STATEMENT OF ORGANIZATION			OFFICE USE ONLY Report Number: 14823	
1. Name and Address of Committee	2. Date of this Statement	Date Filed: 5/2/2		
JUAN LAFONTA CAMPAIGN COMMITTEE	5/2/20	008		
6305 Elysian Fields Suite 207B New Orleans, LA 70122	3. Estimated Membership			
		0		
Check If:	4. Amended Statement?			
New Committee X	Yes X	No		
5. All Committee Officers and Directors (including Chairperson, Treasure a. <u>Name</u> b. <u>Position</u> Chairperson	r, if any, and any other comm c. <u>Address</u>	ittee officers and directors)		
Treasurer				
<ul> <li>6. Affiliated Organizations <ul> <li>(Any organization, other than a political committee, which directly or indianal as a structure of the structure o</li></ul></li></ul>	directly established, administe	ers, or financially supports this comm c. Relationship to C		
<ol> <li>All Depositories for Committee Funds (committee funds must be depos mutual funds.)</li> </ol>	sited in one or more banks or	savings and loan institutions or mone	ey market	
a. <u>Name</u> b. <u>Address</u>				
On attached sheet				
8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE:	a. Check one: X Prir	cipal Campaign Committee	Subsidiary Committee	
b. Name of Candidate JUAN LAFONTA		c. Office Sought by the Candidate Representative Orleans 96		
9. a. Name of Person Preparing Report CAROL I SPEER		L		
b. Daytime Telephone				
10. WE HEREBY CERTIFY that the information contained in this STATEN information and belief.	MENT OF ORGANIZATION is	true and correct to the best of our kr	nowledge ,	
This <u>2nd day of</u> <u>May</u> , 200				
Juan LaFonta Signature of Committee/Chairperson		504-282-026 Daytime Teleph		
Signature of Committee Treasurer, if any		Daytime Teleph	none	

Form 200, Rev. 12/03

- 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>

CAPITAL ONE

6305 Elysian Fields New Orleans, LA 70122