STATEMENT OF ORGANIZATION		OFFICE USE ONLY
1. Name and Address of Committee	2. Date of this Statement	Report Number: 46083 Date Filed: 1/5/2015
LA ACADEMY OF MEDICAL	12/9/2014	
PSYCHOLOGISTS 740 Colonial Dr	3. Estimated Membership	
Baton Rouge, LA 70806	8	4
	4. Amended Statement?	-
Check If: New Committee	Yes X No	
5. All Committee Officers and Directors (including Chairperson, Treasurer a. <u>Name</u> b. <u>Position</u>	, if any, and any other committe c. <u>Address</u>	e officers and directors)
DR. GLENN ALLY, PHD MP Chairperson	155 Hospital Driv Ste. 200 Lafayette, LA 705	
DR. GLENN ALLY, PHD MP Treasurer	155 Hospital Driv Ste. 200 Lafayette, LA 705	
a. Name b. Address c. Relationship to Committee 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		
8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: Principal Campaign Committee X Subsidiary Committee		
b. Name of Candidate		:. 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 <u>5th day of</u> January , 2015	5	
Glenn Ally PhD MP Signature of Committee/Chairperson		Daytime Telephone
Glenn Ally PhD MP Signature of Committee Treasurer, if any		Daytime Telephone

Form 200, Rev. 12/03