

STATEMENT OF ORGANIZATION		OFFICE USE ONLY	
1. Name and Address of Committee LOUISIANA ASSOCIATION OF HEALTH UNDERWRITERS PAC CORPORATION 8550 United Plaza Boulevard Suite 1001 Baton Rouge, LA 70809 Check If: <u> </u> New Committee <u> </u>	2. Date of this Statement <div style="text-align: right;">1/10/2024</div>	Report Number: 117926 Date Filed: 1/10/2024 	
3. Estimated Membership <div style="text-align: right;">25</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) <div style="display: flex; justify-content: space-between;"> a. Name b. Position c. Address </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>JACK DUVERNAY</div> <div>Chairperson</div> <div>714 Millikens Bend, , Covington, LA 70433</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>AMANDA HAMILTON</div> <div>Treasurer</div> <div>235 Highlandia Drive, Ste 100, , Baton Rouge, LA 70810</div> </div> <div style="margin-top: 10px;"> Additional officers listed on attached sheet </div>			
6. Affiliated Organizations <small>(Any organization, other than a political committee, which directly or indirectly established, administers, or financially supports this committee.)</small> <div style="display: flex; justify-content: space-between;"> a. Name b. Address c. Relationship to Committee </div> <div style="text-align: center; margin-top: 10px;"> On attached sheet </div>			
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.) <div style="display: flex; justify-content: space-between;"> a. Name b. Address </div> <div style="text-align: center; margin-top: 10px;"> On attached sheet </div>			
8. Type of Committee IF THE POLITICAL COMMITTEE SUPPORTS ONLY ONE CANDIDATE, check all that apply AND complete 8a and 8b below: <div style="margin-bottom: 10px;"> <input type="checkbox"/> By my signature below, I hereby certify that this committee is the principal campaign committee of the candidate referenced in 8a. </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> By my signature below, I hereby certify that this committee is the subsidiary of _____, which is a committee of the candidate referenced in 8a. </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> 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. </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> 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. </div> IF THE POLITICAL COMMITTEE SUPPORTS MULTIPLE CANDIDATES, CHECK ONLY IF THE following applies: <div style="margin-bottom: 10px;"> <input checked="" type="checkbox"/> 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. </div>			
8a. Name of Candidate		8b. Office Sought by the Candidate	
9. a. Name of Person Preparing Report: MELINDA WILK		b. Daytime Telephone: 225-408-4720	
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>10th</u> day of <u>January</u> , <u>2024</u> . <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <u>Jack Duvernay</u> Signature of Committee/Chairperson </div> <div style="width: 15%;"> <u>504-500-1065</u> Daytime Telephone </div> <div style="width: 40%;"> <u>Amanda Hamilton</u> Signature of Committee Treasurer, if any </div> <div style="width: 15%;"> <u>--</u> Daytime Telephone </div> </div>			

5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors)

a. Name

b. Position

c. Address

KRISTY COPELAND

Officer

424 Lake Worth Drive
Baton Rouge, LA 70810

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

LOUISIANA ASSOCIATION OF
HEALTH UNDERWRITERS

8550 United Plaza Boulevard, Suite
1001
Baton Rouge, LA 70809

State Association

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

CHASE BANK

PO Box 182051
Columbus, OH 43218