

STATEMENT OF ORGANIZATION		OFFICE USE ONLY	
1. Name and Address of Committee LIFPAC 11918 Bricksome Ave Suite A Baton Rouge, LA 70816	2. Date of this Statement <div style="text-align: right;">1/4/2024</div>	Report Number: 117738 Date Filed: 1/4/2024 	
3. Estimated Membership <div style="text-align: right;">500</div>			
4. Amended Statement? <div style="text-align: right;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>			
Check If: <input type="checkbox"/> New Committee _____			
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: 10px;"> <div>LESTER DEES</div> <div>Chairperson</div> <div>11918 Bricksome Ave, Suite A, Baton Rouge, LA 70816</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>KIMBERLY HALLARAN</div> <div>Treasurer</div> <div>11819 Bricksome Ave, Suite A, Baton Rouge, LA 70816</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>			
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>			
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 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: KIMBERLY HALLARAN		b. Daytime Telephone: 225-295-1300	
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>4th</u> day of <u>January</u> , <u>2024</u> .			
<u>Lester Dees</u> Signature of Committee/Chairperson		<u>Kimberly Hallaran</u> Signature of Committee Treasurer, if any	
<u>225-295-1300</u> Daytime Telephone		<u>225-295-1300</u> Daytime Telephone	

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

a. <u>Name</u>	b. <u>Position</u>	c. <u>Address</u>
LESTER DEES	Officer	11918 Bricksome Ave Suite A Baton Rouge, LA 70816
KIMBERLY HALLARAN	Officer	11819 Bricksome Ave Suite A Baton Rouge, LA 70816
PAUL LANDRY	Officer	11918 BRICKSOME AVE SUITEA BATON ROUGE, LA 70816
SHAWN SAGRERA	Officer	11918 Bricksome Ave SuiteA Baton Rouge, LA 70816
ADAM WIRTH	Officer	11918 Bricksome Ave SuiteA Baton Rouge, LA 70816

COMMITTEES WITH OVER 250 MEMBERS

The following certification is OPTIONAL and should be completed ONLY if it is applicable to your committee . Completion of this certification doubles the normal limitations on the amounts of contributions to candidates that are otherwise applicable to political committees.

11. WE HEREBY CERTIFY that the membership of this political committee exceeded two hundred fifty (250) members **as of December 31 of the calendar year immediately preceding the date of this STATEMENT OF ORGANIZATION**. We further certify that at least two hundred fifty (250) of the members of this political committee contributed at least fifty dollars (\$50.00) to this committee **during the calendar year immediately preceding the date of this STATEMENT OF ORGANIZATION**.

This 4th day of January, 2024 .

Lester Dees

Signature of Committee/Chairperson

225-295-1300

Daytime Telephone

Kimberly Hallaran

Signature of Committee Treasurer, if any

225-295-1300

Daytime Telephone