STATEMENT OF ORGANIZATION		OFFICE USE ONLY
1. Name and Address of Committee  Lovisiana Retailers Political Action Committee  Check If: New Committee	2. Date of this Statement  1-14-14  3. Estimated Membership  250  4. Amended Statement?  Yes X No	PAC \$/0 1/14 #896381 #1189
5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors)		
a. Name b. Position c. Address  JASON COOPUR Chairperson Treasurer  Chairperson Chairperso		
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	and an interest of the state of	c. Relationship to Committee
Louisiana Retailers P.O. Box 440	34	
Association B.R., LA 70		Admin.
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>		
American P.O. Box 500		
American P.O. Box 500 Gateway Port Allen, LA 70767		
8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: Principal Campaign Committee Subsidiary Committee		
b. Name of Candidate		c. Office Sought by the Candidate
9. a. Name of Person Preparing Report b. Daytime Telephone	Ott augus	
10. WE HEREBY CERTIFY that the information contained in this STATEM and belief.  This	IENT OF ORGANIZATION is true an $oldsymbol{\mathcal{U}}_{.}$	d correct to the best of our knowledge, information
Signature of Committee Chairperson		5-344-9481 time Telephone Number
	·	÷ 28
Signature of Committee Treasurer, if any	Day	time Telephone Number