

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 04 01 2010 through 04 30 2010

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 05 19 2010

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	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	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>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		3027.90
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	523.00									
(c) Total Receipts (from Line 19)	3999.70	12244.80								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	4522.70	15272.70								
7. Total Disbursements (from Line 31)	4400.00	15150.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	122.70	122.70								
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	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	0

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)	2603.34	7939.66
(ii) Unitemized	1396.36	4305.14
(iii) TOTAL (add Lines 11(a)(i) and (ii)	3999.70	12244.80
(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)	3999.70	12244.80
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))	3999.70	12244.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3999.70	12244.80

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.....	4400.00	15150.00
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))..	4400.00	15150.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4400.00	15150.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	3999.70	12244.80
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3999.70	12244.80
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:	PAGE 6 / 15
(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) 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 0 4 / 2 3 / 2 0 1 0
	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.6064
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"/> 291.30	<input type="text"/> 96.42
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 0 4 / 2 3 / 2 0 1 0
	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.6065
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"/> 291.30	<input type="text"/> 96.42
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 0 4 / 2 3 / 2 0 1 0
	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.6066
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"/> 291.30	<input type="text"/> 96.42
Political Contribution			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 289.26
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 / 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, INC. EMPLOYEE PAC

<p>A. Full Name (Last, First, Middle Initial) ANTHONY BRUCH</p> <p>Mailing Address 15 TRACE LOOP</p> <p>City State Zip Code MANDEVILLE LA 70448</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation ACADIAN AMBULANCE SERVICE EDUCATION COORDINATOR</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 291.30</p>	<p>Date of Receipt 04 / 23 / 2010</p> <p>Transaction ID: SA11AI.6067</p> <p>Amount of Each Receipt this Period 96.42</p> <p>Political Contribution</p>
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<p>B. Full Name (Last, First, Middle Initial) TIMOTHY BURKE</p> <p>Mailing Address 109 Fountain View Dr</p> <p>City State Zip Code Youngsville LA 70592</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation ACADIAN AMBULANCE SERVICE VICE PRESIDENT - FINANCE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 291.30</p>	<p>Date of Receipt 04 / 23 / 2010</p> <p>Transaction ID: SA11AI.6068</p> <p>Amount of Each Receipt this Period 96.42</p> <p>Political Contribution</p>
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<p>C. Full Name (Last, First, Middle Initial) Christopher Cirillo</p> <p>Mailing Address 408 Hazeltine</p> <p>City State Zip Code Lakeway TX 78734</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Acadian Ambulance Services</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 291.30</p>	<p>Date of Receipt 04 / 23 / 2010</p> <p>Transaction ID: SA11AI.6069</p> <p>Amount of Each Receipt this Period 96.42</p> <p>Political Contribution</p>
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SUBTOTAL of Receipts This Page (optional)	289.26
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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FOR LINE NUMBER:	PAGE 8 / 15
(check only one)	
<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"/>	<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		Date of Receipt
	Mailing Address P.O. Box 946		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 2 3 / 2 0 1 0
	City	State	Zip Code
	Abbeville	LA	70511
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Acadian Ambulance Service, Inc		Occupation Vice President of Monitoring Services	Transaction ID: SA11AI.6070
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"/> 96.42
		<input type="text"/> 291.30	Political Contribution

B.	Full Name (Last, First, Middle Initial) SCOTT T DOMINIGUE		Date of Receipt
	Mailing Address 610 FARMINGTON DR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 2 3 / 2 0 1 0
	City	State	Zip Code
	LAFAYETTE	LA	70503
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer		Occupation	Transaction ID: SA11AI.6071
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"/> 96.42
		<input type="text"/> 291.30	Political Contribution

C.	Full Name (Last, First, Middle Initial) HOWARD E DUPUIS		Date of Receipt
	Mailing Address 149 DEMAS DR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 2 3 / 2 0 1 0
	City	State	Zip Code
	LAFAYETTE	LA	70506
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer		Occupation	Transaction ID: SA11AI.6072
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"/> 96.42
		<input type="text"/> 291.30	Political Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 289.26
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 9 / 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, 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 ▼ 291.30

