

STATEMENT OF ORGANIZATION		OFFICE USE ONLY										
1. Name and Address of Committee CITIZENS FOR A BETTER CADD0, INC. 333 Texas Street, Suite 1525 Shreveport, LA 71101	2. Date of this Statement 1/24/2024	Report Number: 118559 Date Filed: 1/29/2024 										
	3. Estimated Membership 15											
Check If: <u> </u> New Committee <u> </u>	4. Amended Statement? <u> </u> Yes <u> X </u> No											
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="width: 30%; text-align: left;"><u>a. Name</u></th> <th style="width: 20%; text-align: left;"><u>b. Position</u></th> <th style="width: 50%; text-align: left;"><u>c. Address</u></th> </tr> </thead> <tbody> <tr> <td>EDWARD J CRAWFORD, III</td> <td>Chairperson</td> <td>333 Texas Street, Suite 2300, , Shreveport, LA 71101</td> </tr> <tr> <td>ROBERT L DEAN</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>	EDWARD J CRAWFORD, III	Chairperson	333 Texas Street, Suite 2300, , Shreveport, LA 71101	ROBERT L DEAN	Treasurer	333 Texas Street, Suite 1525, , Shreveport, LA 71101
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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.) <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%; text-align: left;"><u>a. Name</u></th> <th style="width: 30%; text-align: left;"><u>b. Address</u></th> <th style="width: 40%; text-align: left;"><u>c. Relationship to Committee</u></th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				<u>a. Name</u>	<u>b. Address</u>	<u>c. Relationship to Committee</u>						
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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="width: 30%; text-align: left;"><u>a. Name</u></th> <th style="width: 70%; text-align: left;"><u>b. Address</u></th> </tr> </thead> <tbody> <tr> <td>On attached sheet</td> <td> </td> </tr> </tbody> </table>				<u>a. Name</u>	<u>b. Address</u>	On attached sheet						
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8. Type of Committee IF THE POLITICAL COMMITTEE SUPPORTS ONLY ONE CANDIDATE, check <u>all</u> 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. ☐ 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 <u>ONLY IF THE following</u> 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: ROBERT L DEAN		b. Daytime Telephone: 318-429-2023										
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 <u>29th</u> day of <u>January</u> , <u>2024</u> .												
<u>Edward J Crawford, III</u> Signature of Committee/Chairperson	<u>318-222-2161</u> Daytime Telephone	<u>Robert L Dean</u> Signature of Committee Treasurer, if any	<u>318-429-2023</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

REGIONS BANK

b. Address

333 Texas Street
Shreveport, LA 71101