


STATEMENT OF ORGANIZATION		OFFICE USE ONLY															
1. Name and Address of Committee LOUISIANA SAFETY & JUSTICE 400 Columbia Circle Bossier City, LA 71112 Check If: New Committee _____	2. Date of this Statement <div style="text-align: center;">1/29/2016</div> 3. Estimated Membership <div style="text-align: center;">0</div> 4. Amended Statement? <div style="text-align: center;"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </div>	Report Number: 56475 Date Filed: 1/29/2016 <div style="text-align: right;">  </div>															
5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors) <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><u>a. Name</u></td> <td style="width: 33%;"><u>b. Position</u></td> <td style="width: 34%;"><u>c. Address</u></td> </tr> <tr> <td>LEE JETER</td> <td>Chairperson</td> <td></td> </tr> <tr> <td></td> <td></td> <td>, LA</td> </tr> <tr> <td>HERSCHEL RICHARD</td> <td>Treasurer</td> <td>333 Texas Street Suite 1700 Shreveport, LA 71101</td> </tr> <tr> <td colspan="3">Additional officers listed on attached sheet</td> </tr> </table>			<u>a. Name</u>	<u>b. Position</u>	<u>c. Address</u>	LEE JETER	Chairperson				, LA	HERSCHEL RICHARD	Treasurer	333 Texas Street Suite 1700 Shreveport, LA 71101	Additional officers listed on attached sheet		
<u>a. Name</u>	<u>b. Position</u>	<u>c. Address</u>															
LEE JETER	Chairperson																
		, LA															
HERSCHEL RICHARD	Treasurer	333 Texas Street Suite 1700 Shreveport, LA 71101															
Additional officers listed on attached sheet																	
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: none;"> <tr> <td style="width: 33%;"><u>a. Name</u></td> <td style="width: 33%;"><u>b. Address</u></td> <td style="width: 34%;"><u>c. Relationship to Committee</u></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </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: none;"> <tr> <td style="width: 33%;"><u>a. Name</u></td> <td style="width: 67%;"><u>b. Address</u></td> </tr> <tr> <td>On attached sheet</td> <td> </td> </tr> </table>			<u>a. Name</u>	<u>b. Address</u>	On attached sheet												
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8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: _____ Principal Campaign Committee <input checked="" type="checkbox"/> <u>Subsidiary Committee</u>																	
b. Name of Candidate		c. Office Sought by the Candidate															
9. a. Name of Person Preparing Report CHRIS LAZO b. Daytime Telephone (202)654-6216																	
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>2016</u> . <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"> <u>Lee Jeter</u> Signature of Committee/Chairperson </td> <td style="width: 40%;"> _____ Daytime Telephone </td> </tr> <tr> <td> <u>Herschel Richard</u> Signature of Committee Treasurer, if any </td> <td> _____ Daytime Telephone </td> </tr> </table>			<u>Lee Jeter</u> Signature of Committee/Chairperson	_____ Daytime Telephone	<u>Herschel Richard</u> Signature of Committee Treasurer, if any	_____ Daytime Telephone											
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<u>Herschel Richard</u> Signature of Committee Treasurer, if any	_____ Daytime Telephone																

5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors)

a. Name

b. Position

c. Address

SHERRY KERR

Officer

2745 Fairfield Ave
Shreveport, LA 71104

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

b. Address

AMALGAMATED BANK

1825 K St. NW
Washington, DC 20006