file this form for that year, if it determines later in that year that it will exceed $500 in total financial activity then this form must then be filed within 10 days.
3. Committee names must comply with the following rules:
   -The name cannot be the same as or deceptively similar to the name of another political committee.
   -If the committee supports only one candidate, the committee name must contain the name of that candidate.
   -If the committee supports more than one candidate, the committee name cannot contain the name of an individual unless the committee name clearly reflects that the committee is not supporting or opposing only that individual.
   -If the committee uses an acronym in addition to its complete name, place the acronym in parentheses after the complete name.
   -If the committee name contains a number, spell out the number in the name and place the numerical symbol(s) in parentheses.
4. Items 1-7 on the form must be completed. If the committee has no affiliated organization, then item 6 should be marked Not Applicable(N/A). Items 9 and 10 must also be completed.
5. Item 8 should be completed only if this committee supports a single candidate. If this item is completed, there must be a Statement of Designation completed by the candidate or his principal campaign committee already on file with this office or accompanying this form.
6. Any change in this information reported on this form that occurs before the committee's next Statement of Organization is otherwise due must be reported by filing an Amended Statement of Organization within 10 days following the change. No filing fee is required for the filing of such an amendment.
7. A Certificate of Registration will be issued to each properly organized committee.
8. A committee that has over $500 of financial activity in a calendar year and does not file a Statement of Organization is subject to fines.
9. Mail or hand deliver to:

LOUISIANA BOARD OF ETHICS
SUITE 200
8401 UNITED PLAZA BLVD.
BATON ROUGE, LA 70809

Affiliated Persons / Organizations

Name and Address of Financial Institution
Bancorpsouth
8565 Fern Ave.
Shreveport LA 71105
Chairperson:

Daytime Telephone (Preparer):

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

Rel of Aff. Org. to Comm:

Name and Address of Chair Person
John Dean
333 Texas St.
Ste. 1525
Shreveport LA 71101
Chairperson:

Daytime Telephone (Preparer):

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

Rel of Aff. Org. to Comm:

Name and Address of Treasurer
Susan Whitelaw
7800 Fern Ave.
Bldg. 1300
Shreveport LA 71105
Chairperson:

Daytime Telephone (Preparer):

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

Rel of Aff. Org. to Comm:

Name and Address of Person Preparing Report
Susan Whitelaw
7800 Fern Ave.
Bldg. 1300
Shreveport LA 71105
Chairperson:

Daytime Telephone (Preparer): 318-797-6500

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

Rel of Aff. Org. to Comm:

Name and Address of Candidate
Charles R Scott
P. O. Box 52152
Shreveport LA 71135-2152
Chairperson:

Daytime Telephone (Preparer):

Candidate Information
Office Sought (Include title of office as well as parish, city, town and/or election district)
District Attorney
Caddo Parish
First Judicial District

Name of Political Party: Democrat

☒ SUPPORTED ☐ OPPOSED by the Committee

Rel of Aff. Org. to Comm: