

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

APR 13 10 50 AM '99

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) ACADIAN AMBULANCE EMPLOYEE FEDERAL PAC		2. FEC IDENTIFICATION NUMBER <b>C0033570</b>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported P.O. BOX 92970		
CITY, STATE and ZIP CODE LAFAYETTE, LA 70509		
3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)		

## 4. TYPE OF REPORT

(a)  April 15 Quarterly Report

July 15 Quarterly Report

October 15 Quarterly Report

January 31 Year End Report

July 31 Mid Year Report (Non-election Year Only)

Termination Report

Monthly Report Due On:

- |                                      |                                       |                                      |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20      | <input type="checkbox"/> October 20  |
| <input type="checkbox"/> March 20    | <input type="checkbox"/> July 20      | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20    | <input type="checkbox"/> August 20    | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20      | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31  |

12-Day Pre-Election Report for the \_\_\_\_\_  
(Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_

30-Day Post-Election Report following the General Election  
on \_\_\_\_\_ in the State of \_\_\_\_\_

(b) Is this Report an Amendment?  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>1/1/99</u> through <u>3/31/99</u>		
6. (a) Cash on Hand January 1, 19 <u>99</u>		\$ 9300.94
(b) Cash on Hand at Beginning of Reporting Period	\$ 9300.94	
(c) Total Receipts (from Line 19)	\$ 4591.27	\$ 4591.27
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 13,892.21	\$ 13,892.21
7. Total Disbursements (from Line 20)	\$ 1,000.00	\$ 1,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 12,892.21	\$ 12,892.21
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$ —	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$ —	

For further information contact:  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9630  
Local 202-218-3420

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  
V. DEAN WRIGHT II

Signature of Treasurer  
*V. Dean Wright II*

Date  
4/7/99

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

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FEC FORM 3X  
(revised 9/98)

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE <i>ACADIAN Ambulance Employee PAC</i>	REPORT COVERING PERIOD	
	FROM	TO
	<i>11/1/99</i>	<i>3/31/00</i>
Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	4519.52	4519.52
ii. Unitemized	71.75	71.75
iii. Total (add i and ii) >	4591.27	4591.27
b. Political Party Committees	—	—
c. Other Political Committees (such as PACs)	—	—
d. Total Contributions (add a iii, b and c) >	4591.27	4591.27
12. Transfers From Affiliated/Other Party Committees	—	—
13. All Loans Received	—	—
14. Loan Repayments Received	—	—
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	—	—
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	—	—
17. Other Federal Receipts (Dividends, Interest, etc.)	—	—
18. Transfers from Nonfederal Account for Joint Activity	—	—
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	4591.27	4591.27
20. Total Federal Receipts (subtract line 16 from line 19) >	4591.27	4591.27
<b>Disbursements</b>		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	—	—
ii. Non-Federal Share	—	—
b. Other Federal Operating Expenditures	—	—
c. Total Operating Expenditures (add a i, a ii, and b) >	—	—
22. Transfers to Affiliated/Other Party Committees	—	—
23. Contributions to Federal Candidates/Committees and Other Political Committees	1,000.00	1,000.00
24. Independent Expenditures (use Schedule E)	—	—
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	—	—
26. Loan Repayments Made	—	—
27. Loans Made	—	—
28. Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committees	—	—
b. Political Party Committees	—	—
c. Other Political Committees (such as PACs)	—	—
d. Total Contribution Refunds (add a, b and c) >	—	—
29. Other Disbursements	—	—
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	1,000.00	1,000.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	1,000.00	1,000.00
<b>Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) (from line 11d)	4591.27	4591.27
33. Total Contribution Refunds (from line 28d)	—	—
34. Net Contributions (other than loans) (subtract line 33 from 32)	4591.27	4591.27
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	—	—
36. Offsets to Operating Expenditures (from line 15)	—	—
37. Net Operating Expenditures (subtract line 36 from 35) >	4591.27	4591.27

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s) which accompany the Jointed Summary Page

