

# STATEMENT OF ORGANIZATION

## OFFICE USE ONLY

Report Number: 127815

Date Filed: 5/20/2025



1. Name and Address of Committee

MATTHEW WILLARD  
4701 St. Roch Ave  
New Orleans, LA 70122

2. Date of this Statement

5/20/2025

3. Estimated Membership

0

4. Amended Statement?

Yes  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

MATTHEW WILLARD

Chairperson

4701 St. Roch Ave., , New Orleans, LA 70112

Treasurer

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:

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

MATTHEW WILLARD

8b. Office Sought by the Candidate

State Representative Orleans Dist. 97

9. a. Name of Person Preparing Report: DOMINIC WILLARD, SR.

b. Daytime Telephone: 504-554-1290

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 20th day of May, 2025.

Matthew Willard

Signature of Committee/Chairperson

Daytime Telephone

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, INC

b. Address

P.O. Box 85617  
Richmond, VA 23285