

# STATEMENT OF ORGANIZATION

## OFFICE USE ONLY

### 1. Name and Address of Committee

New Orleans Hospitality Coalition Political Action Committee

P.O. Box 52886  
New Orleans, LA 70152

### 2. Date of this Statement

1/20/25

### 3. Estimated Membership

438

### 4. Amended Statement?

Yes ☒ No

ETHICS BOARD REC'D  
FEB 3 12:25 PM  
NOT B19  
1430-100

Check If: New Committee ☐

### 5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors)

#### a. Name

#### b. Position

#### c. Address

FRANK ZUMBO  
DICKIE BRENNAN

Chairperson

Treasurer

555 CANAL ST. New Orleans, LA 70130  
605 CANAL ST. New Orleans, LA 70130

### 6. Affiliated Organizations

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

#### a. Name

#### b. Address

#### c. Relationship to Committee

### 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

#### b. Address

HANCOCK/WHITNEY  
NATIONAL BANK

228 St. Charles Ave. New Orleans, LA 70130

### 8. Type of Committee

IF THE POLITICAL COMMITTEE SUPPORTS ONLY ONE CANDIDATE, check all that apply AND complete 8a and 8b below:

By my signature below, I hereby certify that this committee is the principal campaign committee of the candidate referenced in 8a.

By my signature below, I hereby certify that this committee is the subsidiary of \_\_\_\_\_ which is a committee of the candidate referenced in 8a.

By my signature below, I hereby certify that this committee is not the principal or subsidiary committee the candidate referenced in 8a and that the committee is not working, and will not work, in coordination, consultation, or cooperation with the candidate referenced in 8a.

By my signature below, I hereby certify that this committee is organized solely to make independent expenditures and is not, and will not, make contributions (direct or in-kind as defined in R.S. 18:1483(6), in contravention of the Campaign Finance Disclosure Act.

IF THE POLITICAL COMMITTEE SUPPORTS MULTIPLE CANDIDATES, CHECK ONLY IF THE following applies:

By my signature below, I hereby certify that this committee is organized solely to make independent expenditures and is not, and will not, make contributions (direct or in-kind as defined in R.S. 18:1483(6), in contravention of the Campaign Finance Disclosure Act.

### 8a. Name of Candidate

### 8b. Office Sought by the Candidate

9. a. Name of Person Preparing Report: Tammie Boteler

b. Daytime Telephone: 504-566-5094

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 28<sup>th</sup> day of JANUARY 2025

[Signature]  
Signature of Committee Chairperson  
504-581-1000  
Daytime Telephone Number

[Signature]  
Signature of Committee Treasurer, if any  
504-521-8313  
Daytime Telephone Number

## COMMITTEES WITH OVER 250 MEMBERS

The following certification is OPTIONAL and should be completed ONLY if it is applicable to your committee. Completion of this certification doubles the normal limitations on the amounts of contributions to candidates that are otherwise applicable to political committees.

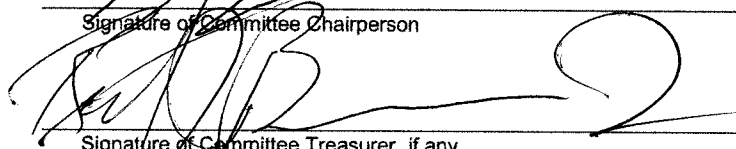
11. WE HEREBY CERTIFY that the membership of this political committee exceeded two hundred fifty (250) members **as of December 31 of the calendar year immediately preceding the date of this STATEMENT OF ORGANIZATION**. We further certify that at least two hundred fifty (250) of the members of this political committee contributed at least fifty dollars (\$50.00) to this committee **during the calendar year immediately preceding the date of this STATEMENT OF ORGANIZATION**.

This 28<sup>th</sup> day of JANUARY, 2025.

  
\_\_\_\_\_  
Signature of Committee Chairperson

504-521-8313

\_\_\_\_\_  
Daytime Telephone Number

  
\_\_\_\_\_  
Signature of Committee Treasurer, if any

504-581-1000

\_\_\_\_\_  
Daytime Telephone Number

### INSTRUCTIONS

**READ ALL INSTRUCTIONS CAREFULLY. PRINT OR TYPE ALL INFORMATION LEGIBLY IN BLACK INK.**

- A committee check for the \$100 filing fee must accompany the Statement of Organization and be made payable to "Campaign Finance."
- This form must be filed every year between January 1 and January 31, subject to the following exceptions:
  - If a committee organizes after January 31, then this form must be filed within 10 days of the date of organization.
  - If the committee organizes within 10 days prior to an election, then this form must be filed within 3 days of the date of organization.
  - If the committee does not anticipate that it will have over \$500 in total financial activity for a particular calendar year, it is not required to file this form for that year. If it determines later in that year that it will exceed \$500 in total financial activity, then this form must then be filed within 10 days.
- A **Certificate of Registration** will be issued to each properly organized committee.
- A committee that has over \$500 of financial activity in a calendar year and does not file a Statement of Organization is subject to fines.
- Mail the Statement of Organization along with the required fee to:

**CAMPAIGN FINANCE**  
**Post Office Box 4368**  
**Baton Rouge, Louisiana 70821**