

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

ACADIAN AMBULANCE SERVICE, INC. EMPLOYEE PAC

ADDRESS (number and street)

P.O. BOX 98000

(Check if address is changed)

LAFAYETTE

LA

70509

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

tburke@acadian.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

http://www.acadian.com

COMMITTEE'S FAX NUMBER

3372914469

2. DATE

12 / 19 / 2006

3. FEC IDENTIFICATION NUMBER

C C00335570

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer

TIMOTHY BURKE

Signature of Treasurer

Electronically Filed by TIMOTHY BURKE

Date

12 / 19 / 2006

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State
 District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a (National, State (or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Acadian Ambulance Service, Inc.

Mailing Address **P.O. Box 92970**

 Lafayette **LA** **70509** - _____
 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship **Connected**

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

ACADIAN AMBULANCE SERVICE, INC. EMPLOYEE PAC

- 7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **TIMOTHY BURKE**

Mailing Address **221 VEROT SCHOOL RD #213**

LAFAYETTE **LA** **70501**

Title or Position **CITY** **STATE** **ZIP CODE**

Telephone number

- 8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **TIMOTHY BURKE**

Mailing Address **221 VEROT SCHOOL RD #213**

LAFAYETTE **LA** **70501**

Title or Position **CITY** **STATE** **ZIP CODE**

Telephone number

Full Name of Designated Agent

Mailing Address

Title or Position **CITY** **STATE** **ZIP CODE**

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

JP Morgan Chase Bank

Mailing Address

Baton Rouge

LA

70801

CITY ▲

STATE ▲

ZIP CODE ▲