STATEMENT OF ORGANIZATION		OFFICE USE ONLY Report Number: 6394
Name and Address of Committee	2. Date of this Statement	Date Filed: 1/12/2004
LA ACADEMY OF MEDICAL	1/12/2004	Report Number: 6394 Date Filed: 1/12/2004
PSYCHOLOGISTS PAC 7777 Hennesy Boulevard Suite 10000	3. Estimated Membership	_
Baton Rouge, LA 70808	35	
Check If:	4. Amended Statement?	
New Committee	Yes <u>X</u> No	
5. All Committee Officers and Directors (including Chairperson, Treasurer, a. Name b. Position	, if any, and any other committee o	officers and directors)
DAVID S POST PHD Chairperson	2000 Southwood Dr	rive
	Lake Charles, LA 70	0605
JOHN BOLTER, PHD Treasurer	7777 Hennessy Bot Suite 10000 Baton Rouge, LA 70	
a. Name b. Address 7. All Depositories for Committee Funds (committee funds must be deposited)	ited in one or more hanks or saving	c. Relationship to Committee
mutual funds.) a. <u>Name</u> b. <u>Address</u>	ted in one of more parms of sec	gs and loan modulations of money market
On attached sheet		
8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a.	Check one: Principal	Campaign Committee Subsidiary Committee
b. Name of Candidate	c. C	Office Sought by the Candidate
9. a. Name of Person Preparing Report WENDY G WILSON	1	
b. Daytime Telephone (225) 346-6900 10. WE HEREBY CERTIFY that the information contained in this STATEM	LENT OF ORGANIZATION is true :	and correct to the hest of our knowledge
information and belief.	ENT OF ONORNIZATION IS A 40 C	and confect to the best of our knowledge,
This 12th day of January, 2004	<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		(225) 769-2200 Daytime Telephone

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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

REGIONS BANK OF LOUISIANA

Alexandria, LA