

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) ACADIAN AMBULANCE SERVICE, INC. EMPLOYEE PAC

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

ADDRESS (number and street) P.O. BOX 98000 LAFAYETTE LA 70509

Check if different than previously reported. (ACC)

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, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Report for the: Post-Election, General, Runoff, Special

5. Covering Period 05 24 2008 through 06 30 2008

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 12 02 2008

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

Table with 10 columns and 1 row. Column 1: Office Use Only. Column 2-10: Empty. Column 11: 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	5

D	D
2	4

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		4608.44
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	1982.40									
(c) Total Receipts (from Line 19)	3915.16	26925.90								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	5897.56	31534.34								
7. Total Disbursements (from Line 31)	4500.00	30136.78								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1397.56	1397.56								
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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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

Report Covering the Period: From:

M	M
0	5

D	D
2	4

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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	2692.21	17355.54
(i) Itemized (use Schedule A)	1222.95	6587.63
(ii) Unitemized	3915.16	23943.17
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	3915.16	23943.17
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	2982.73
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))	3915.16	26925.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3915.16	26925.90

DETAILED SUMMARY PAGE

of Disbursements

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.....	4500.00	29882.73
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	254.05
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))..	4500.00	30136.78
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4500.00	30136.78

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	3915.16	23943.17
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3915.16	23943.17
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 / 26
	<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 ARCENEAUX	Date of Receipt MM / DD / YYYY 05 / 30 / 2008
	Mailing Address 6209 ASHFORD DR	Transaction ID: SA11AI.5224
	City State Zip Code ALEXANDRIA LA 71303	Amount of Each Receipt this Period 48.07
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION
	Name of Employer Occupation ACADIAN AMBULANCE SERVICE VICE PRESIDENT - OPERATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 639.09	

B.	Full Name (Last, First, Middle Initial) TERRY ARCENEAUX	Date of Receipt MM / DD / YYYY 06 / 13 / 2008
	Mailing Address 6209 ASHFORD DR	Transaction ID: SA11AI.5226
	City State Zip Code ALEXANDRIA LA 71303	Amount of Each Receipt this Period 48.08
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION
	Name of Employer Occupation ACADIAN AMBULANCE SERVICE VICE PRESIDENT - OPERATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 687.17	

C.	Full Name (Last, First, Middle Initial) ERROLL BABINEAUX	Date of Receipt MM / DD / YYYY 05 / 30 / 2008
	Mailing Address 27 OAK PLACE	Transaction ID: SA11AI.5225
	City State Zip Code NEW IBERIA LA 70560	Amount of Each Receipt this Period 48.07
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ACADIAN AMBULANCE SERVICE VICE PRESIDENT - OPERATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 639.09	

SUBTOTAL of Receipts This Page (optional)	144.22
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 7 / 26
(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)
ERROLL BABINEAUX

Mailing Address 27 OAK PLACE

City State Zip Code
NEW IBERIA LA 70560

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 ▼ 687.17

Date of Receipt
MM / DD / YYYY
06 / 13 / 2008

Transaction ID: SA11AI.5227

Amount of Each Receipt this Period
48.08

PAYROLL DEDUCTION

B.

Full Name (Last, First, Middle Initial)
RAY BIAS

Mailing Address 226 S. FIELDSPAN RD

City State Zip Code
SCOTT LA 70583

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

Name of Employer Occupation
ACADIAN AMBULANCE SERVICE GOVERNMENTAL RELATIONS MANAGER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 639.09

Date of Receipt
MM / DD / YYYY
05 / 30 / 2008

Transaction ID: SA11AI.5228

Amount of Each Receipt this Period
48.07

PAYROLL DEDUCTION

C.

