

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
ACADIAN AMBULANCE SERVICE, INC. EMPLOYEE PAC

ADDRESS (number and street) P.O. BOX 98000
 Check if different than previously reported. (ACC)
LAFAYETTE LA 70509

2. **FEC IDENTIFICATION NUMBER** C00335570
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 07 01 2009 through 07 31 2009

I certify that I have examined this Report 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 08 14 2009

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

Office Use Only									
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
ACADIAN AMBULANCE SERVICE, INC. EMPLOYEE PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		3766.57
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	5638.05									
(c) Total Receipts (from Line 19)	4279.38	25498.82								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	9917.43	29265.39								
7. Total Disbursements (from Line 31)	1666.68	21014.64								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	8250.75	8250.75								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
ACADIAN AMBULANCE SERVICE, INC. EMPLOYEE PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	2759.81	14785.14
(ii) Unitemized	1519.57	10713.68
(iii) TOTAL (add Lines 11(a)(i) and (ii)	4279.38	25498.82
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	4279.38	25498.82
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	4279.38	25498.82
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	4279.38	25498.82

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1666.68	21014.64
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	1666.68	21014.64
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1666.68	21014.64

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	4279.38	25498.82
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4279.38	25498.82
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ACADIAN AMBULANCE SERVICE, INC. EMPLOYEE PAC

A.	Full Name (Last, First, Middle Initial) TERRY ARCENEUX		Date of Receipt
	Mailing Address 6209 ASHFORD DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 31 / 2009
	City	State	Zip Code
	ALEXANDRIA	LA	71303
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer ACADIAN AMBULANCE SERVICE		Occupation VICE PRESIDENT - OPERATIONS	Transaction ID: SA11AI.5796
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 492.45	<input type="text"/> 98.57
Political Contribution			

B.	Full Name (Last, First, Middle Initial) ERROLL BABINEUX		Date of Receipt
	Mailing Address 27 OAK PLACE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 31 / 2009
	City	State	Zip Code
	NEW IBERIA	LA	70560
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer ACADIAN AMBULANCE SERVICE		Occupation VICE PRESIDENT - OPERATIONS	Transaction ID: SA11AI.5797
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 492.45	<input type="text"/> 98.57
Political Contribution			

C.	Full Name (Last, First, Middle Initial) RAY BIAS		Date of Receipt
	Mailing Address 226 S. FIELDSPAN RD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 31 / 2009
	City	State	Zip Code
	SCOTT	LA	70583
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer ACADIAN AMBULANCE SERVICE		Occupation GOVERNMENTAL RELATIONS MANAGER	Transaction ID: SA11AI.5799
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 492.45	<input type="text"/> 98.57
Political Contribution			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 295.71
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 16
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
ACADIAN AMBULANCE SERVICE, INC. EMPLOYEE PAC

A.

Full Name (Last, First, Middle Initial)
ANTHONY BRUCH

Mailing Address 15 TRACE LOOP

City State Zip Code
MANDEVILLE LA 70448

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ACADIAN AMBULANCE SERVICE EDUCATION COORDINATOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 492.45

Date of Receipt
MM / DD / YYYY
07 / 31 / 2009

Transaction ID: SA11AI.5798

Amount of Each Receipt this Period
98.57

Political Contribution

B.

Full Name (Last, First, Middle Initial)
TIMOTHY BURKE

Mailing Address 221 VEROT SCHOOL RD #213

City State Zip Code
LAFAYETTE LA 70501

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ACADIAN AMBULANCE SERVICE VICE PRESIDENT - FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 492.45

Date of Receipt
MM / DD / YYYY
07 / 31 / 2009

Transaction ID: SA11AI.5801

Amount of Each Receipt this Period
98.57

Political Contribution

C.

Full Name (Last, First, Middle Initial)
Christopher Cirillo

Mailing Address 408 Hazeltine

City State Zip Code
Lakeway TX 78734

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Acadian Ambulance Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 492.45

Date of Receipt
MM / DD / YYYY
07 / 31 / 2009

Transaction ID: SA11AI.5802

Amount of Each Receipt this Period
98.57

Political Contribution

SUBTOTAL of Receipts This Page (optional) ► **295.71**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 16
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ACADIAN AMBULANCE SERVICE, INC. EMPLOYEE PAC

A.

Full Name (Last, First, Middle Initial)
Edward B. Comeaux

Mailing Address P.O. Box 946

City State Zip Code
Abbeville LA 70511

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Acadian Ambulance Service, Inc Vice President of Monitoring Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 492.45

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: SA11AI.5803

Amount of Each Receipt this Period
98.57

Political Contribution

B.

Full Name (Last, First, Middle Initial)
SCOTT T DOMINIGUE

Mailing Address 610 FARMINGTON DR

City State Zip Code
LAFAYETTE LA 70503

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 492.45

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: SA11AI.5804

Amount of Each Receipt this Period
98.57

Political Contribution

C.

