

STATEMENT OF ORGANIZATION		OFFICE USE ONLY												
1. Name and Address of Committee EDUCATION PAC (ED PAC) P. O. Box 52034 Lafayette, LA 70505 Check If: New Committee _____	2. Date of this Statement <div style="text-align: center;">1/19/2018</div>	Report Number: 67702 Date Filed: 1/19/2018 												
	3. Estimated Membership <div style="text-align: center;">50</div>													
	4. Amended Statement? <div style="text-align: center;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>													
5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors) <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><u>a. Name</u></td> <td style="width: 33%;"><u>b. Position</u></td> <td style="width: 33%;"><u>c. Address</u></td> </tr> <tr> <td style="text-align: center;">NANCY LANDRY</td> <td style="text-align: center;">Chairperson</td> <td style="text-align: center;">PO Box 52034</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">Lafayette, LA 70505</td> </tr> <tr> <td></td> <td style="text-align: center;">Treasurer</td> <td></td> </tr> </table>			<u>a. Name</u>	<u>b. Position</u>	<u>c. Address</u>	NANCY LANDRY	Chairperson	PO Box 52034			Lafayette, LA 70505		Treasurer	
<u>a. Name</u>	<u>b. Position</u>	<u>c. Address</u>												
NANCY LANDRY	Chairperson	PO Box 52034												
		Lafayette, LA 70505												
	Treasurer													
6. Affiliated Organizations (Any organization, other than a political committee, which directly or indirectly established, administers, or financially supports this committee.) <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><u>a. Name</u></td> <td style="width: 33%;"><u>b. Address</u></td> <td style="width: 33%;"><u>c. Relationship to Committee</u></td> </tr> </table>			<u>a. Name</u>	<u>b. Address</u>	<u>c. Relationship to Committee</u>									
<u>a. Name</u>	<u>b. Address</u>	<u>c. Relationship to Committee</u>												
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.) <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><u>a. Name</u></td> <td style="width: 33%;"><u>b. Address</u></td> </tr> </table> <p style="text-align: center;">On attached sheet</p>			<u>a. Name</u>	<u>b. Address</u>										
<u>a. Name</u>	<u>b. Address</u>													
8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: <input type="checkbox"/> Principal Campaign Committee <input type="checkbox"/> Subsidiary Committee														
b. Name of Candidate		c. Office Sought by the Candidate												
9. a. Name of Person Preparing Report AMANDA 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 19th day of January , 2018 . <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: bottom;"> <u>Nancy Landry</u> Signature of Committee/Chairperson </td> <td style="width: 50%; vertical-align: bottom;"> <u>337-235-0304</u> Daytime Telephone </td> </tr> <tr> <td style="vertical-align: bottom;"> _____ Signature of Committee Treasurer , if any </td> <td style="vertical-align: bottom;"> _____ Daytime Telephone </td> </tr> </table>			<u>Nancy Landry</u> Signature of Committee/Chairperson	<u>337-235-0304</u> Daytime Telephone	_____ Signature of Committee Treasurer , if any	_____ Daytime Telephone								
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_____ 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

FM BANK

b. Address

1525 Ambassador Caffery Pkwy.
Lafayette, LA 70506