STATEMENT OF ORGANIZATION

OFFICE USE ONLY

1. Name and Address of Committee

Landry For LA
P.O. Box 399
Broussard, LA. 70518

2. Date of this Statement

3. Estimated Membership

2

4. Amended Statement?

_____Yes ✓ No

Check If: New Committee_____

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

a. Name	b. Position	c. Address
Jeff Landry	Chairperson	203 Silver Oak Ln. Broussard LA. 70518
Benjamin Landry	Treasurer	2199 Cypress Island St. Martinville LA. 70582

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
Community Trust	2014 W. Pinhook Lafayette, LA. 70508

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

_____ 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	8b. Office Sought by the Candidate

9. a. Name of Person Preparing Report: Benjamin Landry b. Daytime Telephone: 337 330-0038

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_____day of_____.

Signature of Committee Chairperson	Daytime Telephone Number	Signature of Committee Treasurer, if any	Daytime Telephone Number
	337-500-1771		337-330-0038