Full Name (Last, First, Middle Initial)
HOWARD E DUPUIS

Mailing Address 149 DEMAS DR

City State Zip Code
LAFAYETTE LA 70506

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 492.45

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: SA11AI.5823

Amount of Each Receipt this Period
98.57

Political Contribution

SUBTOTAL of Receipts This Page (optional) ► **295.71**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 16
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ACADIAN AMBULANCE SERVICE, INC. EMPLOYEE PAC

A.

Full Name (Last, First, Middle Initial)
DON ELKINS

Mailing Address 100 RENEL RD

City State Zip Code
BREAUX BRIDGE LA 70517

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ACADIAN AMBULANCE SERVICE MANAGER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 492.45

Date of Receipt
MM / DD / YYYY
07 / 31 / 2009

Transaction ID: SA11AI.5825

Amount of Each Receipt this Period
98.57

Political Contribution

B.

Full Name (Last, First, Middle Initial)
DIANE GROH

Mailing Address 201 ACADEMY RD

City State Zip Code
LAFAYETTE LA 70503

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ACADIAN AMBULANCE SERVICE VICE PRESIDENT - INSURANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 492.45

Date of Receipt
MM / DD / YYYY
07 / 31 / 2009

Transaction ID: SA11AI.5826

Amount of Each Receipt this Period
98.57

Political Contribution

C.

Full Name (Last, First, Middle Initial)
CLAY HENRY

Mailing Address 310 WALLINGSFORD

City State Zip Code
YOUNGSVILLE LA 70592

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ACADIAN AMBULANCE SERVICE VICE PRESIDENT - OPERATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 492.45

Date of Receipt
MM / DD / YYYY
07 / 31 / 2009

Transaction ID: SA11AI.5805

Amount of Each Receipt this Period
98.57

Political Contribution

SUBTOTAL of Receipts This Page (optional) ► **295.71**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 16
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
ACADIAN AMBULANCE SERVICE, INC. EMPLOYEE PAC

A. Full Name (Last, First, Middle Initial)
GREG HILL

Mailing Address 205 ROCKY MOUND DR

City State Zip Code
LAFAYETTE LA 70506

FEC ID number of contributing federal political committee. **C**

Name of Employer ACADIAN AMBULANCE SERVICE, INC. Occupation VICE PRESIDENT FINANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 492.45

Date of Receipt: 07 / 31 / 2009
Transaction ID: SA11AI.5806
Amount of Each Receipt this Period: 98.57
Political Contribution

B. Full Name (Last, First, Middle Initial)
ROSS JUDICE

Mailing Address 111 GIRARD PK. DRIVE #25

City State Zip Code
LAFAYETTE LA 70503

FEC ID number of contributing federal political committee. **C**

Name of Employer ACADIAN AMBULANCE SERVICE Occupation CHIEF MEDICAL OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 492.45

Date of Receipt: 07 / 31 / 2009
Transaction ID: SA11AI.5807
Amount of Each Receipt this Period: 98.57
Political Contribution

C. Full Name (Last, First, Middle Initial)
COURTNEY J JUNEAU

Mailing Address 306 ST JOSEPH

City State Zip Code
LAFAYETTE LA 70506

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 492.45

Date of Receipt: 07 / 31 / 2009
Transaction ID: SA11AI.5808
Amount of Each Receipt this Period: 98.57
Political Contribution

SUBTOTAL of Receipts This Page (optional) ► 295.71

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 16
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ACADIAN AMBULANCE SERVICE, INC. EMPLOYEE PAC

A.

Full Name (Last, First, Middle Initial)
DAVID KELLY

Mailing Address 2060 CHERRYDALE DRIVE

City State Zip Code
BATON ROUGE LA 70808

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ACADIAN AMBULANCE SERVICE CHIEF FINANCIAL OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 492.45

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: SA11AI.5809

Amount of Each Receipt this Period
98.57

Political Contribution

B.

Full Name (Last, First, Middle Initial)
STEVEN KUIPER

Mailing Address 408 IDLEWILD DR

City State Zip Code
HOUMA LA 70364

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ACADIAN AMBULANCE SERVICE VICE PRESIDENT - OPERATION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 492.45

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: SA11AI.5810

Amount of Each Receipt this Period
98.57

Political Contribution

C.

Full Name (Last, First, Middle Initial)
DANNY LENNIE

Mailing Address 12718 E. SHEATON

City State Zip Code
BATON ROUGE LA 70815

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ACADIAN AMBULANCE SERVICE VICE PRESIDENT - OPERATION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 492.45

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: SA11AI.5811

Amount of Each Receipt this Period
98.57

Political Contribution

SUBTOTAL of Receipts This Page (optional) ► **295.71**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 16
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
ACADIAN AMBULANCE SERVICE, INC. EMPLOYEE PAC

A. Full Name (Last, First, Middle Initial)
JOSEPH LIGHTFOOT
Mailing Address 215 CRESTHILL DRIVE
City State Zip Code
YOUNGSVILLE LA 70592
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
ACADIAN AMBULANCE SERVICE VICE PRESIDENT - HUMAN RESOURCES
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 492.45
Date of Receipt: 07 / 31 / 2009
Transaction ID: SA11AI.5812
Amount of Each Receipt this Period: 98.57
Political Contribution

