STATEMENT OF ORGANIZATION		OFFICE US	
1. Name and Address of Committee THE COMMITTEE TO ELECT RAYMOND CREWS	2. Date of this Statement 1/22/20	Date Filed: 1/22/202	18296 24
P. O. Box 5114 Bossier City, LA 71171	3. Estimated Membership	1	
Check If: New Committee	4. Amended Statement?	No	
5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors) a. Name b. Position c. Address			
RAYMOND CREWS Chairperson 2467 Churchill Drive, Bossier City, LA 71111			
MALIA WOLLERSON Treasurer 333 Texas Street, Suite 1525, , Shreveport, LA 71101			
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			
 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. <u>Name</u> b. <u>Address</u>			
On attached sheet 8. Type of Committee			
IF THE POLITICAL COMMITTEE SUPPORTS ONLY ONE CANDIDATE, check <u>all</u> that apply AND complete 8a and 8b below: X By my signature below, I hereby certify that this committee is the principal campaign committee of the candidate referenced in 8a.			
By my signature below, I hereby certify that this committee is the subsidiary of , , which is a committee of the candidate referenced in 8a.			
By my signature below, I hereby certify that this committee is not the principal or subsidiary committee the candidate referenced in 8a and that the committee is not working, and will not work, in coordination, consultation, or cooperation with the candidate referenced in 8a.			
By my signature below, I hereby certify that this committee is organized solely to make independent expenditures and is not, and will not, make contributions (direct or in-kind as defined in R.S. 18:1483(6), in contravention of the Campaign Finance Disclosure Act.			
IF THE POLITICAL COMMITTEE SUPPORTS MULTIPLE CANDIDATES, CHECK <u>ONLY IF THE following</u> applies: By my signature below, I hereby certify that this committee is organized solely to make independent expenditures and is not, and will not, make contributions (direct or in-kind as defined in R.S. 18:1483(6), in contravention of the Campaign Finance Disclosure Act.			
8a. Name of Candidate		8b. Office Sought by the Candidate	
RAYMOND CREWS		State Representative	
9. a. Name of Person Preparing Report: MALIA WOLLERSON		b. Daytime Telephone:	318-429-1525
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 <u>22nd day of</u> <u>January</u> , <u>202</u> 4	4		
Raymond Crews 318.572.304 Signature of Committee/Chairperson Daytime Teleption		Illerson f Committee Treasurer, if any	318-429-1525

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- 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. <u>Name</u>

b. <u>Address</u>

CITIZENS NATIONAL BANK

2711 East Texas Street Bossier City, LA 71111