Full Name (Last, First, Middle Initial)
RAY BIAS

Mailing Address 226 S. FIELDSPAN RD

City State Zip Code
SCOTT LA 70583

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

Name of Employer Occupation
ACADIAN AMBULANCE SERVICE GOVERNMENTAL RELATIONS MANAGER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 687.17

Date of Receipt
MM / DD / YYYY
06 / 13 / 2008

Transaction ID: SA11AI.5229

Amount of Each Receipt this Period
48.08

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional) ► 144.23

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 8 / 26
(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)
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 ▼ 639.09

Date of Receipt
MM / DD / YYYY
05 / 30 / 2008

Transaction ID: SA11AI.5231

Amount of Each Receipt this Period
48.07

PAYROLL DEDUCTION

B. 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 ▼ 687.17

Date of Receipt
MM / DD / YYYY
06 / 13 / 2008

Transaction ID: SA11AI.5232

Amount of Each Receipt this Period
48.08

PAYROLL DEDUCTION

C. 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 ▼ 639.09

Date of Receipt
MM / DD / YYYY
05 / 30 / 2008

Transaction ID: SA11AI.5233

Amount of Each Receipt this Period
48.07

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional) ► **144.22**

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: (check only one)	PAGE 9 / 26
	<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

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

A.	Full Name (Last, First, Middle Initial) TIMOTHY BURKE		Date of Receipt
	Mailing Address 221 VEROT SCHOOL RD #213		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	LAFAYETTE	LA	70501
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5234
Name of Employer ACADIAN AMBULANCE SERVICE		Occupation VICE PRESIDENT - FINANCE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 687.17	<input type="text"/> 48.08

B.	Full Name (Last, First, Middle Initial) Christopher Cirillo		Date of Receipt
	Mailing Address 408 Hazeltine		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Lakeway	TX	78734
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5235
Name of Employer Acadian Ambulance Services		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 96.15	<input type="text"/> 48.07
PAYROLL DEDUCTION			

C.	Full Name (Last, First, Middle Initial) Christopher Cirillo		Date of Receipt
	Mailing Address 408 Hazeltine		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Lakeway	TX	78734
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5236
Name of Employer Acadian Ambulance Services		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 144.23	<input type="text"/> 48.08
PAYROLL DEDUCTION			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 144.23
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 10 / 26
(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)
Edward B. Comeaux
Mailing Address P.O. Box 946
City Abbeville State LA Zip Code 70511
FEC ID number of contributing federal political committee. **C**
Name of Employer Acadian Ambulance Service, Inc
Occupation Vice President of Monitoring Services
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 639.09
Date of Receipt 05 / 30 / 2008
Transaction ID: SA11AI.5237
Amount of Each Receipt this Period 48.07
PAYROLL DEDUCTION

B. Full Name (Last, First, Middle Initial)
Edward B. Comeaux
Mailing Address P.O. Box 946
City Abbeville State LA Zip Code 70511
FEC ID number of contributing federal political committee. **C**
Name of Employer Acadian Ambulance Service, Inc
Occupation Vice President of Monitoring Services
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 687.17
Date of Receipt 06 / 13 / 2008
Transaction ID: SA11AI.5238
Amount of Each Receipt this Period 48.08
PAYROLL DEDUCTION

C. Full Name (Last, First, Middle Initial)
SCOTT T DOMINIGUE
Mailing Address 610 FARMINGTON DR
City LAFAYETTE State LA Zip Code 70503
FEC ID number of contributing federal political committee. **C**
Name of Employer
Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 96.15
Date of Receipt 05 / 30 / 2008
Transaction ID: SA11AI.5282
Amount of Each Receipt this Period 96.15
PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional) ► 192.30
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 11 / 26
(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)
SCOTT T DOMINGUE

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 ▼
144.23

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	3	/	2	0	0	8

Transaction ID: SA11AI.5284

Amount of Each Receipt this Period
48.08

PAYROLL DEDUCTION

B. 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 ▼
96.15

Date of Receipt

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

Transaction ID: SA11AI.5285

Amount of Each Receipt this Period
96.15

PAYROLL DEDUCTION

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 ▼
144.23

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	3	/	2	0	0	8

Transaction ID: SA11AI.5287

Amount of Each Receipt this Period
48.08

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional) ► **192.31**

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: (check only one)	PAGE 12 / 26
	<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	Date of Receipt MM / DD / YYYY 05 / 30 / 2008
	Mailing Address 100 RENEL RD	Transaction ID: SA11AI.5239
	City State Zip Code BREAUX BRIDGE LA 70517	Amount of Each Receipt this Period 48.07
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION
	Name of Employer Occupation ACADIAN AMBULANCE SERVICE MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 639.09	

