STATEMENT OF ORGANIZATION		OFFICE USE ONLY Report Number: 46084
Name and Address of Committee	2. Date of this Statement	Report Number: 46084 Date Filed: 1/5/2015
LA ACADEMY OF MEDICAL	12/9/20	Date Filed. 1/3/2013
PSYCHOLOGISTS	12/9/20	<u> </u>
155 Hospital Drive Ste. 200	3. Estimated Membership	=
Lafayette, LA 70503	:	84
Check If:	4. Amended Statement?	_
New Committee	X Yes N	lo
5. All Committee Officers and Directors (including Chairperson, Treasure a. Name b. Position	er, if any, and any other commit c. <u>Address</u>	tee officers and directors)
DR. GLENN ALLY, PHD MP Chairperson	155 Hospital Dri Ste. 200 Lafayette, LA 70	
DR. GLENN ALLY, PHD MP Treasurer	155 Hospital Dri Ste. 200 Lafayette, LA 70	ve
a. Name b. Address 7. All Depositories for Committee Funds (committee funds must be depomutual funds.)	sited in one or more banks or s	c. Relationship to Committee
a. <u>Name</u> b. <u>Address</u>		
8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE:	a. Check one: Princ	cipal Campaign Committee X Subsidiary Committee
b. Name of Candidate		c. Office Sought by the Candidate
9. a. Name of Person Preparing Report GAY COURSON	L	
b. Daytime Telephone (225)346-6900		
10. WE HEREBY CERTIFY that the information contained in this STATE information and belief.	MENT OF ORGANIZATION is t	rue and correct to the best of our knowledge ,
This 5th day of January , 201	15	
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

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