

| STATEMENT OF ORGANIZATION | | OFFICE USE ONLY | | | | | | | | | |
|--|---|--|--|--|---|--|-------------|--|-----------------|-----------|--|
| 1. Name and Address of Committee THE COMMITTEE TO ELECT RAYMOND CREWS P. O. Box 5114 Bossier City, LA 71171 Check If: New Committee _____ | 2. Date of this Statement <div style="text-align: center;">1/21/2022</div> | Report Number: 101110 Date Filed: 1/21/2022 | | | | | | | | | |
| | 3. Estimated Membership <div style="text-align: center;">1</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-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 33%;"><u>a. Name</u></th> <th style="text-align: left; width: 33%;"><u>b. Position</u></th> <th style="text-align: left; width: 34%;"><u>c. Address</u></th> </tr> </thead> <tbody> <tr> <td>RAYMOND CREWS</td> <td>Chairperson</td> <td>2467 Churchill Drive Bossier City, LA 71111</td> </tr> <tr> <td>MALIA WOLLERSON</td> <td>Treasurer</td> <td>333 Texas Street, Suite 1525 Shreveport, LA 71101</td> </tr> </tbody> </table> | | | <u>a. Name</u> | <u>b. Position</u> | <u>c. Address</u> | RAYMOND CREWS | Chairperson | 2467 Churchill Drive Bossier City, LA 71111 | MALIA WOLLERSON | Treasurer | 333 Texas Street, Suite 1525 Shreveport, LA 71101 |
| <u>a. Name</u> | <u>b. Position</u> | <u>c. Address</u> | | | | | | | | | |
| 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.) <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 33%;"><u>a. Name</u></th> <th style="text-align: left; width: 33%;"><u>b. Address</u></th> <th style="text-align: left; width: 34%;"><u>c. Relationship to Committee</u></th> </tr> </thead> <tbody> </tbody> </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-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 33%;"><u>a. Name</u></th> <th style="text-align: left; width: 33%;"><u>b. Address</u></th> <th style="text-align: left; width: 34%;"></th> </tr> </thead> <tbody> </tbody> </table> | | | <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 checked="" type="checkbox"/> Principal Campaign Committee <input type="checkbox"/> Subsidiary Committee | | | | | | | | | | | |
| b. Name of Candidate RAYMOND CREWS | | c. Office Sought by the Candidate 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 21st day of January , 2022 . <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <u>Raymond Crews</u> Signature of Committee/Chairperson </td> <td style="width: 50%; vertical-align: top;"> <u>318.572.3084</u> Daytime Telephone </td> </tr> <tr> <td style="vertical-align: top;"> <u>Malia Wollerson</u> Signature of Committee Treasurer , if any </td> <td style="vertical-align: top;"> <u>318-429-1525</u> Daytime Telephone </td> </tr> </table> | | | <u>Raymond Crews</u> Signature of Committee/Chairperson | <u>318.572.3084</u> Daytime Telephone | <u>Malia Wollerson</u> Signature of Committee Treasurer , if any | <u>318-429-1525</u> Daytime Telephone | | | | | |
| <u>Raymond Crews</u> Signature of Committee/Chairperson | <u>318.572.3084</u> Daytime Telephone | | | | | | | | | | |
| <u>Malia Wollerson</u> Signature of Committee Treasurer , if any | <u>318-429-1525</u> Daytime Telephone | | | | | | | | | | |