09

1. Name and Address of Committee	2. Date of this Statement	
COMMITTEE TO ELECT EMILE LABAT	5/8/2009	S/O
	3. Estimated Membership: 10	S/OP.
Check if: New Committee ✓ Monthly Filer ____	4. Amended Statement? ____ Yes ✓ No	

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

a. Name	b. Position	c. Address
NORBERT ROME	Chairperson	4338 PARIS AVE N.O. LA 70122
	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
CHASE BANK.	

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
EMILE LABAT	MAYOR NEW ORLEANS

9. a. Name of Person Preparing Report
NORBERT ROME
b. Daytime Telephone 504-259-1865

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 MAY, 2009

[signature]
Signature of Committee Chairperson

504-259-1855
Daytime Telephone Number

Signature of Committee Treasurer, if any

Daytime Telephone Number

Form 200, Rev. 12/03