STATEMENT OF ORGANIZATION

OFFICE USE ONLY

1. Name and Address of Committee

Kayenne Health PAC
1565 S. Market Street
Opelousas, LA 70570

ETHICS BOARD REC'D
JAN 17 '25 AM 10:36

Check If: New Committee_____

2. Date of this Statement

01/13/2025

3. Estimated Membership

4. Amended Statement?

_____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
Dustin Miller	Chairperson	1565 S. Market Street, Opelousas, LA 70570
Kristina Martel	Treasurer	108 Thorn Lane, Opelousas, LA 70570

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
Catalyst Bank	234 North Court St. Opelousas, LA 70570

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: Kristina Martel b. Daytime Telephone: 3373313954

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 13th day of January, 2024.

Signature of Committee Chairperson	Daytime Telephone Number	Signature of Committee Treasurer, if any	Daytime Telephone Number
	3373190639		3373313954