

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

ACADIAN AMBULANCE SERVICE EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE, INC.

ADDRESS (number and street)

P.O. BOX 98000

Check if different
than previously
reported. (ACC)

LAFAYETTE

LA

70509

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00335570

3. IS THIS
REPORTNEW
(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
Year-End 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 (12S)

Election on

M M /

D D /

Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y Y Y

in the
State of

5. Covering Period

M M /

D D /

Y Y Y Y Y Y

through

M M /

D D /

Y Y Y Y Y Y

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

Leblanc, Erin, Z., Mrs.,

Signature of Treasurer

Leblanc, Erin, Z., Mrs.,

Date

M M /

D D /

Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

ACADIAN AMBULANCE SERVICE EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE, INC.Report Covering the Period: From:

M M	/	D D	/	Y Y Y Y Y
08		01		2025

 To:

M M	/	D D	/	Y Y Y Y Y
08		31		2025

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div><div>Y Y Y Y Y</div><div>2025</div></div>		<div><div></div><div>18697.13</div></div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div><div></div><div>8832.37</div></div>	
(c) Total Receipts (from Line 19)	<div><div></div><div>3506.68</div></div>	<div><div></div><div>17641.92</div></div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div><div></div><div>12339.05</div></div>	<div><div></div><div>36339.05</div></div>
7. Total Disbursements (from Line 31).....	<div><div></div><div>4500.00</div></div>	<div><div></div><div>28500.00</div></div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<div><div></div><div>7839.05</div></div>	<div><div></div><div>7839.05</div></div>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<div><div></div><div>0.00</div></div>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<div><div></div><div>0.00</div></div>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)**For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov**

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

ACADIAN AMBULANCE SERVICE EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE, INC.

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	2	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	2	5

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).....	2862.60	7376.35
(ii) Unitemized	644.08	10265.57
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	3506.68	17641.92
(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)	3506.68	17641.92
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 Transfers (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))	3506.68	17641.92
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3506.68	17641.92

DETAILED SUMMARY PAGE of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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.....	4500.00	28500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated 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)) ..	4500.00	28500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4500.00	28500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

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)	3506.68	17641.92
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3506.68	17641.92
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 RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 15

(check only one)

<input checked="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			

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 EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Burke, Timothy, , ,

Mailing Address 208 Black Oak Ln

City
MadisonvilleState
LAZip Code
70447-9364FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Acadian Ambulance Service Inc.Occupation (for Individual)
Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 08 / 2025**Transaction ID : AC4EA5CFEE70E4FA580C**

Amount of Each Receipt this Period

120.15

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Dupuis, Howard, E., ,

Mailing Address 149 Demas Dr

City
LafayetteState
LAZip Code
70506-6605FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Acadian Ambulance Service Inc.Occupation (for Individual)
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 08 / 2025**Transaction ID : AFC2D3689FADB49A3993**

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lightfoot, Joseph, A., ,

Mailing Address 110 Shore Dr

City
YoungsvilleState
LAZip Code
70592-5742FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ACADIAN AMBULANCE SERVICE, INCOccupation (for Individual)
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

605.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 08 / 2025**Transaction ID : AE1365CD160274563B9C**

Amount of Each Receipt this Period

121.15

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

366.30

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 15
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACADIAN AMBULANCE SERVICE EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mann, Carl, R., ,

Mailing Address 602 Greenbriar Rd

City
LafayetteState
LAZip Code
70503-3408FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Acadian Ambulance Service Inc.Occupation (for Individual)
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 08 / 2025**Transaction ID : A169DBB50F32B4024966**

Amount of Each Receipt this Period

120.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Pharr, Allyson, F., ,

Mailing Address 101 Bonner Dr

City
LafayetteState
LAZip Code
70508-7458FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Acadian Ambulance Service Inc.Occupation (for Individual)
Legal/Government Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 08 / 2025**Transaction ID : AAD6667B8F97C42F8879**

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Back, Justin, C., ,

Mailing Address 239 Thibodeaux Dr

City
LafayetteState
LAZip Code
70503-4441FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Acadian Ambulance Service Inc.Occupation (for Individual)
Pres of Acadian Ambulance

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 08 / 2025**Transaction ID : AE42C5585EF9F4EC2AA9**

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

345.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 15
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACADIAN AMBULANCE SERVICE EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gaspard, Trampus, D., ,

