| STATEMENT OF ORGANIZATION | | OFFICE USE ONLY Report Number: 74144 |
|--|---------------------------|---|
| 1. Name and Address of Committee | 2. Date of this Statement | Date Filed: 1/28/2019 |
| COMMITTEE TO ELECT PHILLIP DEVILLIER | 1/28/20 | |
| PO BOX 409 EUNICE, LA 70535 | 3. Estimated Membership | |
| | 1 | 00 |
| | 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. Name b. Position c. Address | | |
| CHRISTOPHER B DEVILLIER Chairperson | PO BOX 409 | |
| | EUNICE, LA 70 | 535 |
| DWAYNE CORMIER Treasurer | PO BOX 409 | |
| EUNICE, LA 70535 | | |
| | | |
| Affiliated Organizations (Any organization, other than a political committee, which directly or indirectly established, administers, 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 deposited in one or more banks or savings and loan institutions or money market mutual funds.) | | |
| a. <u>Name</u> b. <u>Address</u> | | |
| 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 STATE information and belief. | MENT OF ORGANIZATION is | true and correct to the best of our knowledge , |
| This <u>28th day of</u> <u>January</u> , <u>20</u> | <u>19</u> . | |
| CHRISTOPHER B DEVILLIER Signature of Committee/Chairperson | | 337-546-0255 Daytime Telephone |
| | | 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-PARISH BANK

PO BOX 1029 EUNICE, LA 70535