| STATEMENT OF ORGANIZATION   |                        |  | OFFICE US                          | OFFICE USE ONLY                             |  |
|---|------------------------|--|------------------------------------|---|--|
|   |                        |  | Report Number: 1                   | 18741                                       |  |
| Name and Address of Committee   |                        | 2. Date of this Statement 2/1/202      | Date Filed: 2/1/2024               |   |  |
| BISHOP PAC<br>111 Southwark Dr<br>Lafayette, LA 70508   |                        | 3. Estimated Membership                | 75                                 | Report Number: 118741  Date Filed: 2/1/2024 |  |
|   |                        | 4. Amended Statement?                  |                                    |   |  |
| Check If: New Committee   |                        | YesX_N                                 | lo                                 |   |  |
| 5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors)     a. Name  |                        |  |                                    |   |  |
| DR. BRAD BROUSSARD Chairperson  |                        | 155 Hospital Dr, , Lafayette, LA 70503 |                                    |   |  |
| STUART J BISHOP   | 111 Southwark Dr, , La | 11 Southwark Dr, , Lafayette, LA 70508 |                                    |   |  |
| 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>  |                        |  |                                    |   |  |
| 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:  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: JAMES BURLAND  |                        | <u>l</u>                               | 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 1st day of February  | , 2024                 | <u></u> ·                              |                                    |   |  |
| Brad Broussard  | 337-314-316            | 2 Stuart J B                           | ishon                              | <u>337-319-3162</u>                         |  |
| Signature of Committee/Chairperson  | Daytime Telepho        |  | Committee Treasurer, if any        | Daytime Telephone                           |  |

Form 200, Rev. 12/03, Page Rev. 6/2023