B.	Full Name (Last, First, Middle Initial) DON ELKINS	Date of Receipt MM / DD / YYYY 06 / 13 / 2008
	Mailing Address 100 RENEL RD	Transaction ID: SA11AI.5240
	City State Zip Code BREAUX BRIDGE LA 70517	Amount of Each Receipt this Period 48.08
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION
	Name of Employer Occupation ACADIAN AMBULANCE SERVICE MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 687.17	

C.	Full Name (Last, First, Middle Initial) DIANE GROH	Date of Receipt MM / DD / YYYY 05 / 30 / 2008
	Mailing Address 201 ACADEMY RD	Transaction ID: SA11AI.5241
	City State Zip Code LAFAYETTE LA 70503	Amount of Each Receipt this Period 48.07
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION
	Name of Employer Occupation ACADIAN AMBULANCE SERVICE VICE PRESIDENT - INSURANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 639.09	

SUBTOTAL of Receipts This Page (optional)	144.22
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: (check only one)	PAGE 13 / 26
	<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

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

A.	Full Name (Last, First, Middle Initial) DIANE GROH	Date of Receipt MM / DD / YYYY 06 / 13 / 2008
	Mailing Address 201 ACADEMY RD	Transaction ID: SA11AI.5242
	City State Zip Code LAFAYETTE LA 70503	Amount of Each Receipt this Period 48.08
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION
	Name of Employer Occupation ACADIAN AMBULANCE SERVICE VICE PRESIDENT - INSURANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 687.17	

B.	Full Name (Last, First, Middle Initial) CLAY HENRY	Date of Receipt MM / DD / YYYY 05 / 30 / 2008
	Mailing Address 310 WALLINGSFORD	Transaction ID: SA11AI.5243
	City State Zip Code YOUNGSVILLE LA 70592	Amount of Each Receipt this Period 48.07
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION
	Name of Employer Occupation ACADIAN AMBULANCE SERVICE VICE PRESIDENT - OPERATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 639.09	

C.	Full Name (Last, First, Middle Initial) CLAY HENRY	Date of Receipt MM / DD / YYYY 06 / 13 / 2008
	Mailing Address 310 WALLINGSFORD	Transaction ID: SA11AI.5244
	City State Zip Code YOUNGSVILLE LA 70592	Amount of Each Receipt this Period 48.08
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION
	Name of Employer Occupation ACADIAN AMBULANCE SERVICE VICE PRESIDENT - OPERATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 687.17	

SUBTOTAL of Receipts This Page (optional)	144.23
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 / 26
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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)
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 ▼
638.97

Date of Receipt
MM / DD / YYYY
05 / 30 / 2008

Transaction ID: SA11AI.5245

Amount of Each Receipt this Period
48.07

PAYROLL DEDUCTION

B.

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 ▼
687.05

Date of Receipt
MM / DD / YYYY
06 / 13 / 2008

Transaction ID: SA11AI.5246

Amount of Each Receipt this Period
48.08

PAYROLL DEDUCTION

C.

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 ▼
639.09

Date of Receipt
MM / DD / YYYY
05 / 30 / 2008

Transaction ID: SA11AI.5247

Amount of Each Receipt this Period
48.07

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional) ► **144.22**

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 / 26
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
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 Occupation
ACADIAN AMBULANCE SERVICE CHIEF MEDICAL OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 687.17

Date of Receipt
MM / DD / YYYY
06 / 13 / 2008

Transaction ID: SA11AI.5248

Amount of Each Receipt this Period
48.08

PAYROLL DEDUCTION

B. 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 ▼ 639.09

Date of Receipt
MM / DD / YYYY
05 / 30 / 2008

Transaction ID: SA11AI.5249

Amount of Each Receipt this Period
48.07

PAYROLL DEDUCTION

C. 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 ▼ 687.17

Date of Receipt
MM / DD / YYYY
06 / 13 / 2008

Transaction ID: SA11AI.5250

Amount of Each Receipt this Period
48.08

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional) ► 144.23

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 16 / 26
(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)
STEVEN KUIPER

Mailing Address 408 IDLEWILD DR

City HOUMA State LA Zip Code 70364

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

Name of Employer ACADIAN AMBULANCE SERVICE Occupation VICE PRESIDENT - OPERATION

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 639.09

Date of Receipt: 05 / 30 / 2008
Transaction ID: SA11AI.5252
 Amount of Each Receipt this Period: 48.07
 PAYROLL DEDUCTION

