



STATEMENT OF ORGANIZATION		OFFICE USE ONLY									
1. Name and Address of Committee Landry for LA PO Box 399 Broussard, LA 70518 ETHICS BOARD REC'D FEB 5 '25 AM 10:52	2. Date of this Statement 3. Estimated Membership 2 4. Amended Statement? Yes ☐ No ☒	1/30/25									
Check If: ☐ New Committee ☐ Existing Committee											
5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors) <table style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 30%; text-align: left; padding: 2px;">a. Name</th><th style="width: 20%; text-align: left; padding: 2px;">b. Position</th><th style="width: 50%; text-align: left; padding: 2px;">c. Address</th></tr></thead><tbody><tr><td style="padding: 2px;">Jeff Landry</td><td style="padding: 2px;">Chairperson</td><td style="padding: 2px;">203 Silver Oak Lane Broussard, LA 70518</td></tr><tr><td style="padding: 2px;">Benjamin Landry</td><td style="padding: 2px;">Treasurer</td><td style="padding: 2px;">2199 Cypress Island St. Martinville, LA 70582</td></tr></tbody></table>			a. Name	b. Position	c. Address	Jeff Landry	Chairperson	203 Silver Oak Lane Broussard, LA 70518	Benjamin Landry	Treasurer	2199 Cypress Island St. Martinville, LA 70582
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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.) <table style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 30%; text-align: left; padding: 2px;">a. Name</th><th style="width: 30%; text-align: left; padding: 2px;">b. Address</th><th style="width: 40%; text-align: left; padding: 2px;">c. Relationship to Committee</th></tr></thead><tbody></tbody></table>			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.) <table style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 30%; text-align: left; padding: 2px;">a. Name</th><th style="width: 70%; text-align: left; padding: 2px;">b. Address</th></tr></thead><tbody><tr><td style="padding: 2px;">Community First</td><td style="padding: 2px;">2014 W. Pinhook Ste 100 Lafayette, LA 70508</td></tr></tbody></table>			a. Name	b. Address	Community First	2014 W. Pinhook Ste 100 Lafayette, LA 70508					
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8. Type of Committee IF THE POLITICAL COMMITTEE SUPPORTS ONLY ONE CANDIDATE, check <u>all</u> 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 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 _____ <table style="width: 100%; border-collapse: collapse;"><tr><td style="width: 33%; text-align: center; padding: 5px;"> _____ Signature of Committee Chairperson</td><td style="width: 33%; text-align: center; padding: 5px;">337-500-1771 _____ Daytime Telephone Number</td><td style="width: 33%; text-align: center; padding: 5px;"> _____ Signature of Committee Treasurer, if any</td></tr><tr><td></td><td style="text-align: center; padding: 5px;">337-330-0038 _____ Daytime Telephone Number</td><td></td></tr></table>			 _____ Signature of Committee Chairperson	337-500-1771 _____ Daytime Telephone Number	 _____ Signature of Committee Treasurer, if any		337-330-0038 _____ Daytime Telephone Number				
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