STATEMENT OF ORGANIZATION

OFFICE USE ONLY 1/23

Pmt S/D 1/23

13000533

1. Name and Address of Committee
LA Academy of Physician Assistants
1512 DAHLIA ST

BATON ROUGE LA 70806

Check if new committee ____

2. Date of this Statement
01/23/2013

3. Estimated Membership
15

4. Amended Statement?
____Yes X No

Rec #9009
#1029

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

Position	Name	Address
Chairperson		
Treasurer		

HAND DELIVERED

Please see attached sheets.

6. Affiliated Organizations
(Any organization, other than a political committee, which directly or indirectly established, administrations or financially supports this committee.)

Name	Address	Relationship to Committee

Please see attached sheets.

7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions)

Name	Address

Please see attached sheets.

8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: ____ Principal Campaign Committee ____ Subsidiary Committee

b. Name of Candidate

c. Office Sought by the Candidate

Please see attached sheets.

9. Name of Person Preparing Report

Daytime Telephone

Please see attached sheets.

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.

Dated 01/23/2013 .

PETER STEVENS
Signature of Committee Chairperson

504-842-4774
Daytime Telephone Number

DALLAS POMEROY
Signature of Committee Treasurer, if any

225-766-2096
Daytime Telephone Number

Form 200, Rev 3/98

Affiliated Persons / Organizations

Name and Address of Chair Person MR PETER STEVENS 731 LAKELAND BATON ROUGE LA 70802 Chairperson:	Candidate Information Office Sought (include title of office as well as parish, city, town and/or election district) Name of Political Party: ☐ SUPPORTED ☐ OPPOSED by the Committee
Daytime Telephone (Preparer):	Rel of Aff. Org. to Comm: CHAIRMAN
Name and Address of Treasurer MR DALLAS POMEROY 731 LAKELAND BATON ROUGE LA 70802 Chairperson:	Candidate Information Office Sought (include title of office as well as parish, city, town and/or election district) Name of Political Party: ☐ SUPPORTED ☐ OPPOSED by the Committee
Daytime Telephone (Preparer):	Rel of Aff. Org. to Comm: TREASURER
Name and Address of Financial Institution WHITNEY BANK P. O. BOX 4019 GULFPORT MS 39502 Chairperson:	Candidate Information Office Sought (include title of office as well as parish, city, town and/or election district) Name of Political Party: ☐ SUPPORTED ☐ OPPOSED by the Committee
Daytime Telephone (Preparer):	Rel of Aff. Org. to Comm:
Name and Address of Person Preparing Report MR JOE MAPES 731 LAKELAND BATON ROUGE LA 70802 Chairperson:	Candidate Information Office Sought (include title of office as well as parish, city, town and/or election district) Name of Political Party: ☐ SUPPORTED ☐ OPPOSED by the Committee
Daytime Telephone (Preparer): 225-268-8572	Rel of Aff. Org. to Comm: PREPARER