STATEMENT OF ORGANIZATION

OFFICE USE ONLY

Report Number: 117758

Date Filed: 1/5/2024

1. Name and Address of Committee

LOUISIANA NURSING HOME POLITICAL ACTION COMMITTEE
7844 Office Park
Baton Rouge, LA 70809

Check If: New Committee ____

2. Date of this Statement: 1/5/2024

3. Estimated Membership: 200

4. Amended Statement? ____ 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. 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. Name | b. Address

On attached sheet

8. Type of Committee

IF THE POLITICAL COMMITTEE SUPPORTS ONLY **ONE** CANDIDATE, check **all** 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 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, 2024.

Teddy R Price	318-628-4116	Phyllis Chatelain	225-638-4404
Signature of Committee/Chairperson	Daytime Telephone	Signature of Committee Treasurer, if any	Daytime Telephone

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

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