

STATEMENT OF ORGANIZATION		OFFICE USE ONLY	
1. Name and Address of Committee COMMITTEE TO ELECT ROYCE DUPLESSIS PO Box 50111 New Orleans, LA 70150	2. Date of this Statement <div style="text-align: center;">1/31/2024</div>	Report Number: 118708 Date Filed: 1/31/2024 	
3. Estimated Membership <div style="text-align: center;">2</div>			
4. Amended Statement? <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>			
Check If: <input checked="" type="checkbox"/> New Committee _____			
5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors) <div style="display: flex; justify-content: space-between;"> a. Name b. Position c. Address </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>HEDY DUPLESSIS</div> <div>Chairperson</div> <div>4727 Press Drive, , New Orleans, LA 70128</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>KRYSTAL ANCAR</div> <div>Treasurer</div> <div>PO Box 6396, , New Orleans, LA 70174</div> </div>			
6. Affiliated Organizations (Any organization, other than a political committee, which directly or indirectly established, administers, or financially supports this committee.) <div style="display: flex; justify-content: space-between;"> a. Name b. Address c. Relationship to Committee </div>			
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.) <div style="display: flex; justify-content: space-between;"> a. Name b. Address </div> <div style="text-align: center; margin-top: 10px;">On attached sheet</div>			
8. Type of Committee IF THE POLITICAL COMMITTEE SUPPORTS ONLY ONE CANDIDATE, check all that apply AND complete 8a and 8b below: <div style="margin-bottom: 10px;"> <input checked="" type="checkbox"/> By my signature below, I hereby certify that this committee is the principal campaign committee of the candidate referenced in 8a. </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> By my signature below, I hereby certify that this committee is the subsidiary of _____, which is a committee of the candidate referenced in 8a. </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> 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. </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> 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. </div> IF THE POLITICAL COMMITTEE SUPPORTS MULTIPLE CANDIDATES, CHECK ONLY IF THE following applies: <div style="margin-bottom: 10px;"> <input type="checkbox"/> 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. </div>			
8a. Name of Candidate ROYCE DUPLESSIS		8b. Office Sought by the Candidate State Senate	
9. a. Name of Person Preparing Report: KRYSTAL ANCAR		b. Daytime Telephone: 504-361-4152	
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>2024</u> .			
<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>504-361-4152</u> 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

GULF COAST BANK & TRUST
COMPANY

b. Address

200 St. Charles Avenue
New Orleans, LA 70130