

STATEMENT OF ORGANIZATION

OFFICE USE ONLY

Report Number: 118027

Date Filed: 1/11/2024



1. Name and Address of Committee

COMMITTEE TO ELECT PHILLIP DEVILLIER
PO BOX 409
EUNICE, LA 70535

2. Date of this Statement

1/11/2024

3. Estimated Membership

100

4. Amended Statement?

Check If: New Committee _____

____ Yes 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

PHILLIP DEVILLIER

Chairperson

439 Highway 758, Eunice, LA 70535

DWAYNE CORMIER

Treasurer

PO BOX 409, , EUNICE, LA 70535

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

On attached sheet

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

PHILLIP DEVILLIER

8b. Office Sought by the Candidate

House District 41

9. a. Name of Person Preparing Report: AMANDA GUIDRY MALOY

b. Daytime Telephone: 225-767-7163

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 11th day of January, 2024.

Phillip DeVillier

Signature of Committee/Chairperson

337.580.3368

Daytime Telephone

DWAYNE CORMIER

Signature of Committee Treasurer, if any

337-546-0255

Daytime Telephone

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

B1 BANK

b. Address

100 MBL BANK DR
MINDEN, LA 71055