# STATEMENT OF ORGANIZATION

**OFFICE USE ONLY**

Report Number: 21740

Date Filed: 1/7/2011

Amende 21738

11000160

1. Name and Address of Committee

TRAVELPAC
1165 S. Foster Dr.
Baton Rouge, LA 70808

2. Date of this Statement: 1/7/2011

3. Estimated Membership: 82

4. Amended Statement? ___ Yes X No

Check if:
New Committee _____ Monthly Filer _____

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

| a. Name | b. Position | c. Address |
|---|---|---|
| CRAIG MARINELLO | Chairperson | 17 Kathleen Dr<br>Covington, LA 70433 |
| JILL KIDDER | Treasurer | 309 East Greens Dr.<br>Baton Rouge, LA 70810 |

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. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: ___ Principal Campaign Committee ___ Subsidiary Committee

| b. Name of Candidate | c. Office Sought by the Candidate |
|---|---|
| | |

7. a. Name of Person Preparing Report: KATHLEEN S RAINEY

b. Daytime Telephone: 225-408-4023

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 7th day of January, 2011.

Craig Marinello
Signature of Committee Chairperson

504-975-5179
Daytime Telephone

Jill Kidder
Signature of Committee Treasurer, if any

225-408-4030
Daytime Telephone

Form 200, Rev. 12/03

# STATEMENT OF ORGANIZATION

**OFFICE USE ONLY**

**Report Number:** 21738

**Date Filed:** 1/7/2011

11000160

PAC
S/O

R#P476
C#226

1. Name and Address of Committee

TRAVELPAC
1185 S. Foster Dr.
Baton Rouge, LA 70806

Check If:
New Committee _____ Monthly Filer _____

2. Date of this Statement

3. Estimated Membership

0

4. Amended Statement?

___ 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

Chairperson

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

8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: ___ Principal Campaign Committee ___ Subsidiary Committee

b. Name of Candidate

c. Office Sought by the Candidate

7. a. Name of Person Preparing Report

b. Daytime Telephone

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 _____ day of _____, _____.

_____ Signature of Committee/Chairperson

_____ Daytime Telephone

_____ Signature of Committee Treasurer, if any

_____ Daytime Telephone

Form 200, Rev. 12/03