Date of Receipt
MM / DD / YYYY
04 / 23 / 2010

Transaction ID: SA11AI.6073

Amount of Each Receipt this Period
96.42

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 ▼ 291.30

Date of Receipt
MM / DD / YYYY
04 / 23 / 2010

Transaction ID: SA11AI.6074

Amount of Each Receipt this Period
96.42

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 ▼ 291.30

Date of Receipt
MM / DD / YYYY
04 / 23 / 2010

Transaction ID: SA11AI.6075

Amount of Each Receipt this Period
96.42

Political Contribution

SUBTOTAL of Receipts This Page (optional) ► **289.26**

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 10 / 15
	<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) GREG HILL	Date of Receipt MM / DD / YYYY 04 / 23 / 2010
	Mailing Address 205 ROCKY MOUND DR	Transaction ID: SA11AI.6076
	City State Zip Code LAFAYETTE LA 70506	Amount of Each Receipt this Period 96.42
	FEC ID number of contributing federal political committee. C	Political Contribution
	Name of Employer Occupation ACADIAN AMBULANCE SERVICE, INC. VICE PRESIDENT FINANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.30	

B.	Full Name (Last, First, Middle Initial) ROSS JUDICE	Date of Receipt MM / DD / YYYY 04 / 23 / 2010
	Mailing Address 111 GIRARD PK. DRIVE #25	Transaction ID: SA11AI.6077
	City State Zip Code LAFAYETTE LA 70503	Amount of Each Receipt this Period 96.42
	FEC ID number of contributing federal political committee. C	Political Contribution
	Name of Employer Occupation ACADIAN AMBULANCE SERVICE CHIEF MEDICAL OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.30	

C.	Full Name (Last, First, Middle Initial) COURTNEY J JUNEAU	Date of Receipt MM / DD / YYYY 04 / 23 / 2010
	Mailing Address 306 ST JOSEPH	Transaction ID: SA11AI.6078
	City State Zip Code LAFAYETTE LA 70506	Amount of Each Receipt this Period 96.42
	FEC ID number of contributing federal political committee. C	Political Contribution
	Name of Employer Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.30	

SUBTOTAL of Receipts This Page (optional)	289.26
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 / 15
(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		Date of Receipt MM / DD / YYYY 04 / 23 / 2010
Mailing Address 2060 CHERRYDALE DRIVE		Transaction ID: SA11AI.6079
City BATON ROUGE	State LA	Zip Code 70808
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 96.42
Name of Employer ACADIAN AMBULANCE SERVICE	Occupation CHIEF FINANCIAL OFFICER	Political Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.30	

B.

Full Name (Last, First, Middle Initial) STEVEN KUIPER		Date of Receipt MM / DD / YYYY 04 / 23 / 2010
Mailing Address 408 IDLEWILD DR		Transaction ID: SA11AI.6080
City HOUMA	State LA	Zip Code 70364
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 96.42
Name of Employer ACADIAN AMBULANCE SERVICE	Occupation VICE PRESIDENT - OPERATION	Political Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.30	

C.

Full Name (Last, First, Middle Initial) DANNY LENNIE		Date of Receipt MM / DD / YYYY 04 / 23 / 2010
Mailing Address 12718 E. SHEATON		Transaction ID: SA11AI.6081
City BATON ROUGE	State LA	Zip Code 70815
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 96.42
Name of Employer ACADIAN AMBULANCE SERVICE	Occupation VICE PRESIDENT - OPERATION	Political Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.30	

SUBTOTAL of Receipts This Page (optional)	289.26
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 / 15
	<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) JOSEPH LIGHTFOOT		Date of Receipt MM / DD / YYYY 04 / 23 / 2010
	Mailing Address 215 CRESTHILL DRIVE		Transaction ID: SA11AI.6082
	City YOUNGSVILLE	State LA	Zip Code 70592
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 96.42
	Name of Employer ACADIAN AMBULANCE SERVICE	Occupation VICE PRESIDENT - HUMAN RESOURCES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 291.30	

