

STATEMENT OF ORGANIZATION		OFFICE USE ONLY										
1. Name and Address of Committee LA ACADEMY OF MEDICAL PSYCHOLOGISTS PAC P. O. Box 80620 Baton Rouge, LA 70898 Check If: New Committee _____	2. Date of this Statement <div style="text-align: center;">1/7/2022</div>	Report Number: 100650 Date Filed: 1/7/2022 										
	3. Estimated Membership <div style="text-align: center;">39</div>											
	4. Amended Statement? <div style="text-align: center;"> <input checked="" type="checkbox"/> Yes <input 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-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 33%;"><u>a. Name</u></th> <th style="text-align: left; width: 33%;"><u>b. Position</u></th> <th style="text-align: left; width: 34%;"><u>c. Address</u></th> </tr> </thead> <tbody> <tr> <td>DR. GLENN ALLY, PHD, MP</td> <td>Chairperson</td> <td>1214 Coolidge Street Ste. 3500 Lafayette, LA 70503</td> </tr> <tr> <td>PAUL DAMMERS</td> <td>Treasurer</td> <td>10101 Park Rowe Avenue, #200 Baton Rouge, LA 70810</td> </tr> </tbody> </table>				<u>a. Name</u>	<u>b. Position</u>	<u>c. Address</u>	DR. GLENN ALLY, PHD, MP	Chairperson	1214 Coolidge Street Ste. 3500 Lafayette, LA 70503	PAUL DAMMERS	Treasurer	10101 Park Rowe Avenue, #200 Baton Rouge, LA 70810
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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-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 33%;"><u>a. Name</u></th> <th style="text-align: left; width: 33%;"><u>b. Address</u></th> <th style="text-align: left; width: 34%;"><u>c. Relationship to Committee</u></th> </tr> </thead> <tbody> <tr> <td colspan="3">On attached sheet</td> </tr> </tbody> </table>				<u>a. Name</u>	<u>b. Address</u>	<u>c. Relationship to Committee</u>	On attached sheet					
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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-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 33%;"><u>a. Name</u></th> <th style="text-align: left; width: 33%;"><u>b. Address</u></th> </tr> </thead> <tbody> <tr> <td colspan="2">On attached sheet</td> </tr> </tbody> </table>				<u>a. Name</u>	<u>b. Address</u>	On attached sheet						
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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 GAY COURSON b. Daytime Telephone 225-346-6900												
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 7th day of January , 2022 . <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; vertical-align: top;"> <u>Glenn Ally PhD, MP</u> Signature of Committee/Chairperson </td> <td style="width: 40%; vertical-align: top;"> ____ Daytime Telephone </td> </tr> <tr> <td style="vertical-align: top;"> <u>Paul Dammers</u> Signature of Committee Treasurer, if any </td> <td style="vertical-align: top;"> ____ Daytime Telephone </td> </tr> </table>				<u>Glenn Ally PhD, MP</u> Signature of Committee/Chairperson	____ Daytime Telephone	<u>Paul Dammers</u> Signature of Committee Treasurer, if any	____ Daytime Telephone					
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a. Name

b. Address

c. Relationship to Committee

LA ACADEMY OF MEDICAL
PSYCHOLOGISTS

P. O. Box 80620
Baton Rouge, LA 70898

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

451 Florida Blvd.
Baton Rouge, LA 70802