PAGE 1 OF 4  
FOR LINE NUMBER 1

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 EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE, INC.**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARK DUGAS 101 PLEASANT VIEW LAFAYETTE LA 70503	ACADIAN AMBULANCE SERVICE, INC.	PAYROLL DEDUCTION	168.28
Receipt For: <input type="checkbox"/> N/A <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: AOC MANAGER	Aggregate Year-to-Date > \$ 168.28	\$24.04
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GLENN COMEAUX 119 WESTFIELD DRIVE LAFAYETTE LA, 70503	ACADIAN AMBULANCE SERVICE, INC.	PAYROLL DEDUCTION	168.28
Receipt For: <input type="checkbox"/> N/A <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: SRL VICE PRESIDENT	Aggregate Year-to-Date > \$ 168.28	\$24.04
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DANNY DOMINGUE 105 LLANSFAIR DRIVE LAFAYETTE LA 70503	ACADIAN AMBULANCE SERVICE, INC.	PAYROLL DEDUCTION	168.28
Receipt For: <input type="checkbox"/> N/A <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CHIEF ADMINISTRATIVE OFFICER	Aggregate Year-to-Date > \$ 168.28	\$24.04
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROLAND DUGAS 400 OAKLEAF DRIVE LAFAYETTE LA 70503	ACADIAN AMBULANCE SERVICE, INC.	PAYROLL DEDUCTION	168.28
Receipt For: <input type="checkbox"/> N/A <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CHAIRMAN OF THE BOARD	Aggregate Year-to-Date > \$ 168.28	\$24.04
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TOMMY DUHON 129 INNISBROOK DRIVE BROUSSARD LA 70518-6102	ACADIAN AMBULANCE SERVICE, INC.	PAYROLL DEDUCTION	168.28
Receipt For: <input type="checkbox"/> N/A <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: SRL VICE PRESIDENT	Aggregate Year-to-Date > \$ 168.28	\$24.04
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID KELLY 2060 CHERRYDALE DRIVE BATON ROUGE LA 70808	ACADIAN AMBULANCE SERVICE, INC.	PAYROLL DEDUCTION	168.28
Receipt For: <input type="checkbox"/> N/A <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CHIEF FINANCIAL OFFICER	Aggregate Year-to-Date > \$ 168.28	\$24.04
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID PIERCE 501 E. MAGNOLIA STREET ABBEVILLE LA 70510	ACADIAN AMBULANCE SERVICE, INC.	PAYROLL DEDUCTION	168.28
Receipt For: <input type="checkbox"/> N/A <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CHIEF OPERATING OFFICER	Aggregate Year-to-Date > \$ 168.28	\$24.04

SUBTOTAL of Receipts This Page (optional) 1,177.96

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

(See separate schedule(s) for this category of the Detailed Summary Page)

