STATEMENT OF ORGANIZATION

1. Name and Address of Committee ABC MERIT PAC 101 Riverbend Dr. St. Rose, LA 70087	2. Date of this Statement 1/8/2004

3. Estimated Membership

180

4. Amended Statement?

___ Yes   X No

Check If:

New Committee _____

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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
PHILIP REBOWE	Chairperson	101 Riverbend Dr. St. Rose, LA 70087
GEORGE RINALDI	Treasurer	101 Riverbend Dr. St. Rose, LA 70087

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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

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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	

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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

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9. a. Name of Person Preparing Report   PAMELA FLEETWOOD

b. Daytime Telephone   (504)468-3188

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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   __8th__   day of   _____January_____ ,   __2004__ .

Philip Rebowe_____   (504)468-3188_____
Signature of Committee/Chairperson   Daytime Telephone

George Rinaldi_____   (504)468-3188_____
Signature of Committee Treasurer, if any   Daytime Telephone

Form 200, Rev. 12/03

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. <u>Name</u>   b. <u>Address</u>

NEW ORLEANS BAYOU   101 Riverbend Dr.
CHAPTER ASSOCIATED   St. Rose, LA 70087
BUILDERS

a. <u>Name</u>   b. <u>Address</u>