| STATEMENT OF ORGANIZATION | | OFFICE USE ONLY Report Number: 62018 | |
|--|---|---|--|
| 1. Name and Address of Committee | 2. Date of this Statement | Report Number: 62018 Date Filed: 1/27/2017 | |
| COMMITTEE TO ELECT PHILLIP DEVILLIER | 1/27/20 | | |
| PO BOX 409 EUNICE, LA 70535 | 3. Estimated Membership | | |
| | 1 | 00 | |
| Check If: | 4. Amended Statement? | | |
| New Committee | Yes | No | |
| 5. All Committee Officers and Directors (including Chairperson, Treasure a. <u>Name</u> b. <u>Position</u> | r, if any, and any other commi c. <u>Address</u> | tee officers and directors) | |
| CHAIRPERSON Chairperson CHRISTOPHER B DEVILLIER | PO BOX 409 | | |
| | EUNICE, LA 70 | 535 | |
| DWAYNE CORMIER, Treasurer TREASURER^ | PO BOX 409 | | |
| | EUNICE, LA 70 | 535 | |
| Additional officers listed on attached sheet | | | |
| Affiliated Organizations (Any organization, other than a political committee, which directly or indirectly or indirectly.) | directly established, administe | s, or financially supports this committee.) | |
| a. <u>Name</u> b. <u>Address</u> | | c. Relationship to Committee | |
| | | | |
| All Depositories for Committee Funds (committee funds must be deposimutual funds.) | sited in one or more banks or s | avings and loan institutions or money market | |
| a. <u>Name</u> b. <u>Address</u> | | | |
| On attached sheet | | | |
| 8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: | a. Check one: X Prin | cipal Campaign Committee Subsidiary Committee | |
| b. Name of Candidate PHILLIP DEVILLIER | | c. Office Sought by the Candidate HOUSE OF REPRESENTATIVES, DISTRICT 41 | |
| 9. a. Name of Person Preparing Report AMANDA GUIDRY b. Daytime Telephone 225-767-7163 | MALOY | | |
| 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 27th day of January , 201 | 7 | | |
| CHRISTOPHER B DEVILLIER | | 337-546-0255 | |
| Signature of Committee/Chairperson | | Daytime Telephone | |
| DWAYNE CORMIER | | 337-546-0255 | |

| 5. All Committee Officers and Directors (inclu | uding Chairperson, Treasurer, if ar | ny, and any other committee officers and directors) | |
|--|-------------------------------------|---|--|
| a. <u>Name</u> | b. <u>Position</u> | c. <u>Address</u> | |
| REBEL MANUEL | Officer | PO BOX 409 EUNICE, LA 70535 | |

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-PARISH BANK

PO BOX 1029 EUNICE, LA 70535