STATEMENT OF ORGANIZATION				JSE ONLY 2203
1. Name and Address of Committee		2. Date of this Statement	Date Filed: 9/5/20	01
LA ACADEMY OF MEDICAL		9/4/200		2203 01
PSYCHOLOGISTS PAC 7777 Hennesy Boulevard		3. Estimated Membership		
Suite 10000 Baton Rouge, LA 70808		3	5	
Check If:		4. Amended Statement?		
New Committee		<u>X</u> Yes N	2	
5. All Committee Officers and Directors (includ a. <u>Name</u>	ling Chairperson, Treasurer, b. <u>Position</u>	, if any, and any other committe c. <u>Address</u>	ee officers and directors)	
DAVID S POST PHD	Chairperson	2000 Southwood	Drive	
		Lake Charles, LA	70605	
JOHN BOLTER, PHD	Treasurer	7777 Hennessy Suite 10000 Baton Rouge, LA		
a. <u>Name</u> b. 7. All Depositories for Committee Funds (comm mutual funds.)	<u>Address</u> mittee funds must be deposi	ited in one or more banks or sa	c. Relationship to Cor	
a. <u>Name</u> b.	Address			
On attached sheet				
8. IF THIS COMMITTEE SUPPORTS A SINGL	_E CANDIDATE: a.	. Check one: Princi	pal Campaign Committee	Subsidiary Committee
b. Name of Candidate			c. Office Sought by the Candidate	
9. a. Name of Person Preparing Report b. Daytime Telephone (225) 346	WENDY G WILSON 6900	N I		
10. WE HEREBY CERTIFY that the informatio information and belief.	n contained in this STATEM	IENT OF ORGANIZATION is tr	ue and correct to the best of our know	wledge ,
This <u>5th</u> day of <u>Septemb</u>	ber , 2001	<u>1</u> .		
David S. Post PhD Signature of Committee/Chairperson			(337) 474-2682 Daytime Telephone	
John Bolter PhD Signature of Committee Treasurer, if any			<u>(225)</u> 769-220 Daytime Telephor	

Form 200, Rev. 12/03

- 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>

REGIONS BANK OF LOUISIANA

Alexandria, LA