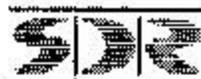


State of Louisiana  
Statement of OrganizationLA-264  
S/O  
10/12/99  
9/15**FORM 200. STATEMENT OF ORGANIZATION**Committee: **RIDDICK FOR INSURANCE COMMISSIONER  
INC.^^^**Date  
filed:  
09/15/1999

STATEMENT OF ORGANIZATION	
1. Name and Address of Committee  <b>RIDDICK FOR INSURANCE COMMISSIONER INC.^^^</b> 1563 OAKLEY DRIVE BATON ROUGE, Louisiana 70806 Check if new committee <input checked="" type="checkbox"/>	2. Date of this Statement 09/15/1999
	3. Estimated Membership 25
	4. Amended Statement? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
5. All Committees Officers (including Chairperson, Treasurer, if any, and any other committee officers and directors)	
<u>Position</u> <u>Name</u> <u>Address</u>	
<i>Chairperson</i> Mr STEPHEN M IRVING	11420 AIRLINE HIGHWAY, NO. 214, BR, Louisiana, 70815
<i>Treasurer</i> THOMAS W SLOAN	767 S TINLEY DR, BR, Louisiana, 70806
6. Affiliated Organizations (Any organization, other than a political committee, which directly or indirectly established, administers or financially supports this committee.) <u>Name</u> <u>Address</u> <u>Relationship to Committee</u>	
7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions)	
<u>Name</u> <u>Address</u>	
HIBERNIA NATIONAL BANK	4646 S. SHERWOOD FOREST BLVD., BATON ROUGE, Louisiana, 70816
8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE:	
a. Check one: <input checked="" type="checkbox"/> Principal Campaign Committee <input type="checkbox"/> Subsidiary Committee	
b. Name of Candidate Mr WINSTON RIDDICK	c. Office Sought by the Candidate COMMISSIONER OF INSURANCE
9. Name of Person Preparing Report: Daytime Telephone:	
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 15th day of September, 1999.	
STEPHEN IRVING Signature of Committee Chairperson	225-295-8200 Daytime Telephone Number

THOMAS SLOAN

225-924-0546

Signature of Committee Treasurer, if any

Daytime Telephone Number

**COMMITTEES WITH OVER 250 MEMBERS**

\*\*\* No certification was filed. \*\*\*



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State of Louisiana  
Disclosure Report

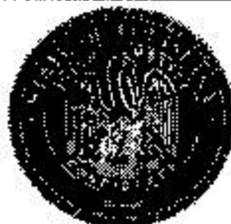


**FORM 100. DESIGNATION OF PRINCIPAL/SUBSIDIARY  
CAMPAIGN COMMITTEE**

Committee: RIDDICK FOR INSURANCE  
COMMISSIONER INC.

Date filed:  
10/02/1999 ✓

DESIGNATION OF PRINCIPAL/SUBSIDIARY CAMPAIGN COMMITTEE	
<p>1. Full Name and Address of Candidate or Principal Campaign Committee making Designation</p> <p>RIDDICK FOR INSURANCE COMMISSIONER INC. 1563 OAKLEY DRIVE BATON ROUGE, Louisiana 70806</p>	<p>2. Office Sought (including title of office as well as parish, city, town and/or election district)</p> <p>COMMISSIONER OF INSURANCE STATEWIDE</p>
3. Name and Address of Designated Principal Campaign Committee	
4. Subsidiary Committee(s) Designated	
a. Name(s) and mailing address(es) b. Chairperson	
<p>5. I DO HEREBY DESIGNATE the above named principal/subsidiary committee(s) and CERTIFY that the information contained in this designation is true and correct to the best of my knowledge, information and belief.</p> <p>This 10th day of September, 1999.</p> <p><u>WINSTON RIDDICK</u> <u>225-295-8200</u> Signature of Candidate/Chairperson Daytime Telephone Number</p>	



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