STATEMENT OF ORGANIZATION				OFFICE USE ONLY	
Name and Address of Committee		2. Date of this Statement	Date Filed: 1/23/202	18345	
ABRAHAM PAC 205 W. College St Lake Charles, LA 70605		3. Estimated Membership		24	
Check If: New Committee		4. Amended Statement? Yes X No.			
All Committee Officers and Directors (including a. Name	Chairperson, Treasurer,	if any, and any other committee	ee officers and directors)		
NICHOLAS LANGLEY	Chairperson	205 W. College St, , La	ke Charles, LA 70605		
DONNA D WILLIAMS	Treasurer	P.O. Box 5062, , Lake	Box 5062, , Lake Charles, LA 70606		
Affiliated Organizations (Any organization, other than a political commit	ttee, which directly or indi	rectly established, administers	, or financially supports this committee.	.)	
a. <u>Name</u> b. <u>Ad</u>	dress	·	c. Relationship to Committee		
All Depositories for Committee Funds (committed mutual funds.)	ee funds must be deposit	ted in one or more banks or sa	vings and loan institutions or money m	arket	
a. <u>Name</u> b. <u>Ad</u>	<u>dress</u>				
On attached sheet					
8. Type of Committee					
IF THE POLITICAL COMMITTEE SUPPORTS By my signature below, I hereby certif			•		
By my signature below, I hereby certify that this committee is the subsidiary of which is a committee of the candidate referenced in 8a.					
By my signature below, I hereby certify that this committee is not the principal or subsidiary committee the candidate referenced in 8a and that the committee is not working, and will not work, in coordination, consultation, or cooperation with the candidate referenced in 8a.					
By my signature below, I hereby certif contributions (direct or in-kind as defined as de			endent expenditures and is not, and wil n Finance Disclosure Act.	l not, make	
IF THE POLITICAL COMMITTEE SUPPORTS By my signature below, I hereby certif contributions (direct or in-kind as defin	y that this committee is o	rganized solely to make indepe	endent expenditures and is not, and wil	l not, make	
8a. Name of Candidate			Bb. Office Sought by the Candidate		
9. a. Name of Person Preparing Report: DC	ONNA D WILLIAMS		b. Daytime Telephone:	337-656-3665	
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 23rd day of January	,2024	<u>. </u>			
Nicholas Langley	337-477-282	27 Donna D V	√illiams	337-656-3665	
Signature of Committee/Chairperson	Daytime Teleph		Committee Treasurer, if any	Daytime Telephone	

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- 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. Address

FIRST NATIONAL BANK OF LOUISIANA

551 W Prien Lake Rd Lake Charles, LA 70601