STATEMENT OF ORGANIZATION		OFFICE USE ONLY Report Number: 49261
1. Name and Address of Committee	2. Date of this Statement	Report Number: 49261 Date Filed: 5/28/2015
COMMITTEE TO ELECT PHILLIP DEVILLIER	5/27/20	015
PO BOX 409 EUNICE, LA 70535	3. Estimated Membership	
	1	100
	4. Amended Statement?	
Check If: New Committee X	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		
CHRISTOPHER B DEVILLIER Chairperson	PO BOX 409	
	EUNICE, LA 70	0535
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 deposed mutual funds.) a. <u>Name</u> b. <u>Address</u> On attached sheet 	sited in one or more banks or :	savings and loan institutions or money market
8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: X Principal Campaign Committee Subsidiary Committee		
b. Name of Candidate PHILLIP DEVILLIER		c. Office Sought by the Candidate HOUSE OF REPRESENTATIVES CALCASIEU PARISH 36
9. a. Name of Person Preparing Report AMANDA GUIDRY b. Daytime Telephone	Υ KATZ	
10. WE HEREBY CERTIFY that the information contained in this STATEN information and belief.	MENT OF ORGANIZATION is	true and correct to the best of our knowledge ,
This <u>28th day of</u> May , 201	5	
CHRISTOPHER BLAINE DEVILLIER Signature of Committee/Chairperson		337-546-0255 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. <u>Name</u>

b. <u>Address</u>

TRI-BANK

PO BOX 1029 EUNICE, LA 70535