STATEMENT OF ORGANIZATION		OFFICE USE ONLY  Report Number: 16151
Name and Address of Committee	2. Date of this Statement	Date Filed: 1/19/2009
ABC MERIT PAC	1/19/2009	Report Number: 16151  Date Filed: 1/19/2009
101 Riverbend Dr. St. Rose, LA 70087	3. Estimated Membership	
	220	
Check If:	4. Amended Statement?	
New Committee	Yes <u>χ</u> Νο	
All Committee Officers and Directors (including Chairperson, Treasurer, a. Name     b. Position	, if any, and any other committee o	officers and directors)
PHILIP REBOWE Chairperson	101 Riverbend Dr.	
	St. Rose, LA 70087	
ANGELA LATINO-GEIER Treasurer	101 Riverbend Dr.	
	St. Rose, LA 70087	
(Any organization, other than a political committee, which directly or ind a. Name b. Address  On attached sheet  7. All Depositories for Committee Funds (committee funds must be deposi mutual funds.) a. Name b. Address  On attached sheet  8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. b. Name of Candidate	ted in one or more banks or saving  Check one: Principal	c. Relationship to Committee
9. a. Name of Person Preparing Report  PAMFI A FI FFTW	200	
<ol> <li>a. Name of Person Preparing Report PAMELA FLEETWO</li> <li>b. Daytime Telephone (504)468-3188</li> </ol>	JOD	
10. WE HEREBY CERTIFY that the information contained in this STATEM information and belief.	ENT OF ORGANIZATION is true a	and correct to the best of our knowledge ,
This 19th day of January , 2009	<u>)                                    </u>	
Philip Rebowe Signature of Committee/Chairperson		<u>(504)468-3188</u> Daytime Telephone
Angela Latino-Geier Signature of Committee Treasurer, if any	_	(504)468-3188 Daytime Telephone

Form 200, Rev. 12/03

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

NEW ORLEANS BAYOU CHAPTER ABC

101 Riverbend Dr. St. Rose, LA 70087

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. <u>Name</u>

b. Address

**REGIONS BANK** 

400 Poydras St. Suite 2200 New Orleans, LA 70130