Mailing Address 903 Robert Lee Cir

City
LafayetteState
LAZip Code
70506-3144FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Acadian Ambulance Service Inc.Occupation (for Individual)
Senior Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 08 / 2025

Transaction ID : A7248084CEE5D4610B76

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Burnell, Charles, P., ,

Mailing Address 611 Catholique Rd

City
CarencroState
LAZip Code
70520-5602FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Acadian Ambulance Service Inc.Occupation (for Individual)
VP-Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 08 / 2025

Transaction ID : A66E07280889B4A398E8

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Domingue, Scott, T., ,

Mailing Address 202 Mill Valley Run

City
LafayetteState
LAZip Code
70508-7052FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Acadian Ambulance Service Inc.Occupation (for Individual)
President - SMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 08 / 2025

Transaction ID : A1AA266722D714637889

Amount of Each Receipt this Period

125.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

425.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 15
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACADIAN AMBULANCE SERVICE EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Juneau, Courtney, J., ,

Mailing Address 110 Azarex Rd

City
CarencroState
LAZip Code
70520-5659FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Acadian Ambulance Service Inc.Occupation (for Individual)
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 08 / 2025

Transaction ID : A3203335BD0FE4347960

Amount of Each Receipt this Period

120.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Burnell, Charles, P., ,

Mailing Address 611 Catholique Rd

City
CarencroState
LAZip Code
70520-5602FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Acadian Ambulance Service Inc.Occupation (for Individual)
VP-Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2025

Transaction ID : A635C6EAE981D48F882E

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Gaylord, Andrew, R., ,

Mailing Address PO Box 1938

City
BrookshireState
TXZip Code
77423-1938FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Acadian Ambulance Service Inc.Occupation (for Individual)
EMT Field Supervisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2025

Transaction ID : AD18C5BFCE815444CAE3

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

320.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 10 OF 15
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACADIAN AMBULANCE SERVICE EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Juneau, Courtney, J., ,

Mailing Address 110 Azarex Rd

City
CarencroState
LAZip Code
70520-5659FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Acadian Ambulance Service Inc.Occupation (for Individual)
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2025

Transaction ID : A1F7990B0ED6545D9AD1

Amount of Each Receipt this Period

120.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Anderson, Spencer, D., ,

Mailing Address 112 Borman Dr

City
LafayetteState
LAZip Code
70508-2150FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Acadian Ambulance Service Inc.Occupation (for Individual)
Director Of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2025

Transaction ID : AA78CE94A45714F12875

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Domingue, Scott, T., ,

Mailing Address 202 Mill Valley Run

City
LafayetteState
LAZip Code
70508-7052FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Acadian Ambulance Service Inc.Occupation (for Individual)
President - SMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2025

Transaction ID : AFEF54384FCD848B08C0

Amount of Each Receipt this Period

125.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

295.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 11 OF 15
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACADIAN AMBULANCE SERVICE EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gaspard, Trampus, D., ,

Mailing Address 903 Robert Lee Cir

City
LafayetteState
LAZip Code
70506-3144FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Acadian Ambulance Service Inc.Occupation (for Individual)
Senior Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 22 / 2025

Transaction ID : AB581775685CC47B8BA5

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Back, Justin, C., ,

Mailing Address 239 Thibodeaux Dr

City
LafayetteState
LAZip Code
70503-4441FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Acadian Ambulance Service Inc.Occupation (for Individual)
Pres of Acadian Ambulance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 22 / 2025

Transaction ID : AA629504EAAE24D49A73

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lightfoot, Joseph, A., ,

Mailing Address 110 Shore Dr

City
YoungsvilleState
LAZip Code
70592-5742FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ACADIAN AMBULANCE SERVICE, INCOccupation (for Individual)
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

726.90

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 22 / 2025

Transaction ID : A5A632A9235C64BB4A08

Amount of Each Receipt this Period

121.15

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

371.15

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 12 OF 15
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACADIAN AMBULANCE SERVICE EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Pharr, Allyson, F., ,

Mailing Address 101 Bonner Dr

City
LafayetteState
LAZip Code
70508-7458FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Acadian Ambulance Service Inc.Occupation (for Individual)
Legal/Government Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2025

Transaction ID : A606E7AD695DF466399A

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Niles, Brandon, T., ,

Mailing Address 105 Berkshire Ln

City
LafayetteState
LAZip Code
70508-4842FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Acadian Ambulance Service Inc.Occupation (for Individual)
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2025

