STATEMENT OF ORGANIZATION			OFFICE US Report Number: 1	
1. Name and Address of Committee		2. Date of this Statement	Date Filed: 1/10/202	17926 24
LOUISIANA ASSOCIATION OF HEALTH UNDERWRITERS PAC CORPORATION 8550 United Plaza Boulevard Suite 1001		1/10/202	24	
		3. Estimated Membership		
		2	25	=
Baton Rouge, LA 70809		4. Amended Statement?		
Check If: New Committee		Yes X N	o	
5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors) a. Name b. Position c. Address				
JACK DUVERNAY	Chairperson	714 Millikens Bend, , C	Covington, LA 70433	
AMANDA HAMILTON Treasurer 235 Highlandia Drive, Ste 100,			Ste 100, , Baton Rouge, LA 708	310
Additional officers listed on attached sheet				
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 Comr	nittee
On attached sheet				
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 ONE 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 MULTIPLE CANDIDATES, CHECK ONLY IF THE following 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: 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 10th day of January	, 2024	·		
Jack Duvernay	504-500-106	5 Amanda H	lamilton	_
	Daytime Telepho		Committee Treasurer, if any	Daytime Telephone

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

Report Number: 117926

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

8550 United Plaza Boulevard, Suite

State Association

HEALTH UNDERWRITERS 1001

Baton Rouge, LA 70809

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