| STATEMENT OF ORGANIZATION | | OFFICE USE ONLY Report Number: 46361 |
|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------------------|
| Name and Address of Committee | 2. Date of this Statement | Date Filed: 1/15/2015 |
| KATHLEEN BABINEAUX BLANCO | 1/15/2015 | Report Number: 46361 Date Filed: 1/15/2015 |
| 506 Beverly Drive Lafayette, LA 70503 | 3. Estimated Membership | - |
| Ediayotto, Extrodoo | 5. Zatimatod Mambaratiip | |
| | | - |
| Check If: | 4. Amended Statement? | |
| New Committee | Yes X No | |
| All Committee Officers and Directors (including Chairperson, Treasure 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 | Suite 200 |
| | Lafayette, LA 705 | 03 |
| CHRISTOPHER C Treasurer | 701 Robley Drive | Suite 200 |
| ARSEMENT | Lafayette, LA 70503 | |
| | | |
| Affiliated Organizations (Any organization, other than a political committee, which directly or in | directly established, administers, | or financially supports this committee.) |
| a. <u>Name</u> b. <u>Address</u> | | c. Relationship to Committee |
| | | |
| All Depositories for Committee Funds (committee funds must be depo mutual funds.) | sited in one or more banks or sav | 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 | al 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 C | ARSEMENT | |
| b. Daytime Telephone | THOLINEIT | |
| 10. WE HEREBY CERTIFY that the information contained in this STATE | MENT OF ORGANIZATION is true | e and correct to the best of our knowledge , |
| information and belief. | | |
| This 15th day of January , 201 | | |
| | | |
| Cliffe E. Laborde III Signature of Committee/Chairperson | | 337-237-7000 Daytime Telephone |
| , | | |
| Christopher C. Arsement | <u></u> | 337-984-7010 |
| Signature of Committee Treasurer, if any | | 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.)

a. <u>Name</u>

b. Address

IBERIA BANK

P. O. Box 105083 Atlanta, LA 30348-5083