STATEMENT OF ORGANIZATION

OFFICE USE ONLY 00

Rec S/O 1/20

1. Name and Address of Committee

LOUISIANA MEDICAL POLITICAL ACTION COMMITTEE
6767 PERKINS ROAD, SUITE 100
BATON ROUGE, LA 70808-4263

ACRONYM: LAMPAC

2. Date of this Statement: 1/19/00

3. Estimated Membership: 1,100

4. Amended Statement? ____ Yes X No

Rec # 496556
1906

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

a. Name	b. Position	c. Address
WALLACE H. DUNLAP, M.D.	Chairperson	888 TARA BLVD., BATON ROUGE, LA 70806
WILLIAM M. CASSIDY, M.D.	Treasurer	5825 AIRLINE HWY., BATON ROUGE, LA 70805

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

a. Name	b. Address	c. Relationship to Committee
LOUISIANA STATE MEDICAL SOCIETY	6767 PERKINS ROAD, SUITE 100 BATON ROUGE, LA 70808-4263	AFFILIATED ORGANIZATION

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
HANCOCK BANK	P. O. BOX 591 BATON ROUGE, LA 70821
PAINEWEBBER	8555 UNITED PLAZA BLVD., SUITE 201, BATON ROUGE, LA 70809-2258
SALOMON SMITH BARNEY	8550 UNITED PLAZA BLVD., SUITE 901, BATON ROUGE, LA 70809

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

b. Name of Candidate

c. Office Sought by the Candidate

9. a. Name of Person Preparing Report
MARY M. DUCOTE

b. Daytime Telephone (225) 763-8500

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 19TH day of JANUARY, 2000

Wallace Dunlap MD
Signature of Committee Chairperson

(225) 926-4400
Daytime Telephone Number

William M. Cassidy
Signature of Committee Treasurer, if any

(225) 358-1096
Daytime Telephone Number

Form 200, Rev. 3/98, Page Rev. 3/98

HAND DELIVERED

COMMITTEES WITH OVER 250 MEMBERS

The following certification is OPTIONAL and should be completed ONLY if it is applicable to your committee. Completion of this certification doubles the normal limitations on the amounts of contributions to candidates that are otherwise applicable to political committees.

11. **WE HEREBY CERTIFY** that the membership of this political committee exceeded two hundred fifty (250) members **as of December 31 of the calendar year immediately preceding the date of this STATEMENT OF ORGANIZATION.** We further certify that at least two hundred fifty (250) of the members of this political committee contributed at least fifty dollars ($50.00) to this committee **during the calendar year immediately preceding the date of this STATEMENT OF ORGANIZATION.**

This 19TH day of JANUARY, 2000.

Wallace Dunlap III
Signature of Committee Chairperson

(225) 926-4400
Daytime Telephone Number

Signature of Committee Treasurer, if any

(225) 358-1096
Daytime Telephone Number

Form 200, Rev. 3/98, Page Rev. 3/98