

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;">7/16/2019</div>	Report Number: 77479 Date Filed: 7/16/2019 									
	3. Estimated Membership <div style="text-align: center;">50</div>										
	4. Amended Statement? <div style="text-align: center;"> <input checked="" type="checkbox"/> Yes <input 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: 34%;"><u>c. Address</u></td> </tr> <tr> <td style="text-align: center;">BRIGITTE NIELAND</td> <td style="text-align: center;">Chairperson</td> <td style="text-align: center;">11833 Oak Haven Ave. Baton Rouge, LA 70810</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>	BRIGITTE NIELAND	Chairperson	11833 Oak Haven Ave. Baton Rouge, LA 70810		Treasurer	
<u>a. Name</u>	<u>b. Position</u>	<u>c. Address</u>									
BRIGITTE NIELAND	Chairperson	11833 Oak Haven Ave. Baton Rouge, LA 70810									
	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: 34%;"><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> <td></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 <u>16th</u> day of <u>July</u> , <u>2019</u> . <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; text-align: center;"> <u>Brigitte Nieland</u> Signature of Committee/Chairperson </td> <td style="width: 40%; text-align: center;"> <u>225-603-5668</u> Daytime Telephone </td> </tr> <tr> <td style="text-align: center;"> _____ Signature of Committee Treasurer, if any </td> <td style="text-align: center;"> _____ Daytime Telephone </td> </tr> </table>			<u>Brigitte Nieland</u> Signature of Committee/Chairperson	<u>225-603-5668</u> Daytime Telephone	_____ Signature of Committee Treasurer, if any	_____ Daytime Telephone					
<u>Brigitte Nieland</u> Signature of Committee/Chairperson	<u>225-603-5668</u> Daytime Telephone										
_____ 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