STATEMENT OF ORGANIZATION

OFFICE USE ONLY

Report Number: 118702

Date Filed: 1/31/2024

1. Name and Address of Committee

DELISHA BOYD CAMPAIGN FUND
P.O. Box 741952
New Orleans, LA 70174

2. Date of this Statement: 1/31/2024

3. Estimated Membership: 2

4. Amended Statement? ___ Yes X No

Check If: New Committee ___

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

a. Name	b. Position	c. Address
KRISTEN BOYD	Chairperson	7 Leeward Court, , New Orleans, LA 70131
KRYSTAL ANCAR	Treasurer	P.O. Box 6396, , New Orleans, LA 70174

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

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

On attached sheet

8. Type of Committee

IF THE POLITICAL COMMITTEE SUPPORTS ONLY **ONE** CANDIDATE, check **all** that apply AND complete 8a and 8b below:

X 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 **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: KRYSTAL ANCAR b. Daytime Telephone: 504-361-4152

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 31st day of January, 2024.

Kristen Boyd	--	Krystal Ancar	504-361-4152
Signature of Committee/Chairperson	Daytime Telephone	Signature of Committee Treasurer, if any	Daytime Telephone

Form 200, Rev. 12/03, Page Rev. 6/2023

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
LIBERTY BANK AND TRUST	PO Box 60131 New Orleans, LA 70160