

<b>STATEMENT OF ORGANIZATION</b>		<b>OFFICE USE ONLY</b>									
<b>1. Name and Address of Committee</b>  ALL IN PAC 400 POYDRAS STREET SUITE 900 NEW ORLEANS, LA 70130  Check If: New Committee _____	<b>2. Date of this Statement</b>  <div style="text-align: center;">1/15/2020</div>	<b>Report Number:</b> 85310  <b>Date Filed:</b> 1/15/2020  									
	<b>3. Estimated Membership</b>  <div style="text-align: center;">50</div>										
	<b>4. Amended Statement?</b>  <div style="text-align: center;"> <input type="checkbox"/> Yes      <input checked="" type="checkbox"/> No </div>										
<b>5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors)</b> <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>ELIZABETH MONAGHAN</td> <td>Chairperson</td> <td>400 POYDRAS ST. STE. 900 NEW ORLEANS, LA 70130</td> </tr> <tr> <td></td> <td>Treasurer</td> <td></td> </tr> </table>			<u>a. Name</u>	<u>b. Position</u>	<u>c. Address</u>	ELIZABETH MONAGHAN	Chairperson	400 POYDRAS ST. STE. 900 NEW ORLEANS, LA 70130		Treasurer	
<u>a. Name</u>	<u>b. Position</u>	<u>c. Address</u>									
ELIZABETH MONAGHAN	Chairperson	400 POYDRAS ST. STE. 900 NEW ORLEANS, LA 70130									
	Treasurer										
<b>6. Affiliated Organizations</b> (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>									
<b>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.)</b>  <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> <div style="text-align: center; margin-top: 10px;">On attached sheet</div>			<u>a. Name</u>	<u>b. Address</u>							
<u>a. Name</u>	<u>b. Address</u>										
<b>8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE:</b> a. Check one: <input type="checkbox"/> Principal Campaign Committee <input type="checkbox"/> Subsidiary Committee											
<b>b. Name of Candidate</b>		<b>c. Office Sought by the Candidate</b>									
<b>9. a. Name of Person Preparing Report</b> AMANDA MALOY  <b>b. Daytime Telephone</b> 225-413-6486											
<b>10. WE HEREBY CERTIFY</b> that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge , information and belief.  This    15th    day of    January    ,    2020    .  <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <u>ELIZABETH MONAGHAN</u>  Signature of Committee/Chairperson </div> <div style="width: 45%;"> <u>917-365-7212</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

HANCOCK WHITNEY BANK

b. Address

5335 TCHOUPITOULAS  
NEW ORLEANS, LA 70115