

STATEMENT OF ORGANIZATION

OFFICE USE OF

1. Name and Address of Committee

Lourdes Moran Campaign
PO Box 740511
New Orleans, Louisiana 70174-0511

2. Date of this Statement

08/17/2015

3. Estimated Membership

1

4. Amended Statement?

Yes No

Handwritten notes: 5/8, 9/17

Handwritten notes: # 89530, # 1001



Check If:

New Committee Monthly Filer

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

Table with columns: a. Name, b. Position, c. Address. Row 1: Scott Moran, Chairperson, PO Box 740511, New Orleans, LA 70174-0511

6. Affiliated Organizations

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

Table with columns: a. Name, b. Address, c. Relationship to Committee

7. All Depositors for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual Funds.)

Table with columns: a. Name, b. Address

8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. check one: X Principal Campaign Committee Subsidiary Committee

b. Name of Candidate

Lourdes Moran

c. Office Sought by the Candidate

State Representative District 102

9. a. Name of Person Preparing Report Krystal Ancar

b. Daytime Telephone 404.822.4208

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 17th day of August, 2015.

Signature of Committee Chairperson (Handwritten signature)

Daytime Telephone Number

Signature of Committee Treasurer, if any

Daytime Telephone Number

Vertical stamp: RECEIVED AUG 18 2015