

STATEMENT OF ORGANIZATION		OFFICE USE ONLY									
1. Name and Address of Committee COASTAL IMPAC P.O. BOX 2417 HOUMA, LA 70361 Check If: New Committee _____	2. Date of this Statement <div style="text-align: center;">2/5/2014</div>	Report Number: 38823 Date Filed: 2/5/2014 									
	3. Estimated Membership <div style="text-align: center;">0</div>										
	4. Amended Statement? <div style="text-align: center;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>										
5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors) <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>NORBERT CHABERT</td> <td>Chairperson</td> <td>405 Gouaux Ave Houma, LA 70360</td> </tr> <tr> <td></td> <td>Treasurer</td> <td></td> </tr> </table>			<u>a. Name</u>	<u>b. Position</u>	<u>c. Address</u>	NORBERT CHABERT	Chairperson	405 Gouaux Ave Houma, LA 70360		Treasurer	
<u>a. Name</u>	<u>b. Position</u>	<u>c. Address</u>									
NORBERT CHABERT	Chairperson	405 Gouaux Ave Houma, LA 70360									
	Treasurer										
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: 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>									
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.) <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%;"></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>										
8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: <input type="checkbox"/> Principal Campaign Committee <input type="checkbox"/> Subsidiary Committee											
b. Name of Candidate		c. Office Sought by the Candidate									
9. a. Name of Person Preparing Report GENIE ARDOIN b. Daytime Telephone 985-209-4404											
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 5th day of February , 2014 . <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: bottom;"> <u>Norbert Chabert</u> Signature of Committee/Chairperson </td> <td style="width: 50%; vertical-align: bottom;"> <u>9858582927</u> Daytime Telephone </td> </tr> <tr> <td style="height: 40px; vertical-align: bottom;"> _____ Signature of Committee Treasurer , if any </td> <td style="vertical-align: bottom;"> _____ Daytime Telephone </td> </tr> </table>			<u>Norbert Chabert</u> Signature of Committee/Chairperson	<u>9858582927</u> Daytime Telephone	_____ Signature of Committee Treasurer , if any	_____ Daytime Telephone					
<u>Norbert Chabert</u> Signature of Committee/Chairperson	<u>9858582927</u> Daytime Telephone										
_____ Signature of Committee Treasurer , if any	_____ Daytime Telephone										

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

COASTAL COMMERCE BANK

b. Address

P.O. Drawer 4177
Chauvin, LA 70361