

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?
☒ 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
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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

Jeff Landry

8b. Office Sought by the Candidate

9. a. Name of Person Preparing Report: Benjamin L. Landry

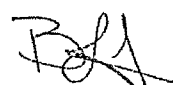
b. Daytime Telephone: 337 839 1700

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

985-397-2000
Daytime Telephone Number


Signature of Committee Treasurer, if any

337-839-1700
Daytime Telephone Number

Amend #1

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	11/15/25			
	3. Estimated Membership 2				
Check If: New Committee _____	4. Amended Statement? _____ Yes _____ No				
5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors) <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> a. Name Jeff Landry Benjamin Landry </td> <td style="width: 33%; vertical-align: top;"> b. Position Chairperson Treasurer </td> <td style="width: 34%; vertical-align: top;"> c. Address 203 Silver Oak Ln. Broussard, LA 70518 2199 Cypress Island Hwy St. Martinville, LA 70582 </td> </tr> </table>			a. Name Jeff Landry Benjamin Landry	b. Position Chairperson Treasurer	c. Address 203 Silver Oak Ln. Broussard, LA 70518 2199 Cypress Island Hwy St. Martinville, LA 70582
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8a. Name of Candidate Jeff Landry		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	337-566-1771 Daytime Telephone Number	 Signature of Committee Treasurer, if any			
		337 330 0038 Daytime Telephone Number			