

STATEMENT OF ORGANIZATION

OFFICE USE ONLY

Report Number: 118708

Date Filed: 1/31/2024



1. Name and Address of Committee

COMMITTEE TO ELECT ROYCE DUPLESSIS
PO Box 50111
New Orleans, LA 70150

2. Date of this Statement

1/31/2024

3. Estimated Membership

2

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
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.)

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

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 31st day of January, 2024.

Hedy Duplessis 504-251-9571
Signature of Committee/Chairperson Daytime Telephone

Krystal Ancar 504-361-4152
Signature of Committee Treasurer, if any 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