



State of Louisiana
Statement of Organization

BOARD OF ETHICS
PAC
S/O
2/4

080261

FORM 200. STATEMENT OF ORGANIZATION

Committee: ABC Merit PAC***

Date filed:
01/22/2008

STATEMENT OF ORGANIZATION										
1. Name and Address of Committee ABC Merit PAC*** 101 Riverbend Dr. St. Rose, Louisiana 70087 Check if new committee	2. Date of this Statement 01/22/2008 3. Estimated Membership 220 4. Amended Statement? Yes ☐ No ☒									
5. All Committees Officers (including Chairperson, Treasurer, if any, and any other committee officers and directors): <table border="1"> <thead> <tr> <th>Position</th> <th>Name</th> <th>Address</th> </tr> </thead> <tbody> <tr> <td>Chairperson</td> <td>Philip Rebore</td> <td>101 Riverbend Dr., St. Rose, Louisiana, 70087</td> </tr> <tr> <td>Treasurer</td> <td>George Rinaudi</td> <td>101 Riverbend Dr., St. Rose, Louisiana, 70087</td> </tr> </tbody> </table>		Position	Name	Address	Chairperson	Philip Rebore	101 Riverbend Dr., St. Rose, Louisiana, 70087	Treasurer	George Rinaudi	101 Riverbend Dr., St. Rose, Louisiana, 70087
Position	Name	Address								
Chairperson	Philip Rebore	101 Riverbend Dr., St. Rose, Louisiana, 70087								
Treasurer	George Rinaudi	101 Riverbend Dr., St. Rose, Louisiana, 70087								
6. Affiliate Organizations (Any organization, other than a political committee, which directly or indirectly established, administers or financially supports this committee.) Name Address Relationship to Committee										
7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions) Name Address Regions Bank 400 Poydras St. Suite 2200, New Orleans, Louisiana, 70130										
8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one ☐ Principal Campaign Committee ☐ Subsidiary Committee b. Name of Candidate c. Office Sought by the Candidate										
9. Name of Person Preparing Report: Pamela Fleetwood 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 22nd day of January 2008. Philip Rebore (504)468-3188 Signature of Committee Chairperson Daytime Telephone Number										

STATEMENT OF ORGANIZATION

OFFICE USE ONLY 1/3

1. Name and Address of Committee

ABC Merit PAC
101 Riverbend Dr.

St. Rose

L.A. 70087

2. Date of this Statement

01/22/2008

3. Estimated Membership

220

4. Attached Statement?

Yes ☒ No ☐

Check if new committee ☐

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

Position Name

Address

Chairperson

Treasurer

Please see attached sheets.

6. Affiliated Organizations

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

Name

Address

Relationship to Committee

Please see attached sheets.

7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions)

Name

Address

Please see attached sheets.

8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE:

a. Check one: ☐ Principal Campaign Committee

☐ Subsidiary Committee

b. Name of Candidate

c. Office Sought by the Candidate

Please see attached sheets.

9. Name of Person Preparing Report

Daytime Telephone

Please see attached sheets.

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.

Dated 01/22/2008

Philip Rebow

Signature of Committee Chairperson

(504)468-3188

Daytime Telephone Number

George Rinaldi

Signature of Committee Treasurer

(504)468-3188

Daytime Telephone Number

COMMITTEES WITH OVER 250 MEMBERS

2 / 3

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.

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.

Dated _____

Signature of Committee Chairperson _____

Signature of Committee Treasurer, if any _____

INSTRUCTIONS FOR COMPLETION OF STATEMENT OF ORGANIZATION

1. A \$100 filing fee must accompany this form. The fee should be paid with a committee check payable to 'Campaign Finance.'
2. 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.
3. Committee names must comply with the following rules:
 - The name cannot be the same as or deceptively similar to the name of another political committee.
 - If the committee supports only one candidate, the committee name must contain the name of that candidate.
 - If the committee supports more than one candidate, the committee name cannot contain the name of an individual unless the committee name clearly reflects that the committee is not supporting or opposing only that individual.
 - If the committee uses an acronym in addition to its complete name, place the acronym in parentheses after the complete name.
 - If the committee name contains a number, spell out the number in the name and place the numerical symbol(s) in parentheses.
4. Items 1-7 on the form must be completed. If the committee has no affiliated organization, then item 8 should be marked Not Applicable (N/A). Items 9 and 10 must also be completed.
5. Item 8 should be completed only if this committee supports a single candidate. If this item is completed, there must be a Statement of Designation completed by the candidate or his principal campaign committee already on file with this office or accompanying this form.
6. Any change in this information reported on this form that occurs before the committee's next Statement of Organization is otherwise due must be reported by filing an Amended Statement of Organization within 10 days following the change. No filing fee is required for the filing of such an amendment.
7. A Certificate of Registration will be issued to each properly organized committee.
8. 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.
9. Mail or hand deliver to:

LOUISIANA BOARD OF ETHICS
SUITE 200
8401 UNITED PLAZA BLVD.
BATON ROUGE, LA 70809

Name and Address of Chair Person Philip Reboué 101 Riverbend Dr St. Rose LA 70087 Chairperson:	Candidate Information Office Sought (include title of office as well as parish, city, town and/or election district) Name of Political Party: ☐ SUPPORTED ☐ OPPOSED by the Committee
Daytime Telephone (Preparer):	Rel of Aff. Org. to Comm: Chairperson
Name and Address of Treasurer George Rinaldi 101 Riverbend Dr. St. Rose LA 70087 Chairperson:	Candidate Information Office Sought (include title of office as well as parish, city, town and/or election district) Name of Political Party: ☐ SUPPORTED ☐ OPPOSED by the Committee
Daytime Telephone (Preparer):	Rel of Aff. Org. to Comm: Treasurer
Name and Address of Person Preparing Report Pamela Fleetwood 101 Riverbend Dr St. Rose LA 70087 Chairperson:	Candidate Information Office Sought (include title of office as well as parish, city, town and/or election district) Name of Political Party: ☐ SUPPORTED ☐ OPPOSED by the Committee
Daytime Telephone (Preparer): (504)488-3115	Rel of Aff. Org. to Comm: Preparer
Name and Address of New Orleans Bayou Chapter ABC Chairperson:	Candidate Information Office Sought (include title of office as well as parish, city, town and/or election district) Name of Political Party: ☐ SUPPORTED ☐ OPPOSED by the Committee
Daytime Telephone (Preparer):	Rel of Aff. Org. to Comm: Affiliated Organization
Name and Address of Financial Institution Regions Bank 400 Poydras St., Suite 2500 New Orleans LA 70130 Chairperson:	Candidate Information Office Sought (include title of office as well as parish, city, town and/or election district) Name of Political Party: ☐ SUPPORTED ☐ OPPOSED by the Committee
Daytime Telephone (Preparer):	Rel of Aff. Org. to Comm: