

STATEMENT OF ORGANIZATION

OFFICE USE ONLY

Report Number: 118407

Date Filed: 1/24/2024



1. Name and Address of Committee

LA ACADEMY OF MEDICAL PSYCHOLOGISTS
PAC
P. O. Box 80620
Baton Rouge, LA 70898

2. Date of this Statement

1/24/2024

3. Estimated Membership

50

4. Amended Statement?

Yes No

Check If: New Committee

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

a. Name	b. Position	c. Address
DAVID THOMASON	Chairperson	3801 Deborah Drive, , Monroe, LA 71201
PAUL DAMMERS	Treasurer	10101 Park Rowe Avenue, #200, , 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
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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.)

a. Name	b. Address
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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:

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: JULIE FUSELIER

b. Daytime Telephone: 225-343-2776

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 24th day of January, 2024.

David Thomason

Signature of Committee/Chairperson

Daytime Telephone

Paul Dammers

Signature of Committee Treasurer, if any

Daytime Telephone

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 24th day of January, 2024 .

David Thomason

Signature of Committee/Chairperson

Daytime Telephone

Paul Dammers

Signature of Committee Treasurer, if any

Daytime Telephone