

**STATEMENT OF ORGANIZATION****OFFICE USE ONLY****Report Number:** 67543**Date Filed:** 1/10/2018

1. Name and Address of Committee

COMMITTEE TO ELECT PHILLIP DEVILLIER  
PO BOX 409  
EUNICE, LA 70535

2. Date of this Statement

1/10/2018

3. Estimated Membership

100

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. Nameb. Positionc. Address

CHRISTOPHER B DEVILLIER

Chairperson

PO BOX 409

EUNICE, LA 70535

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. Nameb. 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. Nameb. Address

On attached sheet

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, DISTRICT  
41

9. a. Name of Person Preparing Report

AMANDA GUIDRY MALOY

b. Daytime Telephone

225-767-7163

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 10th day of January, 2018.CHRISTOPHER B 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. Name

TRI-PARISH BANK

b. Address

PO BOX 1029  
EUNICE, LA 70535