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

Mailing Address 408 IDLEWILD DR

City HOUMA State LA Zip Code 70364

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

Name of Employer ACADIAN AMBULANCE SERVICE Occupation VICE PRESIDENT - OPERATION

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 687.17

Date of Receipt: 06 / 13 / 2008
Transaction ID: SA11AI.5253
 Amount of Each Receipt this Period: 48.08
 PAYROLL DEDUCTION

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

Mailing Address 12718 E. SHEATON

City BATON ROUGE State LA Zip Code 70815

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

Name of Employer ACADIAN AMBULANCE SERVICE Occupation VICE PRESIDENT - OPERATION

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 639.09

Date of Receipt: 05 / 30 / 2008
Transaction ID: SA11AI.5255
 Amount of Each Receipt this Period: 48.07
 PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional) ► 144.22

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: (check only one)	PAGE 17 / 26
	<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	

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

A.	Full Name (Last, First, Middle Initial) DANNY LENNIE	Date of Receipt MM / DD / YYYY 06 / 13 / 2008
	Mailing Address 12718 E. SHEATON	Transaction ID: SA11AI.5256
	City State Zip Code BATON ROUGE LA 70815	Amount of Each Receipt this Period 48.08
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION
	Name of Employer Occupation ACADIAN AMBULANCE SERVICE VICE PRESIDENT - OPERATION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 687.17	

B.	Full Name (Last, First, Middle Initial) JOSEPH LIGHTFOOT	Date of Receipt MM / DD / YYYY 05 / 30 / 2008
	Mailing Address 215 CRESTHILL DRIVE	Transaction ID: SA11AI.5257
	City State Zip Code YOUNGSVILLE LA 70592	Amount of Each Receipt this Period 48.07
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION
	Name of Employer Occupation ACADIAN AMBULANCE SERVICE VICE PRESIDENT - HUMAN RESOURCES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 639.09	

C.	Full Name (Last, First, Middle Initial) JOSEPH LIGHTFOOT	Date of Receipt MM / DD / YYYY 06 / 13 / 2008
	Mailing Address 215 CRESTHILL DRIVE	Transaction ID: SA11AI.5258
	City State Zip Code YOUNGSVILLE LA 70592	Amount of Each Receipt this Period 48.08
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION
	Name of Employer Occupation ACADIAN AMBULANCE SERVICE VICE PRESIDENT - HUMAN RESOURCES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 687.17	

SUBTOTAL of Receipts This Page (optional)	▶	144.23
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 18 / 26
(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)
ED MURY

Mailing Address 3500 E SIMCOE #71

City LAFAYETTE State LA Zip Code 70501

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

Name of Employer ACADIAN AMBULANCE SERVICE Occupation PRESIDENT - AIS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 639.09

Date of Receipt 05 / 30 / 2008

Transaction ID: SA11AI.5259

Amount of Each Receipt this Period 48.07

PAYROLL DEDUCTION

B. Full Name (Last, First, Middle Initial)
ED MURY

Mailing Address 3500 E SIMCOE #71

City LAFAYETTE State LA Zip Code 70501

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

Name of Employer ACADIAN AMBULANCE SERVICE Occupation PRESIDENT - AIS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 687.17

Date of Receipt 06 / 13 / 2008

Transaction ID: SA11AI.5262

Amount of Each Receipt this Period 48.08

PAYROLL DEDUCTION

C. Full Name (Last, First, Middle Initial)
ALLYSON F. PHARR

Mailing Address 101 BONNER DR

City LAFAYETTE State LA Zip Code 70508

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

Name of Employer ACADIAN AMBULANCE SERVICE, INC Occupation VICE PRESIDENT LEGAL & GOV. AFFAIRS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 639.09

Date of Receipt 05 / 30 / 2008

Transaction ID: SA11AI.5263

Amount of Each Receipt this Period 48.07

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional) ► 144.22

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: (check only one)	PAGE 19 / 26
	<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

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

A.	Full Name (Last, First, Middle Initial) ALLYSON F. PHARR		Date of Receipt
	Mailing Address 101 BONNER DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 13 / 2008
	City	State	Zip Code
	LAFAYETTE	LA	70508
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5264
Name of Employer ACADIAN AMBULANCE SERVICE, INC		Occupation VICE PRESIDENT LEGAL & GOV. AFFAIRS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 687.17	<input type="text"/> 48.08
PAYROLL DEDUCTION			

