

| STATEMENT OF ORGANIZATION | | OFFICE USE ONLY | | | | | | | | | | | | |
|---|--|--|---|--|---|--|-------------|----------|--|--|-----------------------|--|-----------|--|
| 1. Name and Address of Committee HOUSE DEMOCRATIC CAMPAIGN COMMITTEE OF THE LA DEMOCRATIC STATE CENTRAL COMMITTEE POB 4385 Baton Rouge, LA 70821 Check If: New Committee _____ | 2. Date of this Statement <div style="text-align: center;">1/9/2012</div> | Report Number: 33966 Date Filed: 1/9/2013 | | | | | | | | | | | | |
| | 3. Estimated Membership <div style="text-align: center;">45</div> | | | | | | | | | | | | | |
| | 4. Amended Statement? <div style="text-align: center;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> | | | | | | | | | | | | | |
| 5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors) <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><u>a. Name</u></td> <td style="width: 33%;"><u>b. Position</u></td> <td style="width: 33%;"><u>c. Address</u></td> </tr> <tr> <td style="text-align: center;">JOHN BEL EDWARDS</td> <td style="text-align: center;">Chairperson</td> <td style="text-align: center;">POB 4385</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">Baton Rouge, LA 70821</td> </tr> <tr> <td></td> <td style="text-align: center;">Treasurer</td> <td></td> </tr> </table> | | | <u>a. Name</u> | <u>b. Position</u> | <u>c. Address</u> | JOHN BEL EDWARDS | Chairperson | POB 4385 | | | Baton Rouge, LA 70821 | | Treasurer | |
| <u>a. Name</u> | <u>b. Position</u> | <u>c. Address</u> | | | | | | | | | | | | |
| JOHN BEL EDWARDS | Chairperson | POB 4385 | | | | | | | | | | | | |
| | | Baton Rouge, LA 70821 | | | | | | | | | | | | |
| | Treasurer | | | | | | | | | | | | | |
| 6. Affiliated Organizations (Any organization, other than a political committee, which directly or indirectly established, administers, or financially supports this committee.) <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><u>a. Name</u></td> <td style="width: 33%;"><u>b. Address</u></td> <td style="width: 33%;"><u>c. Relationship to Committee</u></td> </tr> </table> | | | <u>a. Name</u> | <u>b. Address</u> | <u>c. Relationship to Committee</u> | | | | | | | | | |
| <u>a. Name</u> | <u>b. Address</u> | <u>c. 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 or money market mutual funds.) <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><u>a. Name</u></td> <td style="width: 33%;"><u>b. Address</u></td> </tr> </table> <p style="text-align: center;">On attached sheet</p> | | | <u>a. Name</u> | <u>b. Address</u> | | | | | | | | | | |
| <u>a. Name</u> | <u>b. Address</u> | | | | | | | | | | | | | |
| 8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: <input type="checkbox"/> Principal Campaign Committee <input type="checkbox"/> Subsidiary Committee | | | | | | | | | | | | | | |
| b. Name of Candidate | c. Office Sought by the Candidate | | | | | | | | | | | | | |
| 9. a. Name of Person Preparing Report MARY HOFFMAN b. Daytime Telephone (225) 336-4155 | | | | | | | | | | | | | | |
| 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 9th day of January , 2013 . <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;"> <u>John Bel Edwards</u> Signature of Committee/Chairperson </td> <td style="width: 50%; text-align: center;"> <u>(225) 336-4155</u> Daytime Telephone </td> </tr> <tr> <td style="text-align: center;"> _____ Signature of Committee Treasurer, if any </td> <td style="text-align: center;"> <u>(225) 336-4155</u> Daytime Telephone </td> </tr> </table> | | | <u>John Bel Edwards</u> Signature of Committee/Chairperson | <u>(225) 336-4155</u> Daytime Telephone | _____ Signature of Committee Treasurer, if any | <u>(225) 336-4155</u> Daytime Telephone | | | | | | | | |
| <u>John Bel Edwards</u> Signature of Committee/Chairperson | <u>(225) 336-4155</u> Daytime Telephone | | | | | | | | | | | | | |
| _____ Signature of Committee Treasurer, if any | <u>(225) 336-4155</u> Daytime Telephone | | | | | | | | | | | | | |

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

LIBERTY BANK

b. Address

4207 Perkins Rd.
Baton Rouge, LA 70808