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NAME OF COMMITTEE (In Full)		ACADIAN AMBULANCE EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE, INC.	
<b>A. Full Name, Mailing Address and ZIP Code</b> RICHARD STURLESE 5389 GRAND CHIENIER HWY GRAND CHIENIER LA 70643	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	ACADIAN AMBULANCE SERVICE, INC.	PAYROLL DEDUCTION	168.28
	Occupation EXECUTIVE VICE PRESIDENT	Aggregate Year-to-Date > \$ 168.28	\$24.04
Receipt For: <input type="checkbox"/> N/A <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>B. Full Name, Mailing Address and ZIP Code</b> JOHN ZUSCHLAG 110 RUE PAPILLON BROUSSARD LA 70518	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	ACADIAN AMBULANCE SERVICE, INC.	PAYROLL DEDUCTION	168.28
	Occupation SENIOR VICE PRESIDENT	Aggregate Year-to-Date > \$ 168.28	\$24.04
Receipt For: <input type="checkbox"/> N/A <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>C. Full Name, Mailing Address and ZIP Code</b> RICHARD ZUSCHLAG 108 ASTORIA LOOP LAFAYETTE LA 70508	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	ACADIAN AMBULANCE SERVICE, INC.	PAYROLL DEDUCTION	168.28
	Occupation PRESIDENT - CEO	Aggregate Year-to-Date > \$ 168.28	\$24.04
Receipt For: <input type="checkbox"/> N/A <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>D. Full Name, Mailing Address and ZIP Code</b> JUDY ARCENEALUX 1132 KALISTE SALOOM ROAD LAFAYETTE LA. 70508	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	ACADIAN AMBULANCE SERVICE, INC.	PAYROLL DEDUCTION	168.28
	Occupation VICE PRESIDENT	Aggregate Year-to-Date > \$ 168.28	\$24.04
Receipt For: <input type="checkbox"/> N/A <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>E. Full Name, Mailing Address and ZIP Code</b> TERRY ARCENEALUX 6209 ASHFORD DRIVE ALEXANDRIA LA 71303	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	ACADIAN AMBULANCE SERVICE, INC.	PAYROLL DEDUCTION	168.28
	Occupation VICE PRESIDENT - OPERATIONS	Aggregate Year-to-Date > \$ 168.28	\$24.04
Receipt For: <input type="checkbox"/> N/A <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>F. Full Name, Mailing Address and ZIP Code</b> ERROLL BABINEAUX 27 OAKPLACE NEW BERIA LA 70560	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	ACADIAN AMBULANCE SERVICE, INC.	PAYROLL DEDUCTION	168.28
	Occupation SR. VICE PRESIDENT	Aggregate Year-to-Date > \$ 168.28	\$24.04
Receipt For: <input type="checkbox"/> N/A <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>G. Full Name, Mailing Address and ZIP Code</b> RAY BIAS 228 SOUTH FIELDSPAN ROAD SCOTT LA 70583	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	ACADIAN AMBULANCE SERVICE, INC.	PAYROLL DEDUCTION	168.28
	Occupation VICE PRESIDENT	Aggregate Year-to-Date > \$ 168.28	\$24.04
Receipt For: <input type="checkbox"/> N/A <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional) .....

1,177.96

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 3 OF 4  
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

ACADIAN AMBULANCE EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE, INC.

A. Full Name, Mailing Address and ZIP Code ANTHONY BRUCH 15 TRACE LOOP MANDEVILLE LA 70448  Receipt For: <input type="checkbox"/> N/A <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer ACADIAN AMBULANCE SERVICE, INC.  Occupation VICE PRESIDENT - OPERATIONS Aggregate Year-to-Date > \$ 168.28	Date (month, day, year)  PAYROLL DEDUCTION	Amount of Each Receipt this Period  168.28  \$24.04
B. Full Name, Mailing Address and ZIP Code DON ELKINS 100 RENAL ROAD BREAUX BRIDGE LA 70517  Receipt For: <input type="checkbox"/> N/A <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer ACADIAN AMBULANCE SERVICE, INC.  Occupation VICE PRESIDENT - OPERATIONS Aggregate Year-to-Date > \$ 168.28	Date (month, day, year)  PAYROLL DEDUCTION	Amount of Each Receipt this Period  168.28  \$24.04
C. Full Name, Mailing Address and ZIP Code DIANE GRON 201 ACADEMY ROAD LAFAYETTE LA 70503  Receipt For: <input type="checkbox"/> N/A <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer ACADIAN AMBULANCE SERVICE, INC.  Occupation VICE PRESIDENT Aggregate Year-to-Date > \$ 168.28	Date (month, day, year)  PAYROLL DEDUCTION	Amount of Each Receipt this Period  168.28  \$24.04
D. Full Name, Mailing Address and ZIP Code WENDELL GULLORY 311 HULIN ROAD BROUSSARD LA 70518  Receipt For: <input type="checkbox"/> N/A <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer ACADIAN AMBULANCE SERVICE, INC.  Occupation VICE PRESIDENT Aggregate Year-to-Date > \$ 168.28	Date (month, day, year)  PAYROLL DEDUCTION	Amount of Each Receipt this Period  168.28  \$24.04
E. Full Name, Mailing Address and ZIP Code STEVE KUIPER 221 LAKE CRESCENT CIRCLE HOUMA LA 70360  Receipt For: <input type="checkbox"/> N/A <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer ACADIAN AMBULANCE SERVICE, INC.  Occupation VICE PRESIDENT - OPERATIONS Aggregate Year-to-Date > \$ 168.28	Date (month, day, year)  PAYROLL DEDUCTION	Amount of Each Receipt this Period  168.28  \$24.04
F. Full Name, Mailing Address and ZIP Code DANIEL LENNIE 12718 E SHERATON BATON ROUGE LA 70815  Receipt For: <input type="checkbox"/> N/A <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer ACADIAN AMBULANCE SERVICE, INC.  Occupation VICE PRESIDENT - OPERATIONS Aggregate Year-to-Date > \$ 168.28	Date (month, day, year)  PAYROLL DEDUCTION	Amount of Each Receipt this Period  168.28  \$24.04
G. Full Name, Mailing Address and ZIP Code ED MURY 3500 E SIMCOE #71 LAFAYETTE LA 70501  Receipt For: <input type="checkbox"/> N/A <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer ACADIAN AMBULANCE SERVICE, INC.  Occupation VICE PRESIDENT - OPERATIONS Aggregate Year-to-Date > \$ 168.28	Date (month, day, year)  PAYROLL DEDUCTION	Amount of Each Receipt this Period  168.28  \$24.04

