

STATEMENT OF ORGANIZATION		OFFICE USE ONLY										
1. Name and Address of Committee FRIENDS OF JP MORRELL PO Box 26306 New Orleans, LA 70186	2. Date of this Statement <div style="text-align: right;">1/22/2024</div>	Report Number: 118328 Date Filed: 1/22/2024 										
3. Estimated Membership <div style="text-align: right;">25</div>												
4. Amended Statement? <div style="text-align: right;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>												
Check If: <input checked="" type="checkbox"/> New Committee _____												
5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors) <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%; text-align: left;"><u>a. Name</u></th> <th style="width: 20%; text-align: left;"><u>b. Position</u></th> <th style="width: 50%; text-align: left;"><u>c. Address</u></th> </tr> </thead> <tbody> <tr> <td>ALEX GLASER</td> <td>Chairperson</td> <td>334 Pine Street, , New Orleans, LA 70118</td> </tr> <tr> <td>ALEX GLASER</td> <td>Treasurer</td> <td>334 Pine Street, , New Orleans, LA 70118</td> </tr> </tbody> </table>				<u>a. Name</u>	<u>b. Position</u>	<u>c. Address</u>	ALEX GLASER	Chairperson	334 Pine Street, , New Orleans, LA 70118	ALEX GLASER	Treasurer	334 Pine Street, , New Orleans, LA 70118
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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-collapse: collapse;"> <thead> <tr> <th style="width: 30%; text-align: left;"><u>a. Name</u></th> <th style="width: 30%; text-align: left;"><u>b. Address</u></th> <th style="width: 40%; text-align: left;"><u>c. Relationship to Committee</u></th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </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-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;"><u>a. Name</u></th> <th style="width: 50%; text-align: left;"><u>b. Address</u></th> </tr> </thead> <tbody> <tr> <td colspan="2">On attached sheet</td> </tr> </tbody> </table>				<u>a. Name</u>	<u>b. Address</u>	On attached sheet						
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8. Type of Committee IF THE POLITICAL COMMITTEE SUPPORTS ONLY ONE CANDIDATE, check <u>all</u> that apply AND complete 8a and 8b below: <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. _____ 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 <u>ONLY IF THE following</u> 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 JEAN PAUL MORRELL		8b. Office Sought by the Candidate future election										
9. a. Name of Person Preparing Report: ALEX GLASER		b. Daytime Telephone: 504-390-5274										
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 <u>22nd</u> day of <u>January</u> , <u>2024</u> . <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border-bottom: 1px solid black;">Alex Glaser</td> <td style="width: 20%; border-bottom: 1px solid black;">504-390-5274</td> <td style="width: 30%; border-bottom: 1px solid black;">Alex Glaser</td> <td style="width: 20%; border-bottom: 1px solid black;">504-390-5274</td> </tr> <tr> <td style="font-size: small;">Signature of Committee/Chairperson</td> <td style="font-size: small;">Daytime Telephone</td> <td style="font-size: small;">Signature of Committee Treasurer, if any</td> <td style="font-size: small;">Daytime Telephone</td> </tr> </table>				Alex Glaser	504-390-5274	Alex Glaser	504-390-5274	Signature of Committee/Chairperson	Daytime Telephone	Signature of Committee Treasurer, if any	Daytime Telephone	
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a. Name

CAPITAL ONE BANK

b. Address

3161 Gentily Blvd.
New Orleans, LA 70122