

STATEMENT OF ORGANIZATION

OFFICE USE ONLY

Report Number: 124831

Date Filed: 1/31/2025



1. Name and Address of Committee

CAMPAIGN TO ELECT AIMEE MCCARRON
PO Box 24607
New Orleans, LA 70184

2. Date of this Statement

1/31/2025

3. Estimated Membership

2

4. Amended Statement?

Check If: New Committee _____

____ Yes X No

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

a. Name

b. Position

c. Address

AIMEE MCCARRON

Chairperson

PO Box 24607, New Orleans, LA 70184

AUSTIN LAVIN

Treasurer

PO Box 24607, , New Orleans, LA 70184

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

On attached sheet

8. Type of Committee

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

X 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

AIMEE MCCARRON

8b. Office Sought by the Candidate

New Orleans City Council District A

9. a. Name of Person Preparing Report: AIMEE MCCARRON

b. Daytime Telephone: 504.442.0877

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 31st day of January, 2025.

Aimee McCarron

Signature of Committee/Chairperson

504.442.0877

Daytime Telephone

Austin Lavin

Signature of Committee Treasurer, if any

504-432-1232

Daytime Telephone

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

b. Address

701 Poydras Street
New Orleans, LA 70130