Transaction ID : A5CEA6E44C2974026892

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bech, Martin, K., ,

Mailing Address 303 Girard Park Dr

City
LafayetteState
LAZip Code
70503-2443FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Acadian Ambulance Service Inc.Occupation (for Individual)
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2025

Transaction ID : A348E8FAE9AFD43FA841

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 13 OF 15
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACADIAN AMBULANCE SERVICE EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mann, Carl, R., ,

Mailing Address 602 Greenbriar Rd

City
LafayetteState
LAZip Code
70503-3408FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Acadian Ambulance Service Inc.Occupation (for Individual)
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2025

Transaction ID : AD606752A2FED42039E6

Amount of Each Receipt this Period

120.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lanclos, Albert, R., ,

Mailing Address 1685 Oscar Rivette Rd

City
ArnaudvilleState
LAZip Code
70512-5415FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Acadian Ambulance Service Inc.Occupation (for Individual)
Director Of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2025

Transaction ID : AD5C6E4CB762B42DF9B1

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Burke, Timothy, , ,

Mailing Address 208 Black Oak Ln

City
MadisonvilleState
LAZip Code
70447-9364FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Acadian Ambulance Service Inc.Occupation (for Individual)
Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

720.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2025

Transaction ID : A731E217A7E9C4EFD982

Amount of Each Receipt this Period

120.15

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

290.15

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 14 OF 15
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACADIAN AMBULANCE SERVICE EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name			Date of Receipt	
A. Dupuis, Howard, E., ,			M M M / D D D / Y Y Y Y Y Y 08 / 22 / 2025	
Mailing Address 149 Demas Dr			Transaction ID : AD9B1CD2B4AE8411E8F3	
City Lafayette	State LA	Zip Code 70506-6605	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee. C			125.00	
Name of Employer (for Individual) Acadian Ambulance Service Inc.		Occupation (for Individual) Chief Executive Officer	<input type="checkbox"/> Memo Item	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 875.00		
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name			Date of Receipt	
B. Kidd, Emily, G., ,			M M M / D D D / Y Y Y Y Y Y 08 / 22 / 2025	
Mailing Address 5910 Keller Rdg			Transaction ID : AD7F2672C8E7441A8AF3	
City New Braunfels	State TX	Zip Code 78132-3913	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee. C			50.00	
Name of Employer (for Individual) Acadian Ambulance Service Inc.		Occupation (for Individual) Medical Director	<input type="checkbox"/> Memo Item	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name			Date of Receipt	
C. Stricklin, Eric, W., ,			M M M / D D D / Y Y Y Y Y Y 08 / 22 / 2025	
Mailing Address 8710 Wade Rd			Transaction ID : A9FED07DF96A344BCA4C	
City Highlands	State TX	Zip Code 77562-3244	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee. C			50.00	
Name of Employer (for Individual) Acadian Ambulance Service Inc.		Occupation (for Individual) Director	<input type="checkbox"/> Memo Item	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 250.00		
SUBTOTAL of Receipts This Page (optional).....			225.00	
TOTAL This Period (last page this line number only).....			2862.60	

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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 EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. KIGGANS FOR CONGRESS

Mailing Address P.O. BOX 5042

City
Virginia BeachState
VAZip Code
23471-0042

Purpose of Disbursement

Political Contribution

Candidate Name

Kiggans, Jen, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: VA

District: 02

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	8		2	0	2	5		

FEC Identification Number

C C00776120

Transaction ID : B391AB9D7A

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. TEXANS FOR SENATOR JOHN CORNYN INC

Mailing Address PO BOX 13026

City
AustinState
TXZip Code
78711-3026

Purpose of Disbursement

Political Contribution

Candidate Name

Cornyn, John, , Sen., III

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify)

State: TX

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	1		2	0	2	5		

FEC Identification Number

C C00369033

Transaction ID : BFD4A51499/

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CLIFF BENTZ FOR CONGRESS

Mailing Address 660 MORGAN AVE

City
OntarioState
ORZip Code
97914-8652

Purpose of Disbursement

Political Contribution

Candidate Name

Bentz, Cliff, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: OR

District: 02

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	8		2	0	2	5		

FEC Identification Number

C C00725465

Transaction ID : B96219CEA7

Amount of Each Disbursement this Period

500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

4500.00

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

4500.00