

| STATEMENT OF ORGANIZATION | | OFFICE USE ONLY | | | | | | | | | |
|---|---|---|---|--|---|--|-------------|---|--|-----------|--|
| 1. Name and Address of Committee ABC MERIT PAC ABC New Orleans/Bayou Chapter 101 Riverbend Drive Saint Rose, LA 70087 Check If: New Committee _____ | 2. Date of this Statement <div style="text-align: center;">1/5/2016</div> | Report Number: 55754 Date Filed: 1/5/2016 | | | | | | | | | |
| | 3. Estimated Membership <div style="text-align: center;">175</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>PHILIP W REBOWE</td> <td>Chairperson</td> <td>Rebowe & Company CPAs 3501 N Causeway Blvd Ste 810 Metairie, LA 70002</td> </tr> <tr> <td></td> <td>Treasurer</td> <td></td> </tr> </table> | | | <u>a. Name</u> | <u>b. Position</u> | <u>c. Address</u> | PHILIP W REBOWE | Chairperson | Rebowe & Company CPAs 3501 N Causeway Blvd Ste 810 Metairie, LA 70002 | | Treasurer | |
| <u>a. Name</u> | <u>b. Position</u> | <u>c. Address</u> | | | | | | | | | |
| PHILIP W REBOWE | Chairperson | Rebowe & Company CPAs 3501 N Causeway Blvd Ste 810 Metairie, LA 70002 | | | | | | | | | |
| | 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> <p style="text-align: center;">On attached sheet</p> | | | <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 ANGELA M LATINO-GEIER b. Daytime Telephone 504-468-3188 | | | | | | | | | | | |
| 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 January , 2016 . <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"> <u>Philip W. Rebowe</u> Signature of Committee/Chairperson </td> <td style="width: 40%; text-align: right;"> <u>504-468-3188</u> Daytime Telephone </td> </tr> <tr> <td> <u>Angela M. Latino-Geier</u> Signature of Committee Treasurer, if any </td> <td style="text-align: right;"> <u>504-468-3188</u> Daytime Telephone </td> </tr> </table> | | | <u>Philip W. Rebowe</u> Signature of Committee/Chairperson | <u>504-468-3188</u> Daytime Telephone | <u>Angela M. Latino-Geier</u> Signature of Committee Treasurer, if any | <u>504-468-3188</u> Daytime Telephone | | | | | |
| <u>Philip W. Rebowe</u> Signature of Committee/Chairperson | <u>504-468-3188</u> Daytime Telephone | | | | | | | | | | |
| <u>Angela M. Latino-Geier</u> Signature of Committee Treasurer, if any | <u>504-468-3188</u> 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

REGIONS BANK

b. Address

400 Poydras Street
Suite 2200
New Orleans, LA 70130