

STATEMENT OF ORGANIZATION		OFFICE USE ONLY									
<p>1. Name and Address of Committee Frank Mails Scurlock for Mayor 7816 Breakwater Drive New Orleans, Louisiana 70124</p> <p style="text-align: center; font-weight: bold;">ETHICS BOARD REC'D AUG 12 '25 PM 12:18</p> <p>Check If: New Committee <input checked="" type="checkbox"/> _____</p>	<p>2. Date of this Statement 8/4/2025</p> <p>3. Estimated Membership 5</p> <p>4. Amended Statement? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>										
<p>5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%; text-align: left;"><u>a. Name</u></td> <td style="width: 30%; text-align: left;"><u>b. Position</u></td> <td style="width: 40%; text-align: left;"><u>c. Address</u></td> </tr> <tr> <td>Frank Mails Scurlock</td> <td>Chairperson</td> <td>7816 Breakwater Drive New Orleans, Louisiana 70124</td> </tr> <tr> <td>Dwight Thompson</td> <td>Treasurer</td> <td>5522 Wildair Drive Apt. A New Orleans, Louisiana 70122</td> </tr> </table>			<u>a. Name</u>	<u>b. Position</u>	<u>c. Address</u>	Frank Mails Scurlock	Chairperson	7816 Breakwater Drive New Orleans, Louisiana 70124	Dwight Thompson	Treasurer	5522 Wildair Drive Apt. A New Orleans, Louisiana 70122
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<p>6. Affiliated Organizations (Any organization, other than a political committee, which directly or indirectly established, administers, or financially supports this committee.)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%; text-align: left;"><u>a. Name</u></td> <td style="width: 30%; text-align: left;"><u>b. Address</u></td> <td style="width: 40%; text-align: left;"><u>c. Relationship to Committee</u></td> </tr> <tr> <td>N/A</td> <td></td> <td></td> </tr> </table>			<u>a. Name</u>	<u>b. Address</u>	<u>c. Relationship to Committee</u>	N/A					
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N/A											
<p>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.)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%; text-align: left;"><u>a. Name</u></td> <td style="width: 70%; text-align: left;"><u>b. Address</u></td> </tr> <tr> <td>Gulf Coast Bank & Trust</td> <td>848 Harrison Ave. New Orleans, Louisiana 70124</td> </tr> </table>			<u>a. Name</u>	<u>b. Address</u>	Gulf Coast Bank & Trust	848 Harrison Ave. New Orleans, Louisiana 70124					
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<p>8. Type of Committee IF THE POLITICAL COMMITTEE SUPPORTS ONLY ONE CANDIDATE, check <u>all</u> that apply AND complete 8a and 8b below:</p> <p><input checked="" type="checkbox"/> By my signature below, I hereby certify that this committee is the principal campaign committee of the candidate referenced in 8a.</p> <p>_____ By my signature below, I hereby certify that this committee is the subsidiary of _____ which is a committee of the candidate referenced in 8a.</p> <p>_____ 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.</p> <p>_____ 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.</p> <p>IF THE POLITICAL COMMITTEE SUPPORTS MULTIPLE CANDIDATES, CHECK <u>ONLY IF THE following</u> applies:</p> <p>_____ 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.</p>											
<p>8a. Name of Candidate Frank Mails Scurlock</p>	<p>8b. Office Sought by the Candidate Mayor of New Orleans</p>										
<p>9. a. Name of Person Preparing Report: <u>Dwight Thompson</u> b. Daytime Telephone: <u>504 942 6788</u></p>											
<p>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.</p> <p>This <u>4th</u> day of <u>August</u></p> <table style="width: 100%; border: none; margin-top: 20px;"> <tr> <td style="width: 30%; text-align: center;"> _____ Signature of Committee Chairperson </td> <td style="width: 30%; text-align: center;"> _____ Daytime Telephone Number </td> <td style="width: 30%; text-align: center;"> _____ Signature of Committee Treasurer, if any </td> <td style="width: 10%; text-align: center;"> <u>504 942 6788</u> Daytime Telephone Number </td> </tr> </table>			 _____ Signature of Committee Chairperson	_____ Daytime Telephone Number	 _____ Signature of Committee Treasurer, if any	<u>504 942 6788</u> Daytime Telephone Number					
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HAND DELIVERED