SUBTOTAL of Receipts This Page (optional) \_\_\_\_\_

1,177.96

TOTAL This Period (last page this line number only) \_\_\_\_\_

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (in Full)

ACADIAN AMBULANCE EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE, INC.

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JERRY ROMERO 3918 WINDMILL LANE LAKE CHARLES LA 70605	ACADIAN AMBULANCE SERVICE, INC.	PAYROLL DEDUCTION	168.28
Receipt For: <input type="checkbox"/> N/A <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation: VICE PRESIDENT - OPERATIONS	Aggregate Year-to-Date > \$ 168.28	\$24.04
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KEITH SIMON 485 BROUSSARD STREET BREAUX BRIDGE LA 70517	ACADIAN AMBULANCE SERVICE, INC.	PAYROLL DEDUCTION	168.28
Receipt For: <input type="checkbox"/> N/A <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation: VICE PRESIDENT - MARKETING	Aggregate Year-to-Date > \$ 168.28	\$24.04
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BILL VIDACOVICH 116 CANADA STREET LAFAYETTE LA 70506	ACADIAN AMBULANCE SERVICE, INC.	PAYROLL DEDUCTION	168.28
Receipt For: <input type="checkbox"/> N/A <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation: VICE PRESIDENT - MAINTENANCE	Aggregate Year-to-Date > \$ 168.28	\$24.04
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DEAN WRIGHT #11 BAYOU OAKS CROWLEY LA 70528	ACADIAN AMBULANCE SERVICE, INC.	PAYROLL DEDUCTION	168.28
Receipt For: <input type="checkbox"/> N/A <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation: VICE PRESIDENT - CONTROLLER	Aggregate Year-to-Date > \$ 168.28	\$24.04
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TYRAN PICARD 2005 W. ST. MARY LAFAYETTE LA 70506	ACADIAN AMBULANCE SERVICE, INC.	PAYROLL DEDUCTION	168.28
Receipt For: <input type="checkbox"/> N/A <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation: EXECUTIVE VICE PRESIDENT - LEGAL & GOVERNMENTAL AFFAIRS	Aggregate Year-to-Date > \$ 168.28	\$24.04
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ross Indice 111 Girard PK. DE. Lafayette, LA 70503	Acadian Ambulance	PAYROLL DEDUCTION	144.24
Receipt For: <input type="checkbox"/> N/A <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation: Exec. V.P. - Medical Resources	Aggregate Year-to-Date > \$ 144.24	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> N/A <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	

