STATEMENT OF OF	OFFIC	E USE ONLY 117733		
Name and Address of Committee		2. Date of this Statement 1/4/20	Date Filed: 1/4/	2024
701 PAC 301 Main Street Ste. 2300 Baton Rouge, LA 70801		3. Estimated Membership	36	
		4. Amended Statement?		
Check If: New Committee		YesX	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 				
SCOTT N HENSGENS	Chairperson	PO BOX 3197, , Bato	n Rouge, LA 70821	
JOHN A MOORE Treasurer PO BOX 3197, , Baton Rouge, LA 70821				
6. Affiliated Organizations (Any organization, other than a political committee, which directly or indirectly established, administers, or financially supports this committee.) a. Name b. 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. <u>Name</u> b. <u>Address</u>				
8. Type of Committee				
IF THE POLITICAL COMMITTEE SUPPORTS ONLY ONE CANDIDATE, check <u>all</u> that apply AND complete 8a and 8b below: By my signature below, I hereby certify that this committee is the principal campaign committee of the candidate referenced in 8a.				
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 certify that this committee is organized solely to make independent expenditures and is not, and will not, make contributions (direct or in-kind as defined in R.S. 18:1483(6), in contravention of the Campaign Finance Disclosure Act.				
IF THE POLITICAL COMMITTEE SUPPORTS MULTIPLE CANDIDATES, CHECK ONLY IF THE following applies: X By my signature below, I hereby certify that this committee is organized solely to make independent expenditures and is not, and will not, make contributions (direct or in-kind as defined in R.S. 18:1483(6), in contravention of the Campaign Finance Disclosure Act.				
8a. Name of Candidate			8b. Office Sought by the Candida	te
9. a. Name of Person Preparing Report: MELISSA		b. Daytime Teleph	one: 225-376-5614	
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 4th day of January	,2024	<u>. </u>		
Scott N Hensgens Signature of Committee/Chairperson	225-387-400 Daytime Telepho		OORE f Committee Treasurer, if any	225-387-4000 Daytime Telephone

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