

STATEMENT OF ORGANIZATION		OFFICE USE ONLY									
1. Name and Address of Committee HEWITT PAC 105 Ayshire Ct. Slidell, LA 70461 Check If: New Committee _____	2. Date of this Statement <div style="text-align: center;">1/14/2020</div>	Report Number: 85262 Date Filed: 1/14/2020 									
	3. Estimated Membership <div style="text-align: center;">100</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) <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><u>a. Name</u></td> <td style="width: 33%;"><u>b. Position</u></td> <td style="width: 33%;"><u>c. Address</u></td> </tr> <tr> <td style="text-align: center;">SHARON HEWITT</td> <td style="text-align: center;">Chairperson</td> <td style="text-align: center;">105 AYSHIRE CT. SLIDELL, LA 70461</td> </tr> <tr> <td></td> <td style="text-align: center;">Treasurer</td> <td></td> </tr> </table>			<u>a. Name</u>	<u>b. Position</u>	<u>c. Address</u>	SHARON HEWITT	Chairperson	105 AYSHIRE CT. SLIDELL, LA 70461		Treasurer	
<u>a. Name</u>	<u>b. Position</u>	<u>c. Address</u>									
SHARON HEWITT	Chairperson	105 AYSHIRE CT. SLIDELL, LA 70461									
	Treasurer										
6. Affiliated Organizations (Any organization, other than a political committee, which directly or indirectly established, administers, or financially supports this committee.) <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><u>a. Name</u></td> <td style="width: 33%;"><u>b. Address</u></td> <td style="width: 33%;"><u>c. Relationship to Committee</u></td> </tr> </table>			<u>a. Name</u>	<u>b. Address</u>	<u>c. Relationship to Committee</u>						
<u>a. Name</u>	<u>b. Address</u>	<u>c. Relationship to Committee</u>									
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.) <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><u>a. Name</u></td> <td style="width: 33%;"><u>b. Address</u></td> </tr> </table> <div style="text-align: center; margin-top: 10px;">On attached sheet</div>			<u>a. Name</u>	<u>b. Address</u>							
<u>a. Name</u>	<u>b. Address</u>										
8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: <input type="checkbox"/> Principal Campaign Committee <input type="checkbox"/> Subsidiary Committee											
b. Name of Candidate	c. Office Sought by the Candidate										
9. a. Name of Person Preparing Report AMANDA G MALOY 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 <u>14th</u> day of <u>January</u> , <u>2020</u> . <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; vertical-align: bottom;"> <u>SHARON HEWITT</u> Signature of Committee/Chairperson </td> <td style="width: 40%; vertical-align: bottom;"> <u>985-649-3664</u> Daytime Telephone </td> </tr> <tr> <td style="vertical-align: bottom;"> _____ Signature of Committee Treasurer , if any </td> <td style="vertical-align: bottom;"> _____ Daytime Telephone </td> </tr> </table>			<u>SHARON HEWITT</u> Signature of Committee/Chairperson	<u>985-649-3664</u> Daytime Telephone	_____ Signature of Committee Treasurer , if any	_____ Daytime Telephone					
<u>SHARON HEWITT</u> Signature of Committee/Chairperson	<u>985-649-3664</u> Daytime Telephone										
_____ Signature of Committee Treasurer , if any	_____ Daytime Telephone										

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

GULF COAST BANK & TRUST

b. Address

1900 OAK HARBOR BLVD.
SLIDELL, LA 70461