| STATEMENT OF ORGANIZATION | | | OFFICE USE ONLY Report Number: 71279 | |
|--|--|---------------|--|----------------------|
| Name and Address of Committee | 2. Date of this Stateme | ent | Date Filed: 8/23/20 ⁻² | 18 |
| KEEP NEW ORLEANS MOVING FORWARD 650 Poydras Street, Suite 2825 New Orleans, LA 70130 | 8/23 | 3/2018 | | 1279 |
| | Estimated Members | ship | | |
| | | 10 | | |
| OL ALIF | 4. Amended Statemen | it? | | |
| Check If: New Committee | X Yes | No | | |
| All Committee Officers and Directors (including Chairperson, Treasure a. Name b. Position | r, if any, and any other co c. <u>Address</u> | ommittee of | fficers and directors) | |
| BRUCE GALLASSERO Chairperson | 1533 Camp | Street | | |
| | New Orlean | ıs, LA 70 | 130 | |
| Treasurer | | | | |
| 6. Affiliated Organizations | | | | |
| (Any organization, other than a political committee, which directly or incommendate as Name b. Address | directly established, admir | nisters, or t | financially supports this committee c. Relationship to Comr | |
| - | | | o. Rolationiship to comi | |
| On attached sheet | | | | |
| All Depositories for Committee Funds (committee funds must be depos mutual funds.) | sited in one or more banks | s or saving | s and loan institutions or money m | arket |
| a. <u>Name</u> b. <u>Address</u> | | | | |
| On attached sheet | | | | |
| 8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a | a. Check one: | Principal (| Campaign Committee | Subsidiary Committee |
| b. Name of Candidate | | c. O | ffice Sought by the Candidate | |
| 9. a. Name of Person Preparing Report BRUCE GALLASS b. Daytime Telephone 504-914-7603 | ERO | , , | | |
| 10. WE HEREBY CERTIFY that the information contained in this STATEM | MENT OF ORGANIZATIO | N is true a | nd correct to the best of our knowle | edge , |
| information and belief. | | | | |
| This 23rd day of August , 201 | <u>8</u> . | | | |
| Bruce Gallassero | | | 504-914-7603 | |
| Signature of Committee/Chairperson | <u> </u> | | Daytime Telephone | |
| | | | | |
| Signature of Committee Treasurer, if any | | | Daytime Telephone | |

Form 200, Rev. 12/03

6. Affiliated Organizations

(Any organization, other than a political committee, which directly or indirectly established, administers, or financially supports this committee.)

b. Address c. Relationship to Committee a. Name

BUSINESS COUNCIL OF NEW **ORLEANS**

650 Poydras St., Suite 2825 New Orleans, LA 70130

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

CHASE BANK 201 St. Charles Avenue

New Orleans, LA 70170