

# STATEMENT OF ORGANIZATION

OFFICE USE ONLY 1/3

**1. Name and Address of Committee**

Physical Therapist Political Action Committee  
8550 United Plaza Blvd,  
Suite 1001  
Baton Rouge LA 70809

**2. Date of this Statement**

01/23/2015

**3. Estimated Membership**

80

**4. Amended Statement?**

\_\_\_ Yes  No

PAC  
S/O  
1/30

#896575  
#542

15000948

Check if new committee \_\_\_

**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 01/23/2015

**HAND DELIVERED**

Oday J. Lavergne  
Signature of Committee Chairperson

318/484-9165  
Daytime Telephone Number

Karl Kleinpeter  
Signature of Committee Treasurer, if any

225/658-7751  
Daytime Telephone Number

**Affiliated Persons / Organizations**

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<p><b>Name and Address of Treasurer</b>                  Karl Kleinpeter                  331 Sandy Springs Lane</p> <p>Jackson LA 70748-4345</p> <p>Chairperson:</p>	<p><b>Candidate Information</b>                  Office Sought (Include title of office as well as parish, city, town and/or election district)</p> <p>Name of Political Party:  <input type="checkbox"/> SUPPORTED <input type="checkbox"/> OPPOSED by the Committee</p>
<p>Daytime Telephone (Preparer):</p>	<p>Rel of Aff. Org. to Comm:</p>
<p><b>Name and Address of Chair Person</b>                  Oday Lavergne                  3505 Bayou Rapides</p> <p>Alexandria LA 71303</p> <p>Chairperson:</p>	<p><b>Candidate Information</b>                  Office Sought (Include title of office as well as parish, city, town and/or election district)</p> <p>Name of Political Party:  <input type="checkbox"/> SUPPORTED <input type="checkbox"/> OPPOSED by the Committee</p>
<p>Daytime Telephone (Preparer):</p>	<p>Rel of Aff. Org. to Comm:</p>
<p><b>Name and Address of Person Preparing Report</b>                  H. Bland O'Connor                  8550 United Plaza Blvd                  Suite 1001                  Baton Rouge</p> <p>LA 70809</p> <p>Chairperson:</p>	<p><b>Candidate Information</b>                  Office Sought (Include title of office as well as parish, city, town and/or election district)</p> <p>Name of Political Party:  <input type="checkbox"/> SUPPORTED <input type="checkbox"/> OPPOSED by the Committee</p>
<p>Daytime Telephone (Preparer): 225/922-4600</p>	<p>Rel of Aff. Org. to Comm:</p>
<p><b>Name and Address of Louisiana Physical Therapy Association</b>                  8550 United Plaza Blvd.                  Suite 1001                  Baton Rouge</p> <p>LA 70809</p> <p>Chairperson:</p>	<p><b>Candidate Information</b>                  Office Sought (Include title of office as well as parish, city, town and/or election district)</p> <p>Name of Political Party:  <input type="checkbox"/> SUPPORTED <input type="checkbox"/> OPPOSED by the Committee</p>
<p>Daytime Telephone (Preparer):</p>	<p>Rel of Aff. Org. to Comm: Professional Association</p>
<p><b>Name and Address of Financial Institution</b>                  Capital One                  6920 Bluebonnet Blvd</p> <p>Baton Rouge LA 70810</p> <p>Chairperson:</p>	<p><b>Candidate Information</b>                  Office Sought (Include title of office as well as parish, city, town and/or election district)</p> <p>Name of Political Party:  <input type="checkbox"/> SUPPORTED <input type="checkbox"/> OPPOSED by the Committee</p>
<p>Daytime Telephone (Preparer):</p>	<p>Rel of Aff. Org. to Comm:</p>