

STATEMENT OF ORGANIZATION

OFFICE USE ONLY

Report Number: 124852

Date Filed: 1/31/2025



1. Name and Address of Committee

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

2. Date of this Statement

1/31/2025

3. Estimated Membership

2

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

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

DELISHA BOYD

8b. Office Sought by the Candidate

House of Representative Dist 102

9. a. Name of Person Preparing Report: KRYSTAL ANCAR

b. Daytime Telephone: 504-766-8044

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, 2025.

Kristen Boyd

Signature of Committee/Chairperson

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Daytime Telephone

Krystal Ancar

Signature of Committee Treasurer, if any

504-766-8044

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

LIBERTY BANK AND TRUST

b. Address

PO Box 60131
New Orleans, LA 70160