

STATEMENT OF ORGANIZATION		OFFICE USE ONLY										
1. Name and Address of Committee ABC MERIT PAC 101 Riverbend Dr. St. Rose, LA 70087 Check If: New Committee ☐	2. Date of this Statement 1/22/2008	Report Number: 14058 Date Filed: 1/22/2008 										
	3. Estimated Membership 220											
	4. Amended Statement? ☐ Yes ☒ No											
5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors) <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 33%;"><u>a. Name</u></th> <th style="text-align: left; width: 33%;"><u>b. Position</u></th> <th style="text-align: left; width: 34%;"><u>c. Address</u></th> </tr> </thead> <tbody> <tr> <td>PHILIP REBOWE</td> <td>Chairperson</td> <td>101 Riverbend Dr. St. Rose, LA 70087</td> </tr> <tr> <td>GEORGE RINALDI</td> <td>Treasurer</td> <td>101 Riverbend Dr. St. Rose, LA 70087</td> </tr> </tbody> </table>				<u>a. Name</u>	<u>b. Position</u>	<u>c. Address</u>	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.) <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 33%;"><u>a. Name</u></th> <th style="text-align: left; width: 33%;"><u>b. Address</u></th> <th style="text-align: left; width: 34%;"><u>c. Relationship to Committee</u></th> </tr> </thead> <tbody> <tr> <td colspan="3">On attached sheet</td> </tr> </tbody> </table>				<u>a. Name</u>	<u>b. Address</u>	<u>c. Relationship to Committee</u>	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										
9. a. Name of Person Preparing Report PAMELA FLEETWOOD b. Daytime Telephone (504)468-3188												
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 22nd day of January , 2008 . <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <u>Philip Rebowe</u> Signature of Committee/Chairperson </td> <td style="width: 50%; vertical-align: top;"> <u>(504)468-3188</u> Daytime Telephone </td> </tr> <tr> <td style="vertical-align: top;"> <u>George Rinaldi</u> Signature of Committee Treasurer , if any </td> <td style="vertical-align: top;"> <u>(504)468-3188</u> Daytime Telephone </td> </tr> </table>				<u>Philip Rebowe</u> Signature of Committee/Chairperson	<u>(504)468-3188</u> Daytime Telephone	<u>George Rinaldi</u> Signature of Committee Treasurer , if any	<u>(504)468-3188</u> Daytime Telephone					
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6. Affiliated Organizations

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a. Name

b. Address

c. Relationship to Committee

NEW ORLEANS BAYOU
CHAPTER ABC

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Affiliated Organization

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

REGIONS BANK

400 Poydras St. Suite 2200
New Orleans, LA 70130