

| STATEMENT OF ORGANIZATION | | OFFICE USE ONLY | | | | | | | | | | | | | |
|--|---|--|--|----------------|--------------------|-------------------------------------|-----------------|-------------|---------------------|--|--|--------------------|--|-----------|--|
| 1. Name and Address of Committee ALARIO PAC 1063 Muller Pkwy. Westwego, LA 70094 Check If: New Committee _____ | 2. Date of this Statement <div style="text-align: center;">1/16/2023</div> | Report Number: 107636 Date Filed: 1/16/2023 | | | | | | | | | | | | | |
| | 3. Estimated Membership <div style="text-align: center;">10</div> | | | | | | | | | | | | | | |
| | 4. Amended Statement? <div style="text-align: center;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> | | | | | | | | | | | | | | |
| 5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors) <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><u>a. Name</u></td> <td style="width: 33%;"><u>b. Position</u></td> <td style="width: 34%;"><u>c. Address</u></td> </tr> <tr> <td style="text-align: center;">JOHN ALARIO, JR</td> <td style="text-align: center;">Chairperson</td> <td style="text-align: center;">1063 MULLER PARKWAY</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">WESTWEGO, LA 70094</td> </tr> <tr> <td></td> <td style="text-align: center;">Treasurer</td> <td></td> </tr> </table> | | | | <u>a. Name</u> | <u>b. Position</u> | <u>c. Address</u> | JOHN ALARIO, JR | Chairperson | 1063 MULLER PARKWAY | | | WESTWEGO, LA 70094 | | Treasurer | |
| <u>a. Name</u> | <u>b. Position</u> | <u>c. Address</u> | | | | | | | | | | | | | |
| JOHN ALARIO, JR | Chairperson | 1063 MULLER PARKWAY | | | | | | | | | | | | | |
| | | WESTWEGO, LA 70094 | | | | | | | | | | | | | |
| | Treasurer | | | | | | | | | | | | | | |
| 6. Affiliated Organizations (Any organization, other than a political committee, which directly or indirectly established, administers, or financially supports this committee.) <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><u>a. Name</u></td> <td style="width: 33%;"><u>b. Address</u></td> <td style="width: 34%;"><u>c. Relationship to Committee</u></td> </tr> </table> | | | | <u>a. Name</u> | <u>b. Address</u> | <u>c. Relationship to Committee</u> | | | | | | | | | |
| <u>a. Name</u> | <u>b. Address</u> | <u>c. Relationship to Committee</u> | | | | | | | | | | | | | |
| 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.) <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><u>a. Name</u></td> <td style="width: 33%;"><u>b. Address</u></td> <td></td> </tr> </table> <p style="text-align: center;">On attached sheet</p> | | | | <u>a. Name</u> | <u>b. Address</u> | | | | | | | | | | |
| <u>a. Name</u> | <u>b. Address</u> | | | | | | | | | | | | | | |
| 8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: <input type="checkbox"/> Principal Campaign Committee <input type="checkbox"/> Subsidiary Committee | | | | | | | | | | | | | | | |
| b. Name of Candidate | | c. Office Sought by the Candidate | | | | | | | | | | | | | |
| 9. a. Name of Person Preparing Report AMANDA GUIDRY MALOY b. Daytime Telephone 225-767-7163 | | | | | | | | | | | | | | | |
| 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 <u>16th</u> day of <u>January</u> , <u>2023</u> . <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <u>JOHN ALARIO JR</u> Signature of Committee/Chairperson </div> <div style="width: 45%;"> <u>504-340-2221</u> Daytime Telephone </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> _____ Signature of Committee Treasurer , if any </div> <div style="width: 45%;"> _____ Daytime Telephone </div> </div> | | | | | | | | | | | | | | | |

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 BANK

b. Address

1996 SEGNETTE BLVD
WESTWEGO, LA 70094