B.	Full Name (Last, First, Middle Initial) TYRON PICARD		Date of Receipt
	Mailing Address 2005 W. ST. MARY		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 30 / 2008
	City	State	Zip Code
	LAFAYETTE	LA	70506
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5265
Name of Employer ACADIAN AMBULANCE SERVICE		Occupation EXECUTIVE VICE PRESIDENT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 639.09	<input type="text"/> 48.07
PAYROLL DEDUCTION			

C.	Full Name (Last, First, Middle Initial) TYRON PICARD		Date of Receipt
	Mailing Address 2005 W. ST. MARY		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 13 / 2008
	City	State	Zip Code
	LAFAYETTE	LA	70506
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5266
Name of Employer ACADIAN AMBULANCE SERVICE		Occupation EXECUTIVE VICE PRESIDENT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 687.17	<input type="text"/> 48.08
PAYROLL DEDUCTION			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 144.23
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: (check only one)	PAGE 20 / 26
	<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

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

A.	Full Name (Last, First, Middle Initial) DAVID PIERCE	Date of Receipt MM / DD / YYYY 05 / 30 / 2008
	Mailing Address 327 WORTH AVE	Transaction ID: SA11AI.5267
	City State Zip Code LAFAYETTE LA 70508	Amount of Each Receipt this Period 48.07
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION
	Name of Employer Occupation ACADIAN AMBULANCE SERVICE PRESIDENT/COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 639.09	

B.	Full Name (Last, First, Middle Initial) DAVID PIERCE	Date of Receipt MM / DD / YYYY 06 / 13 / 2008
	Mailing Address 327 WORTH AVE	Transaction ID: SA11AI.5268
	City State Zip Code LAFAYETTE LA 70508	Amount of Each Receipt this Period 48.08
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION
	Name of Employer Occupation ACADIAN AMBULANCE SERVICE PRESIDENT/COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 687.17	

C.	Full Name (Last, First, Middle Initial) EARL ROMERO, Jr.	Date of Receipt MM / DD / YYYY 05 / 30 / 2008
	Mailing Address 104 VAN DYKE CT	Transaction ID: SA11AI.5269
	City State Zip Code LAFAYETTE LA 70503	Amount of Each Receipt this Period 48.07
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION
	Name of Employer Occupation ACADIAN AMBULANCE SERVICE VICE PRESIDENT - OPERATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 639.09	

SUBTOTAL of Receipts This Page (optional)	▶	144.22
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: (check only one)	PAGE 21 / 26
	<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) EARL ROMERO, Jr.	Date of Receipt MM / DD / YYYY 06 / 13 / 2008
	Mailing Address 104 VAN DYKE CT	Transaction ID: SA11AI.5270
	City State Zip Code LAFAYETTE LA 70503	Amount of Each Receipt this Period 48.08
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION
	Name of Employer Occupation ACADIAN AMBULANCE SERVICE VICE PRESIDENT - OPERATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 687.17	

B.	Full Name (Last, First, Middle Initial) W KEITH SIMON	Date of Receipt MM / DD / YYYY 05 / 30 / 2008
	Mailing Address 465 BROUSSARD ST	Transaction ID: SA11AI.5271
	City State Zip Code BREAUX BRIDGE LA 70517	Amount of Each Receipt this Period 48.07
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION
	Name of Employer Occupation ACADIAN AMBULANCE SERVICE VICE PRESIDENT - PUBLIC RELATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 639.09	

C.	Full Name (Last, First, Middle Initial) W KEITH SIMON	Date of Receipt MM / DD / YYYY 06 / 13 / 2008
	Mailing Address 465 BROUSSARD ST	Transaction ID: SA11AI.5272
	City State Zip Code BREAUX BRIDGE LA 70517	Amount of Each Receipt this Period 48.08
	FEC ID number of contributing federal political committee. C	PAYROLL DEDUCTION
	Name of Employer Occupation ACADIAN AMBULANCE SERVICE VICE PRESIDENT - PUBLIC RELATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 687.17	

SUBTOTAL of Receipts This Page (optional)	144.23
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 22 / 26

(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

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)
WILLIAM VIDACOVICH, Jr.

