STATEMENT OF ORGANIZATION				OFFICE USE ONLY
1. Name and Address of Committee Women On the M P. D. Box 6262 New Onleans, LA	•	2. Date of this State Of 28 2 3. Estimated Memb	OEOR	
		4. Amended Statem	nent?	
Check If: New Committee	_	Yes	No	
5. All Committee Officers and Directors (ncluding Chairperson, Treasu	rer, if any, and any other	committee of	ficers and directors)
a. <u>Name</u> Roberta Brown Susan Clark-Williams Cynthia Wiggins Margie Thomas Sandra Wilson	b. <u>Position</u> Chairperson Treasurer Secretary Vice President Director	c. <u>Address</u> 1007 Green 1525 Bode 2419 Thali 320 Neil 1333 Elmi	rspoint nger Bl a. St., No Street, I ra St.,	Dr., New Orleans, LA 70114 vd., New Orleans, LA 70114 ew Orleans, LA 70113 New Orleans, (A 70131 New Orleans, LA 70114
Affiliated Organizations (Any organization, other than a political)	committee which directly or			
a. <u>Name</u> N(A	b. Address	indirectly established, adi		c. Relationship to Committee
a. <u>Name</u> Regions Bank		ebrulle Dr.	New C	rleans, LA MO131
8. IF THIS COMMITTEE SUPPORTS A S Committee	INGLE CANDIDATE: a. CI	heck one:Prir	ncipal Campai	gn CommitteeSubsidiary
b. Name of Candidate				c. Office Sought by the Candidate
9. a. Name of Person Preparing Report	Susan Clark-	Williams		
10. WE HEREBY CERTIFY that the inform		(504) 975 - 2 MENT OF ORGANIZATIO		correct to the best of our knowledge, information
This 28th day of Janua	ny , 202		(504)	228-3637 e Telephone Number
Signature of Committee Trea ETILUS BUFFED REC'D	Oliano Isurer, if any		(504) Daytim	368-2241/504) 975-2504 Telephone Number