

STATEMENT OF ORGANIZATION		OFFICE USE ONLY									
1. Name and Address of Committee THE JOHN KENNEDY CAMPAIGN COMMITTEE, INC. PO Box 80794 Baton Rouge, LA 70898 Check If: New Committee _____	2. Date of this Statement <div style="text-align: center;">2/12/2019</div>	Report Number: 74945 Date Filed: 2/12/2019 									
	3. Estimated Membership <div style="text-align: center;">50</div>										
	4. Amended Statement? <div style="text-align: center;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>										
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="text-align: left; width: 33%;"><u>a. Name</u></th> <th style="text-align: left; width: 33%;"><u>b. Position</u></th> <th style="text-align: left; width: 34%;"><u>c. Address</u></th> </tr> </thead> <tbody> <tr> <td>JOHN NEELY KENNEDY</td> <td>Chairperson</td> <td>PO Box 80794 Baton Rouge, LA 70898</td> </tr> <tr> <td>JOHN N KENNEDY</td> <td>Treasurer</td> <td>PO Box 80794 Baton Rouge, LA 70898</td> </tr> </tbody> </table>			<u>a. Name</u>	<u>b. Position</u>	<u>c. Address</u>	JOHN NEELY KENNEDY	Chairperson	PO Box 80794 Baton Rouge, LA 70898	JOHN N KENNEDY	Treasurer	PO Box 80794 Baton Rouge, LA 70898
<u>a. Name</u>	<u>b. Position</u>	<u>c. Address</u>									
JOHN NEELY KENNEDY	Chairperson	PO Box 80794 Baton Rouge, LA 70898									
JOHN N KENNEDY	Treasurer	PO Box 80794 Baton Rouge, LA 70898									
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="text-align: left; width: 33%;"><u>a. Name</u></th> <th style="text-align: left; width: 33%;"><u>b. Address</u></th> <th style="text-align: left; width: 34%;"><u>c. Relationship to Committee</u></th> </tr> </thead> <tbody> </tbody> </table>			<u>a. Name</u>	<u>b. Address</u>	<u>c. Relationship to Committee</u>						
<u>a. Name</u>	<u>b. Address</u>	<u>c. Relationship to Committee</u>									
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="text-align: left; width: 33%;"><u>a. Name</u></th> <th style="text-align: left; width: 33%;"><u>b. Address</u></th> </tr> </thead> <tbody> <tr> <td colspan="2">On attached sheet</td> </tr> </tbody> </table>			<u>a. Name</u>	<u>b. Address</u>	On attached sheet						
<u>a. Name</u>	<u>b. Address</u>										
On attached sheet											
8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: <input checked="" type="checkbox"/> Principal Campaign Committee <input type="checkbox"/> Subsidiary Committee											
b. Name of Candidate JOHN NEELY KENNEDY	c. Office Sought by the Candidate Unknown										
9. a. Name of Person Preparing Report WILLIAM VANDERBROOK CPA b. Daytime Telephone 504-455-0762											
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 12th day of February , 2019 . <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; vertical-align: top;"> <u>John Neely Kennedy</u> Signature of Committee/Chairperson </td> <td style="width: 40%; vertical-align: top;"> ____ Daytime Telephone </td> </tr> <tr> <td style="vertical-align: top;"> <u>John N Kennedy</u> Signature of Committee Treasurer, if any </td> <td style="vertical-align: top;"> ____ Daytime Telephone </td> </tr> </table>			<u>John Neely Kennedy</u> Signature of Committee/Chairperson	____ Daytime Telephone	<u>John N Kennedy</u> Signature of Committee Treasurer, if any	____ Daytime Telephone					
<u>John Neely Kennedy</u> Signature of Committee/Chairperson	____ Daytime Telephone										
<u>John N Kennedy</u> Signature of Committee Treasurer, if any	____ 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

CAPITAL ONE

b. Address

440 Third Street
Baton Rouge, LA 70802