STATEMENT OF ORGANIZATION

OFFICE USE ONLY 1/3

PAC
S/O
1/27

0400391

1. Name and Address of Committee
Physical Therapist Political Action Committee
6550 United Plaza Blvd.
Suite 1001
Baton Rouge LA 70809

Check if new committee ____

2. Date of this Statement
01/14/2004

3. Estimated Membership
150

4. Amended Statement?
____Yes X No

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

Position	Name	Address
Chairperson		
Treasurer		

Please see attached sheets.

6. Affiliated Organizations
(Any organization, other than a political committee, which directly or indirectly established, administrators 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 01/14/2004

Oday J. Lavergne
Signature of Committee Chairperson

318/464-9165
Daytime Telephone Number

Karl Kleinpeter X Karl Kleinpeter
Signature of Committee Treasurer, if any

225/658-7751
Daytime Telephone Number

Form 200, Rev 3/98

HAND DELIVERED

Affiliated Persons / Organizations

Name and Address of Treasurer
Karl Kleinpeter
331 Sandy Springs Lane
Jackson LA 70748-4345
Chairperson:
Daytime Telephone (Preparer):

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
Rel of Aff. Org. to Comm:

Name and Address of Chair Person
Odsy Levergne
3505 Bayou Rapides
Alexandria LA 71303
Chairperson:
Daytime Telephone (Preparer):

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
Rel of Aff. Org. to Comm:

Name and Address of Person Preparing Report
H. Bland O'Connor
8550 United Plaza Blvd
Suite 1001
Baton Rouge LA 70809
Chairperson:
Daytime Telephone (Preparer): 225/922-4600

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
Rel of Aff. Org. to Comm:

Name and Address of
Louisiana Physical Therapy Association
8550 United Plaza Blvd.
Suite 1001-A
Baton Rouge LA 70809
Chairperson:
Daytime Telephone (Preparer):

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
Rel of Aff. Org. to Comm: Professional Association

Name and Address of Financial Institution
Hibernia National Bank
8920 Bluebonnet Blvd
Baton Rouge LA 70810
Chairperson:
Daytime Telephone (Preparer):

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
Rel of Aff. Org. to Comm: