STATEMENT OF ORGANIZATION		OFFICE USE ONLY
Name and Address of Committee Campaign to Elect Aimee McCarron PO Box 24607 Name Onleans LA 70184	2. Date of this Statement 1-23-24	
New Orleans, LA 70184	Estimated Membership	1. 13/8/24
- The stronger	2	5/24 3/8/24
ETHICS EDARD REC'D MAR 18 '24 AKJ1:34	4. Amended Statement?	-
Check If: New Committee	Yes X No	
All Committee Officers and Directors (including Chairperson, Treasure	er, if any, and any other committee of	fficers and directors)
a. <u>Name</u> b. <u>Position</u>	c. <u>Address</u>	•
Aimee McCarron Chairperson PO Box 24	607, New Orleans, LA 70184	
Austin Lavin Treasurer PO Box 24	1607, New Orleans, LA 70184	
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
·		
7. All Depositories for Committee Funds (committee funds must be depo funds.)	sited in one or more banks or saving	s and loan institutions or money market mutual
a. <u>Name</u> b. <u>Address</u>		
Hancock wentruy 701 Paydras	st. Numbrieans	1A 70130
Type of Committee IF THE POLITICAL COMMITTEE SUPPORTS ONLY ONE CANDIDAT	E. check all that apply AND complet	e 8a and 8b below.
By my signature below, I hereby certify that this committee is		
By my signature below, I hereby certify that this committee which is a committee of the candidate referenced in 8a.		
By my signature below, I hereby certify that this committee i committee is not working, and will not work, in coordination,	s not the principal or subsidiary com- consultation, or cooperation with the	mittee the candidate referenced in 8a and that the candidate referenced in 8a.
By my signature below, I hereby certify that this committee i contributions (direct or in-kind as defined in R.S. 18:1483(6)	s organized solely to make independ , in contravention of the Campaign F	lent expenditures and is not, and will not, make Finance Disclosure Act.
IF THE POLITICAL COMMITTEE SUPPORTS MULTIPLE CANDIDATE	ES, CHECK <u>ONLY IF THE following</u>	Lapplies:
By my signature below, I hereby certify that this committee is contributions (direct or in-kind as defined in R.S. 18:1483(6)	s organized solely to make independ , in contravention of the Campaign F	ent expenditures and is not, and will not, make inance Disclosure Act.
8a. Name of Candidate		8b. Office Sought by the Candidate
Aimee McCarron		New Orleans City Council District A
9. a. Name of Person Preparing Report: Amel Melay	M b. Dayti	me Telephone: 504-442-0877
10. WE HEREBY CERTIFY that the information contained in this STATEM and belief.	IENT OF ORGANIZATION is true and	d correct to the best of our knowledge, information
This 29 day of February 202	£ 0/0)
2 2 504-442-	0817 CHC	504-432-1232
Signature of Committee Chairperson Daytime Telephone Number Form 200, Rev. 12/03, Page Rev. 6/2023	Signature of Committee T	reasurer, if any Daytime Telephone Number