23038254298

FEC FORM 1

STATEMENT OF ORGANIZATION

2003 DEC 29 A 10:12

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

Acadian Ambulance Employee Federal PAC

ADDRESS (number and street) PO 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)

www.acadian.com

COMMITTEE'S FAX NUMBER

337-291-2211

2. DATE

3. FEC IDENTIFICATION NUMBER ▶ C00335570

4. IS THIS STATEMENT ☐ NEW (N) OR XXXXX 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 [signature] Date 12 13 2003

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

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)

FE/MN012.PDF

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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 [ ] Presidential 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) [X] 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 PO Box 92970

Lafayette LA 70509

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

[X] Corporation [ ] Corporation w/o Capital Stock [ ] Labor Organization

[ ] Membership Organization [ ] Trade Association [ ] Cooperative

Write or Type Committee Name

Acadian Ambulance Employee Federal 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 APT 213

Lafayette LA 70508

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

Vice President of Finance

Telephone number: 800 - 259 - 2222

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 APT 213

Lafayette LA 70508

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

Vice President of Finance

Telephone number: 800 - 259 - 2222

Full Name of Designated Agent:

Mailing Address:

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

Telephone number: - -

8. **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.

Bank One

Mailing Address

Baton Rouge LA 70801

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

23038254302

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	Date of Receipt
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☐	Electronic Filing	

PREPARER — DATE PREPARED 12-29-03

(6/2006)