B.	Full Name (Last, First, Middle Initial) ALLYSON F. PHARR		Date of Receipt MM / DD / YYYY 04 / 23 / 2010
	Mailing Address 101 BONNER DR		Transaction ID: SA11AI.6083
	City LAFAYETTE	State LA	Zip Code 70508
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 96.42
	Name of Employer ACADIAN AMBULANCE SERVICE, INC	Occupation VICE PRESIDENT LEGAL & GOV. AFFAIRS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 291.30	

C.	Full Name (Last, First, Middle Initial) TYRON PICARD		Date of Receipt MM / DD / YYYY 04 / 23 / 2010
	Mailing Address 2005 W. ST. MARY		Transaction ID: SA11AI.6084
	City LAFAYETTE	State LA	Zip Code 70506
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 96.42
	Name of Employer ACADIAN AMBULANCE SERVICE	Occupation EXECUTIVE VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 291.30	

SUBTOTAL of Receipts This Page (optional)	▶	289.26
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 / 15

(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) DAVID PIERCE		Date of Receipt MM / DD / YYYY 04 / 23 / 2010
	Mailing Address 327 WORTH AVE		Transaction ID: SA11AI.6085
	City LAFAYETTE	State LA	Zip Code 70508
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 96.42
	Name of Employer ACADIAN AMBULANCE SERVICE	Occupation PRESIDENT/COO	Political Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 291.30	

B.	Full Name (Last, First, Middle Initial) EARL ROMERO, Jr.		Date of Receipt MM / DD / YYYY 04 / 23 / 2010
	Mailing Address 104 VAN DYKE CT		Transaction ID: SA11AI.6086
	City LAFAYETTE	State LA	Zip Code 70503
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 96.42
	Name of Employer ACADIAN AMBULANCE SERVICE	Occupation VICE PRESIDENT - OPERATIONS	Political Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 291.30	

C.	Full Name (Last, First, Middle Initial) W KEITH SIMON		Date of Receipt MM / DD / YYYY 04 / 23 / 2010
	Mailing Address 465 BROUSSARD ST		Transaction ID: SA11AI.6087
	City BREAUX BRIDGE	State LA	Zip Code 70517
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 96.42
	Name of Employer ACADIAN AMBULANCE SERVICE	Occupation VICE PRESIDENT - PUBLIC RELATIONS	Political Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 291.30	

SUBTOTAL of Receipts This Page (optional)	▶	289.26
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 / 15
(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)
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 ▼ 291.30

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.6088

Amount of Each Receipt this Period
96.42

Political Contribution

B.

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 ▼ 291.30

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.6089

Amount of Each Receipt this Period
96.42

Political Contribution

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 ▼ 291.30

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.6090

Amount of Each Receipt this Period
96.42

Political Contribution

SUBTOTAL of Receipts This Page (optional)	▶	289.26
TOTAL This Period (last page this line number only)	▶	2603.34

**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)

<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) CANTOR FOR CONGRESS	Transaction ID: SB23.6099 Date of Disbursement
	Mailing Address P. O. Box 17813	<input type="text" value="04"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City Richmond State VA Zip Code 23226	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution	<input type="text" value="1000.00"/>
	Candidate Name CANTOR FOR CONGRESS	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ESCA PAC	Transaction ID: SB23.6098 Date of Disbursement
	Mailing Address 805 15th Street Suite 650	<input type="text" value="04"/> / <input type="text" value="13"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution	<input type="text" value="1000.00"/>
	Candidate Name ESCA PAC	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF MARY LANDRIEU INC	Transaction ID: SB23.6101 Date of Disbursement
	Mailing Address 607 14TH STREET NW SUITE 800 SUITE 1434	<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution	<input type="text" value="2400.00"/>
	Candidate Name FRIENDS OF MARY LANDRIEU INC	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 00	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4400.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="4400.00"/>