STATEMENT OF ORGANIZATION		OFFICE USE ONLY
		Report Number: 17914 Date Filed: 1/21/2010
Name and Address of Committee	2. Date of this Statement	Date Filed: 1/21/2010
KATHLEEN BABINEAUX BLANCO 702 Myrtle Place	1/21/2010	
Lafayette, LA 70506	3. Estimated Membership	1 ■
	5	
	4. Amended Statement?	-
Check If: New Committee		
New Committee	Yes X No	
All Committee Officers and Directors (including Chairperson, Treasur a. <u>Name</u> b. <u>Position</u>	er, if any, and any other committee c. <u>Address</u>	officers and directors)
CLIFFE E LABORDE III Chairperson	1001 W. Pinhook S	Suite 200
	Lafayette, LA 7050	3
CHRISTOPHER C Treasurer ARSEMENT	701 Robley Drive S	Suite 200
, <u>-</u>	Lafayette, LA 7050	3
6. Affiliated Organizations (Any organization, other than a political committee, which directly or in a. Name b. Address	ndirectly established, administers, c	r financially supports this committee.) c. Relationship to Committee
d. <u>Hallo</u>		c. Relationship to committee
All Depositories for Committee Funds (committee funds must be depomutual funds.)	osited in one or more banks or savir	ngs and loan institutions or money market
a. <u>Name</u> b. <u>Address</u>		
On attached sheet		
8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE:	a. Check one: X Principa	I Campaign Committee Subsidiary Committee
b. Name of Candidate	c.	Office Sought by the Candidate
KATHLEEN B BLANCO		
9. a. Name of Person Preparing Report CHRISTOPHER (ADSEMENT	
b. Daytime Telephone	ANGEWIENT	
WE HEREBY CERTIFY that the information contained in this STATE	MENT OF ORGANIZATION is true	and correct to the best of our knowledge
information and belief.	INITIAL OF CHOMIZATION IS THE	and correct to the best of our knowledge,
This 21st day of January , 20	10 .	
Cliffe E. Laborde III		337-237-7000
Signature of Committee/Chairperson	.	Daytime Telephone
		007.004.7046
Christopher C. Arsement Signature of Committee Treasurer, if any		337-984-7010 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.)

b. Address

a. Name

IBERIA BANK P. O. Box 12440

New Iberia, LA 10562-2440