

STATEMENT OF ORGANIZATION		OFFICE USE ONLY										
1. Name and Address of Committee COMMITTEE TO ELECT ROYCE DUPLESSIS PO Box 50111 New Orleans, LA 70150 Check If: New Committee <input type="checkbox"/>	2. Date of this Statement <div style="text-align: center;">1/31/2023</div>	Report Number: 108201 Date Filed: 1/31/2023 										
	3. Estimated Membership <div style="text-align: center;">2</div>											
	4. Amended Statement? <div style="text-align: center;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>											
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%;"><u>a. Name</u></td> <td style="width: 33%;"><u>b. Position</u></td> <td style="width: 34%;"><u>c. Address</u></td> </tr> <tr> <td>HEDY DUPLESSIS</td> <td>Chairperson</td> <td>4727 Press Drive New Orleans, LA 70128</td> </tr> <tr> <td>KRYSTAL ANCAR</td> <td>Treasurer</td> <td>PO Box 6396 New Orleans, LA 70174</td> </tr> </table>				<u>a. Name</u>	<u>b. Position</u>	<u>c. Address</u>	HEDY DUPLESSIS	Chairperson	4727 Press Drive New Orleans, LA 70128	KRYSTAL ANCAR	Treasurer	PO Box 6396 New Orleans, LA 70174
<u>a. Name</u>	<u>b. Position</u>	<u>c. Address</u>										
HEDY DUPLESSIS	Chairperson	4727 Press Drive New Orleans, LA 70128										
KRYSTAL ANCAR	Treasurer	PO Box 6396 New Orleans, LA 70174										
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: none;"> <tr> <td style="width: 33%;"><u>a. Name</u></td> <td style="width: 33%;"><u>b. Address</u></td> <td style="width: 34%;"><u>c. Relationship to Committee</u></td> </tr> </table>				<u>a. Name</u>	<u>b. Address</u>	<u>c. Relationship to Committee</u>						
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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: none;"> <tr> <td style="width: 33%;"><u>a. Name</u></td> <td style="width: 33%;"><u>b. Address</u></td> </tr> </table> <div style="text-align: center; margin-top: 10px;">On attached sheet</div>				<u>a. Name</u>	<u>b. Address</u>							
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8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: <input checked="" type="checkbox"/> Principal Campaign Committee <input type="checkbox"/> Subsidiary Committee												
b. Name of Candidate ROYCE DUPLESSIS		c. Office Sought by the Candidate State Senate										
9. a. Name of Person Preparing Report KRYSTAL ANCAR b. Daytime Telephone --												
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 <u>31st</u> day of <u>January</u> , <u>2023</u> . <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <u>Hedy Duplessis</u> Signature of Committee/Chairperson </td> <td style="width: 50%; vertical-align: top;"> <u>504-251-9571</u> Daytime Telephone </td> </tr> <tr> <td style="vertical-align: top;"> <u>Krystal Ancar</u> Signature of Committee Treasurer , if any </td> <td style="vertical-align: top;"> <u>--</u> Daytime Telephone </td> </tr> </table>				<u>Hedy Duplessis</u> Signature of Committee/Chairperson	<u>504-251-9571</u> Daytime Telephone	<u>Krystal Ancar</u> Signature of Committee Treasurer , if any	<u>--</u> Daytime Telephone					
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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

GULF COAST BANK & TRUST
COMPANY

b. Address

200 St. Charles Avenue
New Orleans, LA 70130