

STATEMENT OF ORGANIZATION		OFFICE USE ONLY												
1. Name and Address of Committee ACTION NEW ORLEANS PAC 5208 Magazine St. #195 New Orleans, LA 70115 Check If: New Committee _____	2. Date of this Statement 1/26/2022 3. Estimated Membership 200 4. Amended Statement? ☐ Yes ☒ No	Report Number: 101254 Date Filed: 1/26/2022 												
5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors) <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><u>a. Name</u></td> <td style="width: 33%;"><u>b. Position</u></td> <td style="width: 34%;"><u>c. Address</u></td> </tr> <tr> <td>MAGGIE CARROLL</td> <td>Chairperson</td> <td>4308 Walmsley Ave</td> </tr> <tr> <td></td> <td></td> <td>New Orleans, LA 70125</td> </tr> <tr> <td></td> <td>Treasurer</td> <td></td> </tr> </table>			<u>a. Name</u>	<u>b. Position</u>	<u>c. Address</u>	MAGGIE CARROLL	Chairperson	4308 Walmsley Ave			New Orleans, LA 70125		Treasurer	
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MAGGIE CARROLL	Chairperson	4308 Walmsley Ave												
		New Orleans, LA 70125												
	Treasurer													
6. Affiliated Organizations (Any organization, other than a political committee, which directly or indirectly established, administers, or financially supports this committee.) <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><u>a. Name</u></td> <td style="width: 33%;"><u>b. Address</u></td> <td style="width: 34%;"><u>c. Relationship to Committee</u></td> </tr> </table>			<u>a. Name</u>	<u>b. Address</u>	<u>c. Relationship to Committee</u>									
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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.) <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><u>a. Name</u></td> <td style="width: 33%;"><u>b. Address</u></td> <td style="width: 34%;"></td> </tr> </table> On attached sheet			<u>a. Name</u>	<u>b. Address</u>										
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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. a. Name of Person Preparing Report JAMES BURLAND b. Daytime Telephone 225-767-7163														
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 26th day of January , 2022 . <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;"> <u>Maggie Carroll</u> Signature of Committee/Chairperson </td> <td style="width: 50%; text-align: center;"> <u>504-875-6690</u> Daytime Telephone </td> </tr> <tr> <td style="text-align: center;"> _____ Signature of Committee Treasurer , if any </td> <td style="text-align: center;"> _____ Daytime Telephone </td> </tr> </table>			<u>Maggie Carroll</u> Signature of Committee/Chairperson	<u>504-875-6690</u> Daytime Telephone	_____ Signature of Committee Treasurer , if any	_____ Daytime Telephone								
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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

HANCOCK WHITNEY BANK

b. Address

3335 St. Charles Ave
New Orleans, LA 70115