**SUBTOTAL** of Receipts This Page (optional) 985.64

**TOTAL** This Period (last page this line number only) 4519.52

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER  
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NAME OF COMMITTEE (in Full)

*Acadian Ambulance Employee Federal PAC*

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>Billy TAUGZIN P.O. Box 1407 Thibodaux, LA. 70302</i>	<i>Re-election</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>3/1/99</i>	<i>500.00</i>
<i>THE ESDP PAC 1726 M St. Suite 501 Washington D.C. 20036-4507</i>	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>1/14/99</i>	<i>500.00</i>
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....	<i>1,000.00</i>
TOTAL This Period (last page this line number only) .....	<i>1,000.00</i>

**Acadian Ambulance Employee Federal PAC**  
**Schedule A**

NAME	ADDRESS	CITY, STATE ZIP	1/5/98	1/19/98	2/5/98	2/18/98	3/1/98	3/15/98	3/30/98	8/31/98	YTD
BRAMMELL, ROGER M	404 KIM DR.	LAFAYETTE, LA 70503	0.25	0.25	0.25	0.25	0.25	0.25	0.25	1.75	1.75
PELLERIN, KEITH J.	315 AMESBURY DR #287	LAFAYETTE, LA 70507	0.25	0.25	0.25	0.25	0.25	0.25	0.25	1.75	1.75
PELLERIN, RICHARD J.	901 DARTEZ DR.	NEW IBERIA, LA 70560	0.25	0.25	0.25	0.25	0.25	0.25	0.25	1.75	1.75
POIRIER, STEVEN J.	108 COUNTRYMEW DR	YOUNGSMVILLE, LA 70582	0.25	0.25	0.25	0.25	0.25	0.25	0.25	1.75	1.75
ROLOM, ORLANDO	137 LAPLACE AVE	CARENCRO, LA 70520	0.25	0.25	0.25	0.25	0.25	0.25	0.25	1.75	1.75
DARTEZ, KENNETH J.	P O BOX 751	KAPLAN, LA 70548	0.25	0.25	0.25	0.25	0.25	0.25	0.25	1.75	1.75
GUIDRY, TROY A	P O BOX 1392	BREAUX BRIDGE, LA 70517	0.25	0.25	0.25	0.25	0.25	0.25	0.25	1.75	1.75
HEBERT, RENALLA LEGER	754 ST THOMAS	LAFAYETTE, LA 70506	0.25	0.25	0.25	0.25	0.25	0.25	0.25	1.75	1.75
BOUDREAUX, BRENDAN J.	10531 HWY 90	WELSH, LA 70581	0.25	0.25	0.25	0.25	0.25	0.25	0.25	1.75	1.75
CLEMENTS, WENDEL J.	122 LAURA ST	PATTERSON, LA 70362	0.25	0.25	0.25	0.25	0.25	0.25	0.25	1.75	1.75
MAYER, JAMES TROY	P O BOX 165	ARNAUDVILLE, LA 70512	0.25	0.25	0.25	0.25	0.25	0.25	0.25	1.75	1.75
VENABLE, PAUL RENE	108 RUE DU JARDIN	LAFAYETTE, LA 70507	0.25	0.25	0.25	0.25	0.25	0.25	0.25	1.75	1.75
MARTINEZ, LOURDES	418 GANELIA DRIVE	THIBODAUX, LA 70301	0.25	0.25	0.25	0.25	0.25	0.25	0.25	1.75	1.75
BLANCHARD, TERRY C.	5447 BAYOU SIDE DR	CHAUVIN, LA 70344	0.25	0.25	0.25	0.25	0.25	0.25	0.25	1.75	1.75
