# STATEMENT OF ORGANIZATION

**OFFICE USE ONLY**

08

PAC
S/O
8/19

Rec # 7559
$1001

1. Name and Address of Committee

TREME IMPROVEMENT
POLITICAL SOCIETY
1517 HARRISON AVE
NEW ORLEANS, LA. 70122

2. Date of this Statement

8/19/2008

3. Estimated Membership

6

4. Amended Statement?

____ Yes ____ 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 |
|---|---|---|
| NORMAN R. SMITH | Chairperson | 1220 N. ROCHEBLAVE ST. - N.O., LA 70119 |
| PAUL T. WEST | Treasurer | 1100 POYDRAS STE 2900 N.O. LA 70163 |

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 |
|---|---|
| LIBERTY BANK & TRUST | P.O. BOX 60131 - NEW ORLEANS, LA 70160-0131 |

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 |
|---|---|
| | |

9. 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 8 day of AUGUST 2008

Signature of Committee Chairperson

504.304.0648
Daytime Telephone Number

Signature of Committee Treasurer, if Any

504.584.5560
Daytime Telephone Number

Form 200 Rev. 12/03