B. Full Name (Last, First, Middle Initial)
ALLYSON F. PHARR
Mailing Address 101 BONNER DR
City State Zip Code
LAFAYETTE LA 70508
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
ACADIAN AMBULANCE SERVICE, INC VICE PRESIDENT LEGAL & GOV. AFFAIRS
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 492.45
Date of Receipt: 07 / 31 / 2009
Transaction ID: SA11AI.5813
Amount of Each Receipt this Period: 98.57
Political Contribution

C. Full Name (Last, First, Middle Initial)
TYRON PICARD
Mailing Address 2005 W. ST. MARY
City State Zip Code
LAFAYETTE LA 70506
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
ACADIAN AMBULANCE SERVICE EXECUTIVE VICE PRESIDENT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 492.45
Date of Receipt: 07 / 31 / 2009
Transaction ID: SA11AI.5814
Amount of Each Receipt this Period: 98.57
Political Contribution

SUBTOTAL of Receipts This Page (optional) ► 295.71
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 16

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ACADIAN AMBULANCE SERVICE, INC. EMPLOYEE PAC

A.

Full Name (Last, First, Middle Initial)
DAVID PIERCE

Mailing Address 327 WORTH AVE

City State Zip Code
LAFAYETTE LA 70508

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ACADIAN AMBULANCE SERVICE PRESIDENT/COO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 492.45

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: SA11AI.5816

Amount of Each Receipt this Period

98.57

Political Contribution

B.

Full Name (Last, First, Middle Initial)
EARL ROMERO, Jr.

Mailing Address 104 VAN DYKE CT

City State Zip Code
LAFAYETTE LA 70503

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ACADIAN AMBULANCE SERVICE VICE PRESIDENT - OPERATIONS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 492.45

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: SA11AI.5817

Amount of Each Receipt this Period

98.57

Political Contribution

C.

Full Name (Last, First, Middle Initial)
W KEITH SIMON

Mailing Address 465 BROUSSARD ST

City State Zip Code
BREAUX BRIDGE LA 70517

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ACADIAN AMBULANCE SERVICE VICE PRESIDENT - PUBLIC RELATIONS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 492.45

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: SA11AI.5818

Amount of Each Receipt this Period

98.57

Political Contribution

SUBTOTAL of Receipts This Page (optional)

295.71

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 16
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ACADIAN AMBULANCE SERVICE, INC. EMPLOYEE PAC

A.

Full Name (Last, First, Middle Initial) GREGORY TRAHAN		Date of Receipt MM / DD / YYYY 07 / 31 / 2009
Mailing Address 238 BLUE RIDGE		Transaction ID: SA11AI.5815
City CARENCRO	State LA	Zip Code 70520
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 98.42
Name of Employer ACADIAN AMBULANCE	Occupation	Political Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 491.69	

B.

Full Name (Last, First, Middle Initial) WILLIAM VIDACOVICH, Jr.		Date of Receipt MM / DD / YYYY 07 / 31 / 2009
Mailing Address 116 CANADA ST		Transaction ID: SA11AI.5819
City LAFAYETTE	State LA	Zip Code 70506
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 98.57
Name of Employer ACADIAN AMBULANCE SERVICE	Occupation VICE PRESIDENT - MNT.	Political Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 492.45	

C.

Full Name (Last, First, Middle Initial) JOHN ZUSCHLAG		Date of Receipt MM / DD / YYYY 07 / 31 / 2009
Mailing Address 110 RUE PAPILLON		Transaction ID: SA11AI.5820
City BROUSSARD	State LA	Zip Code 70518
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 98.57
Name of Employer ACADIAN AMBULANCE SERVICE	Occupation SR. VICE PRESIDENT	Political Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 492.45	

SUBTOTAL of Receipts This Page (optional)	▶	295.56
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 15 / 16	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ACADIAN AMBULANCE SERVICE, INC. EMPLOYEE PAC

A.	Full Name (Last, First, Middle Initial) RICHARD ZUSCHLAG		Date of Receipt	
	Mailing Address 108 ASTORIA LOOP		M M / D D / Y Y Y Y 07 / 31 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.5821
	LAFAYETTE	LA	70508	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		C	98.57
Name of Employer ACADIAN AMBULANCE SERVICE		Occupation CHAIRMAN/GEO		Political Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 492.45		

SUBTOTAL of Receipts This Page (optional)	98.57
TOTAL This Period (last page this line number only)	2759.81

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 16 / 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ACADIAN AMBULANCE SERVICE, INC. EMPLOYEE PAC

A.

Full Name (Last, First, Middle Initial)
AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PA-C)

Transaction ID: SB23.5795

Date of Disbursement

Mailing Address 8201 Greensboro Drive
Suite 300

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	0	9

City State Zip Code
McLean VA 22102

Amount of Each Disbursement this Period

1666.68

Purpose of Disbursement
Political Contribution

011
Category/ Type

Candidate Name
AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

1666.68

TOTAL This Period (last page this line number only) ►

1666.68
