

| <b>STATEMENT OF ORGANIZATION</b>   |   | <b>OFFICE USE ONLY</b>   |  |  |  |  |                            |             |  |  |           |  |
|--|---|--|--|--|--|--|----------------------------|-------------|--|--|-----------|--|
| <b>1. Name and Address of Committee</b><br><br>ABC MERIT PAC<br>101 Riverbend Drive<br>St. Rose, LA 70087<br><br>Check If:<br>New Committee _____  | <b>2. Date of this Statement</b><br><br><div style="text-align: center;">1/30/2020</div>  | <b>Report Number:</b> 85857<br><br><b>Date Filed:</b> 1/30/2020<br><br>              |  |  |  |  |                            |             |  |  |           |  |
|  | <b>3. Estimated Membership</b><br><br><div style="text-align: center;">180</div>  |  |  |  |  |  |                            |             |  |  |           |  |
|  | <b>4. Amended Statement?</b><br><br><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><br><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>PHILIP W REBOWE</td> <td>Chairperson</td> <td>Carr, Riggs &amp; Ingram, LLC<br/>111 Veterans Boulevard, Suite 350<br/>Metairie, LA 70005</td> </tr> <tr> <td></td> <td>Treasurer</td> <td></td> </tr> </table> <p style="text-align: center; margin-top: 20px;">Additional officers listed on attached sheet</p>  |   |  |  | <u>a. Name</u>   | <u>b. Position</u>                       | <u>c. Address</u>                                  | PHILIP W REBOWE            | Chairperson | Carr, Riggs & Ingram, LLC<br>111 Veterans Boulevard, Suite 350<br>Metairie, LA 70005 |  | Treasurer |  |
| <u>a. Name</u>   | <u>b. Position</u>  | <u>c. Address</u>  |  |  |  |  |                            |             |  |  |           |  |
| PHILIP W REBOWE  | Chairperson   | Carr, Riggs & Ingram, LLC<br>111 Veterans Boulevard, Suite 350<br>Metairie, LA 70005 |  |  |  |  |                            |             |  |  |           |  |
|  | Treasurer   |  |  |  |  |  |                            |             |  |  |           |  |
| <b>6. Affiliated Organizations</b><br>(Any organization, other than a political committee, which directly or indirectly established, administers, or financially supports this committee.)<br><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><br><br><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> </tr> </table> <p style="text-align: center; margin-top: 20px;">On attached sheet</p>   |   |  |  | <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> JEB BRUNEAU<br><br><b>b. Daytime Telephone</b> 504-232-2491   |   |  |  |  |  |  |                            |             |  |  |           |  |
| <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.<br><br>This    30th    day of    January    ,    2020    .<br><br><table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: bottom;"> <u>Philip W Rebowe</u><br/>           Signature of Committee/Chairperson         </td> <td style="width: 50%; vertical-align: bottom;"> <u>504-236-0004</u><br/>           Daytime Telephone         </td> </tr> <tr> <td style="vertical-align: bottom;">           _____<br/>           Signature of Committee Treasurer , if any         </td> <td style="vertical-align: bottom;">           _____<br/>           Daytime Telephone         </td> </tr> </table> |   |  |  | <u>Philip W Rebowe</u><br>Signature of Committee/Chairperson | <u>504-236-0004</u><br>Daytime Telephone | _____<br>Signature of Committee Treasurer , if any | _____<br>Daytime Telephone |             |  |  |           |  |
| <u>Philip W Rebowe</u><br>Signature of Committee/Chairperson   | <u>504-236-0004</u><br>Daytime Telephone  |  |  |  |  |  |                            |             |  |  |           |  |
| _____<br>Signature of Committee Treasurer , if any   | _____<br>Daytime Telephone  |  |  |  |  |  |                            |             |  |  |           |  |

5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors)

a. Name

b. Position

c. Address

JEB BRUNEAU

Officer

101 Riverbend Drive  
St. Rose, LA 70087

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

HANCOCK WHITNEY

P.O. Box 4019  
Gulfport, MS 39502