STATEM	OFFICE USE ONLY		
Name and Address of Committee		2. Date of this Statement	
Reese PAC PO Box 1698 Leesville, LA 71446		6/10/2021	
		3. Estimated Membership	
		100	
~		4. Amended Statement?	
Check If: New Committee		YesNo	
5. All Committee Officers and Directors	(including Chairperson, Treasurer	, if any, and any other committee of	ficers and directors)
a. <u>Name</u>	<u>Position</u>	c. Address	
Michael Reese	Chairperson PO	Box 1698, Leesville	e, LA 71446
Amanda Maloy	Treasurer PO	Box 1701, Prairiev	ille, LA 70769
Affiliated Organizations (Any organization, other than a politi	cal committee, which directly or inc	tirectly established, administers, or t	financially supports this committee.)
a. Name	b. Address	,,,	c. Relationship to Committee
-			
7. All Depositories for Committee Fund funds.)	ls (committee funds must be depos	sited in one or more banks or saving	s and loan institutions or money market mutual
a. <u>Name</u>	b. Address		
Merchants and Farmers			
501 South 5th Street Leesville, LA 71446			
8. IF THIS COMMITTEE SUPPORTS A	A SINGLE CANDIDATE: a. Che	eck one: Principal Campa	eign Committee Subsidiary
b. Name of Candidate			c. Office Sought by the Candidate
9. a. Name of Person Preparing Repo	#AMANDA MALOY 22	5-413-6486	
b. Daytime Telephone			
	ormation contained in this STATEM	ENT OF ORGANIZATION is true and	d correct to the best of our knowledge, information
This 10th day of June	202	1	
	,	 ;	
Michael Reese		337-239-9555	
Signature of Committee Chairperson		Dayti	ime Telephone Number
Amanda Maloy		225	5-413-6486
Amanda Maloy Signature of Committee Treasurer, if any		Daytime Telephone Number	
Form 200, Rev. 12/03, Page Rev. 3/2015			OPIZHATY FF
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