STATEMENT OF OR	OFFICE U	JSE ONLY	
1. Name and Address of Committee LOUISIANA FEDERATION FOR CHILDREN F 228 S. Washington St., Ste. 115 Alexandria, VA 22314	2. Date of this Sta 2. Date of this Sta 3. Estimated Mem 4. Amended State	1/10/2024 bership 0	117914
Check If: New Committee	YesYes	X No	
All Committee Officers and Directors (including Chairpe a. Name b.) TOMMY SCHULTZ LISA LISKER	Chairperson c. Address Chairperson 10440 Little Pa	atuxent Pkwy, Ste. 300-343, Columbia	
LISA LISKER Treasurer 228 S. Washington St., Ste. 115, Alexandria, VA 22314 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 c. Relationship to Committee			
On attached sheet 7. All Depositories for Committee Funds (committee funds mutual funds.) a. Name b. Address	must be deposited in one or more b	anks or savings and loan institutions or money	market
8. Type of Committee IF THE POLITICAL COMMITTEE SUPPORTS ONLY ONE CANDIDATE, check all that apply AND complete 8a and 8b below: By my signature below, I hereby certify that this committee is the principal campaign committee of the candidate referenced in 8a. By my signature below, I hereby certify that this committee is the subsidiary of which is a committee of the candidate referenced in 8a. X By my signature below, I hereby certify that this committee is not the principal or subsidiary committee the candidate referenced in 8a and that the committee is not working, and will not work, in coordination, consultation, or cooperation with the candidate referenced in 8a. By my signature below, I hereby certify that this committee is organized solely to make independent expenditures and is not, and will not, make contributions (direct or in-kind as defined in R.S. 18:1483(6), in contravention of the Campaign Finance Disclosure Act. IF THE POLITICAL COMMITTEE SUPPORTS MULTIPLE CANDIDATES, CHECK ONLY IF THE following applies: By my signature below, I hereby certify that this committee is organized solely to make independent expenditures and is not, and will not, make contributions (direct or in-kind as defined in R.S. 18:1483(6), in contravention of the Campaign Finance Disclosure Act.			
8a. Name of Candidate		8b. Office Sought by the Candidate	
9. a. Name of Person Preparing Report: LISA LISK	ŒR	b. Daytime Telephone	Fig. 703-281-7540
10. WE HEREBY CERTIFY that the information contained information and belief.		ATION is true and correct to the best of our known	wledge ,
Tommy Schultz Tommy Schultz	,2024 Lis	sa Lisker	703-281-7540
Signature of Committee/Chairperson		nature of Committee Treasurer, if any	Daytime Telephone

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6. Affiliated Organizations

(Any organization, other than a political committee, which directly or indirectly established, administers, or financially supports this committee.)

c. Relationship to Committee a. Name b. Address

AMERICAN FEDERATION FOR

10440 Little Patuxent Pkwy

Affiliated

CHILDREN ACTION FUND INC.

Ste. 300-343 Columbia, MD 21044

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. Address

BB&T 1909 K St., NW

Washington, DC 20006