Mailing Address 116 CANADA ST

City State Zip Code
LAFAYETTE LA 70506

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

Name of Employer Occupation
ACADIAN AMBULANCE SERVICE VICE PRESIDENT - MNT.

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 639.09

Date of Receipt

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

Transaction ID: SA11AI.5273

Amount of Each Receipt this Period

48.07

PAYROLL DEDUCTION

B.

Full Name (Last, First, Middle Initial)
WILLIAM VIDACOVICH, Jr.

Mailing Address 116 CANADA ST

City State Zip Code
LAFAYETTE LA 70506

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

Name of Employer Occupation
ACADIAN AMBULANCE SERVICE VICE PRESIDENT - MNT.

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 687.17

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.5275

Amount of Each Receipt this Period

48.08

PAYROLL DEDUCTION

C.

Full Name (Last, First, Middle Initial)
JOHN ZUSCHLAG

Mailing Address 110 RUE PAPILLON

City State Zip Code
BROUSSARD LA 70518

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

Name of Employer Occupation
ACADIAN AMBULANCE SERVICE SR. VICE PRESIDENT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 639.09

Date of Receipt

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

Transaction ID: SA11AI.5276

Amount of Each Receipt this Period

48.07

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)

144.22

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 23 / 26
(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

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)
JOHN ZUSCHLAG

Mailing Address 110 RUE PAPILLON

City State Zip Code
BROUSSARD LA 70518

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

Name of Employer Occupation
ACADIAN AMBULANCE SERVICE SR. VICE PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 687.17

Date of Receipt
MM / DD / YYYY
06 / 13 / 2008

Transaction ID: SA11AI.5279

Amount of Each Receipt this Period
48.08

PAYROLL DEDUCTION

B.

Full Name (Last, First, Middle Initial)
RICHARD ZUSCHLAG

Mailing Address 108 ASTORIA LOOP

City State Zip Code
LAFAYETTE LA 70508

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

Name of Employer Occupation
ACADIAN AMBULANCE SERVICE CHAIRMAN/CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 639.09

Date of Receipt
MM / DD / YYYY
05 / 30 / 2008

Transaction ID: SA11AI.5280

Amount of Each Receipt this Period
48.07

PAYROLL DEDUCTION

C.

Full Name (Last, First, Middle Initial)
RICHARD ZUSCHLAG

Mailing Address 108 ASTORIA LOOP

City State Zip Code
LAFAYETTE LA 70508

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

Name of Employer Occupation
ACADIAN AMBULANCE SERVICE CHAIRMAN/CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 687.17

Date of Receipt
MM / DD / YYYY
06 / 13 / 2008

Transaction ID: SA11AI.5277

Amount of Each Receipt this Period
48.08

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)	▶	144.23
TOTAL This Period (last page this line number only)	▶	2692.21

**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 24 / 26

<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

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) AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PA-C) Mailing Address 8201 Greensboro Drive Suite 300 City McLean State VA Zip Code 22102 Purpose of Disbursement CONTRIBUTIONS Candidate Name AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC) Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB23.5295 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type: 011	

B. Full Name (Last, First, Middle Initial) CARMOUCHE FOR CONGRESS INC Mailing Address 912 KINGS HIGHWAY City SHREVEPORT State LA Zip Code 71104 Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name CARMOUCHE FOR CONGRESS INC Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 04	Transaction ID: SB23.5219 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 8
	Amount of Each Disbursement this Period 500.00
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type: 011	

C. Full Name (Last, First, Middle Initial) CAZAYOUX FOR CONGRESS Mailing Address P.O. BOX 156 City NEW ROADS State LA Zip Code 70760 Purpose of Disbursement Political Contribution Candidate Name CAZAYOUX FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 06	Transaction ID: SB23.5218 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type: 011	

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

**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 25 / 26

<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)
SCALISE FOR CONGRESS 08

Transaction ID: SB23.5292

Date of Disbursement

Mailing Address 3100 Ridgelake
Suite 301

MM / DD / YYYY
06 / 20 / 2008

City Metairie State LA Zip Code 70002

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
POLITICAL CONTRIBUTION

011
Category/
Type

Candidate Name
SCALISE FOR CONGRESS 08

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: LA District: 01

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

4500.00

Image# 28993317184

Form/Schedule: **F3XA**

Transaction ID:

Amendment is due to clerical error on election type for Don Cazayoux.
