

STATEMENT OF ORGANIZATION

OFFICE USE ONLY

Report Number: 124637

Date Filed: 1/29/2025



1. Name and Address of Committee

HELENA MORENO FOR OUR FUTURE
Po Box 15155
New Orleans, LA 70175

2. Date of this Statement

1/29/2025

3. Estimated Membership

0

4. Amended Statement?

Check If: New Committee _____

____ Yes X No

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

a. Name

b. Position

c. Address

DONNA GLAPION

Chairperson

7641 Fieldston Road, , New Orleans, LA 70126

LYNDA WOOLARD

Treasurer

1233 FERN ST., , NEW ORLEANS, LA 70118

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

HELENA MORENO

8b. Office Sought by the Candidate

MAYOR CITY OF NEW ORLEANS

9. a. Name of Person Preparing Report: VANDERBROOK & CO., LLC CPAS

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 29th day of January, 2025.

Donna Glapion

Signature of Committee/Chairperson

504-621-1676

Daytime Telephone

LYNDA WOOLARD

Signature of Committee Treasurer, if any

504-864-9207

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

BANKPLUS

b. Address

385A HIGHLAND COLONY PKWY
RIDGELAND, MS 39157