STATEMENT OF ORGANIZATION		OFFICE USE ONLY	
		Report Number: 118123	
Name and Address of Committee	2. Date of this Statement	Date Filed: 1/17/2024	
COMMITTEE TO ELECT CONNIE AUCOIN PO BOX 145 DESTREHAN, LA 70047	3. Estimated Membership		
	4. Amended Statement?		
Check If: New Committee	Yes X 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			
KIM MCELWEE Chairperson	7037 CANAL BLVD, ST	7037 CANAL BLVD, STE 204, NEW ORLEANS, LA 70124	
AMANDA GUIDRY MALOY Treasurer	PO BOX 1701, , PRAIRIEVILLE, LA 70769		
6. Affiliated Organizations (Any organization, other than a political committee, which directly or indirectly established, administers, or financially supports this committee.)			
a. <u>Name</u> b. <u>Address</u>	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. <u>Name</u> b. <u>Address</u>			
On attached sheet			
8. Type of Committee			
IF THE POLITICAL COMMITTEE SUPPORTS ONLY <b>ONE</b> CANDIDATE, check <u>all</u> that apply AND complete 8a and 8b below:  X 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 <b>MULTIPLE</b> CANDIDATES, CHECK <b>ONLY IF THE following</b> 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  CONNIE AUCOIN	8	b. Office Sought by the Candidate JUDGE, 29TH JDC, DIVISION C	
9. a. Name of Person Preparing Report: AMANDA GUIDRY M	IALOY	b. Daytime Telephone: 225-413-6486	
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 17th day of January , 20	24		
KIM MOELWEE	AAAAAIDA	NUIDDV MALOV	
KIM MCELWEE Signature of Committee/Chairperson Daytime Tele		GUIDRY MALOY 225-413-6486 Committee Treasurer, if any 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. <u>Name</u>

b. Address

RESOURCE BANK 9513 JEFFERSON HWY BATON ROUGE, LA 70809

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