STATEMENT OF ORGANIZATION

OFFICE USE ONLY

1. Name and Address of Committee
Cajun PAC II
P. O. Box 399
Broussard, LA 70518

2. Date of this Statement
4/10/25

3. Estimated Membership
2

4. Amended Statement?
X 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
Warren Steve Orlando	Chairperson	143 Ridgeway Dr. Ste 214 Lafayette, LA 70503
Benjamin L. Landry	Treasurer	2199 Cypress Island Hwy. 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 First Bank	2014 W. Pinhook Rd. 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
Jeff Landry	

9. a. Name of Person Preparing Report: Benjamin L. Landry b. Daytime Telephone: 337 839 1700

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 10 day of April, 2025.

Signature of Committee Chairperson	Daytime Telephone Number	Signature of Committee Treasurer, if any	Daytime Telephone Number
	985-397-2000		337-839-1700

Form 202, Rev. 12/03, Page Rev. 6/2013

Amend #1

POSTED

STATEMENT OF ORGANIZATION

OFFICE USE ONLY

1. Name and Address of Committee
Cajun PAC II
PO Box 399
Broussard, LA 70518

2. Date of this Statement
1/15/25

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 Hwy 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

ETHICS BOARD REC'D
JAN 27 '25 PM12:10

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 First	2014 W. Pinhook Ste 700 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
Jeff Landry	

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

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