STATEMENT OF ORGANIZATION			OFFICE USE ONLY		
			Report Number: 11	7758	
1. Name and Address of Committee	2. Da	ate of this Statement	<b>Date Filed:</b> 1/5/2024		
LOUISIANA NURSING HOME POLITICAL AC COMMITTEE 7844 Office Park Baton Rouge, LA 70809	-	1/5/2024 timated Membership		7758	
	4. An	nended 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					
TEDDY R PRICE Chairperson		9258 Hwy 84 West, , Winnfield, LA 71483			
PHYLLIS CHATELAIN	Treasurer P.O. Drawer 320, , New Roads, LA 70760				
6. 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		
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>					
On attached sheet					
8. Type of Committee					
IF THE POLITICAL COMMITTEE SUPPORTS ONLY <b>ONE</b> 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 <b>MULTIPLE</b> CANDIDATES, CHECK <b>ONLY IF THE following</b> 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 Candidate		
9. a. Name of Person Preparing Report: MARK BERGER			b. Daytime Telephone:	225-927-5642	
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 5th day of January					
Teddy R Price	318-628-4116	Phyllis Chatel	ain	225-638-4404	
Signature of Committee/Chairperson	Daytime Telephone		mittee Treasurer, if any	Daytime Telephone	

Signature of Committee/Chairperson Form 200, Rev. 12/03, Page Rev. 6/2023

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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. Name

b. Address

**RED RIVER BANK** 

9400 Old Hammond Hwy Baton Rouge, LA 70809