SZUSH, PERRY	306 SOUTHDOWN W BLVD	HOUMA, LA 70360	0.25	0.25	0.25	0.25	0.25	0.25	0.25	1.75	1.75
NORSE, DALE ANTHONY	2405 PALMLAND BLVD.	NEW IBERIA, LA 70560	0.25	0.25	0.25	0.25	0.25	0.25	0.25	1.75	1.75
STOLTZ, FRANK J.	117 BAYOU DRIVE	NEW IBERIA, LA 70563	0.25	0.25	0.25	0.25	0.25	0.25	0.25	1.75	1.75
MCDOWELL, ETHELENE A.	1885 HWY 104	OPELOUSAS, LA 70570	0.25	0.25	0.25	0.25	0.25	0.25	0.25	1.75	1.75
CROCHET, TEDDY J.	137 SCOTT DR	NAPOLCONVILLE, LA 70350	0.25	0.25	0.25	0.25	0.25	0.25	0.25	1.75	1.75
BANKSTON, GEORGE BARRY	P O BOX 236	TICKFAW, LA 70466	0.25	0.25	0.25	0.25	0.25	0.25	0.25	1.75	1.75
BRESCHER, JILL	P O BOX 581	SPRINGFIELD, LA 70462	0.25	0.25	0.25	0.25	0.25	0.25	0.25	1.75	1.75
DAVIS, CHAD A	812 ELLIOTT DR.	LOCKPORT, LA 70374	0.25	0.25	0.25	0.25	0.25	0.25	0.25	1.75	1.75
CHRISTIAN, ROBERT GLYNN	4315 SWEETBRIAR	BATON ROUGE, LA 70808	0.25	0.25	0.25	0.25	0.25	0.25	0.25	1.75	1.75
CULLEN, DANIEL GARY	14832 KARLYN COURT	PREDE, LA 70770	0.25	0.25	0.25	0.25	0.25	0.25	0.25	1.75	1.75
CREED, MICHAEL JOSH	17655 BREMAN DRIVE	BATON ROUGE, LA 70817	0.25	0.25	0.25	0.25	0.25	0.25	0.25	1.75	1.75
RITTER, JOHN P.	12738 BROGDON LN #F	BATON ROUGE, LA 70816	0.25	0.25	0.25	0.25	0.25	0.25	0.25	1.75	1.75
SALTER, TERRY B.	3813 AIRLINE PARK DR W	FORT ALLEN, LA 70757	0.25	0.25	0.25	0.25	0.25	0.25	0.25	1.75	1.75
TRAWEEK, OLIN F.	P. O. BOX 131	VENTRESS, LA 70783	0.25	0.25	0.25	0.25	0.25	0.25	0.25	1.75	1.75
O'CONNOR, KEVIN H	1628 L'ANSE DECAVELLIER RD	VILLE PLATTE, LA 70596	0.25	0.25	0.25	0.25	0.25	0.25	0.25	1.75	1.75
MCCORMICK JR, WILLIAM D.	42542 JEFFERSON DR	HAMMOND, LA 70403	0.25	0.25	0.25	0.25	0.25	0.25	0.25	1.75	1.75
REIS, MARK JOSEPH	101 TORREY PINES COURT	SUDELL, LA 70461	0.25	0.25	0.25	0.25	0.25	0.25	0.25	1.75	1.75
KLIBERT, MICHAEL JAMES	5712 STONEHAVEN DR	LAKE CHARLES, LA 70606	0.25	0.25	0.25	0.25	0.25	0.25	0.25	1.75	1.75
WOODLEY, JAMES A.	6336 GLORIA DRIVE	BATON ROUGE, LA 70819	0.25	0.25	0.25	0.25	0.25	0.25	0.25	1.75	1.75
BOUDREAUX, BRUCE P.	2287 BAYOU BLUE RD.	HOUUMA, LA 70364	0.25	0.25	0.25	0.25	0.25	0.25	0.25	1.75	1.75
PHARES, JAMES ALLAN	3548 NELSON ST	ZACHARY, LA 70791	0.25	0.25	0.25	0.25	0.25	0.25	0.25	1.75	1.75





Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
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