

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 PRE-Election Report for the: Primary, General, Convention, Special, Runoff. (d) 30-Day Post-Election Report for the: General, Runoff, Special.

5. Covering Period 01 01 2010 through 01 31 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 02 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 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:    To:

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <input type="text" value="2010"/>		3027.90
(b) Cash on Hand at Beginning of Reporting Period .....	3027.90	
(c) Total Receipts (from Line 19) .....	5242.90	5242.90
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	8270.80	8270.80
7. Total Disbursements (from Line 31) .....	3000.00	3000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	5270.80	5270.80
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

ACADIAN AMBULANCE SERVICE, INC. EMPLOYEE PAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	1

D	D
3	1

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) .....	3388.81	3388.81
(ii) Unitemized .....	1854.09	1854.09
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	5242.90	5242.90
(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) .....	5242.90	5242.90
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)) .....	5242.90	5242.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	5242.90	5242.90

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	3000.00	3000.00
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))..	3000.00	3000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3000.00	3000.00

**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) .....	5242.90	5242.90
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5242.90	5242.90
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

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

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) TERRY ARCENEUX	Date of Receipt MM / DD / YYYY 01 / 31 / 2010
	Mailing Address 6209 ASHFORD DR	<b>Transaction ID:</b> SA11AI.5991
	City State Zip Code ALEXANDRIA LA 71303	Amount of Each Receipt this Period 122.75
	FEC ID number of contributing federal political committee. C	Political Contribution
	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 ▼ 122.75	

<b>B.</b>	Full Name (Last, First, Middle Initial) ERROLL BABINEUX	Date of Receipt MM / DD / YYYY 01 / 31 / 2010
	Mailing Address 27 OAK PLACE	<b>Transaction ID:</b> SA11AI.5992
	City State Zip Code NEW IBERIA LA 70560	Amount of Each Receipt this Period 122.75
	FEC ID number of contributing federal political committee. C	Political Contribution
	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 ▼ 122.75	

<b>C.</b>	Full Name (Last, First, Middle Initial) RAY BIAS	Date of Receipt MM / DD / YYYY 01 / 31 / 2010
	Mailing Address 226 S. FIELDSPAN RD	<b>Transaction ID:</b> SA11AI.5993
	City State Zip Code SCOTT LA 70583	Amount of Each Receipt this Period 122.75
	FEC ID number of contributing federal political committee. C	Political Contribution
	Name of Employer Occupation ACADIAN AMBULANCE SERVICE GOVERNMENTAL RELATIONS MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 122.75	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	368.25
<b>TOTAL</b> 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 7 / 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) ANTHONY BRUCH	Date of Receipt MM / DD / YYYY 01 / 31 / 2010
	Mailing Address 15 TRACE LOOP	<b>Transaction ID:</b> SA11AI.5994
	City State Zip Code MANDEVILLE LA 70448	Amount of Each Receipt this Period 122.75
	FEC ID number of contributing federal political committee. <b>C</b>	Political Contribution
	Name of Employer Occupation ACADIAN AMBULANCE SERVICE EDUCATION COORDINATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 122.75	

<b>B.</b>	Full Name (Last, First, Middle Initial) TIMOTHY BURKE	Date of Receipt MM / DD / YYYY 01 / 31 / 2010
	Mailing Address 109 Fountain View Dr	<b>Transaction ID:</b> SA11AI.5995
	City State Zip Code Youngsville LA 70592	Amount of Each Receipt this Period 122.75
	FEC ID number of contributing federal political committee. <b>C</b>	Political Contribution
	Name of Employer Occupation ACADIAN AMBULANCE SERVICE VICE PRESIDENT - FINANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 122.75	

<b>C.</b>	Full Name (Last, First, Middle Initial) Christopher Cirillo	Date of Receipt MM / DD / YYYY 01 / 31 / 2010
	Mailing Address 408 Hazeltine	<b>Transaction ID:</b> SA11AI.5996
	City State Zip Code Lakeway TX 78734	Amount of Each Receipt this Period 122.75
	FEC ID number of contributing federal political committee. <b>C</b>	Political Contribution
	Name of Employer Occupation Acadian Ambulance Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 122.75	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>368.25</b>
<b>TOTAL</b> 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 / 16  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Edward B. Comeaux  
 Mailing Address P.O. Box 946  
 City State Zip Code  
 Abbeville LA 70511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Acadian Ambulance Service, Inc Vice President of Monitoring Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 122.75  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 1 / 3 1 / 2 0 1 0  
**Transaction ID:** SA11AI.5997  
 Amount of Each Receipt this Period  
 122.75  
 Political Contribution

**B.** Full Name (Last, First, Middle Initial)  
SCOTT T DOMINIGUE  
 Mailing Address 610 FARMINGTON DR  
 City State Zip Code  
 LAFAYETTE LA 70503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 122.75  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 1 / 3 1 / 2 0 1 0  
**Transaction ID:** SA11AI.5998  
 Amount of Each Receipt this Period  
 122.75  
 Political Contribution

**C.** Full Name (Last, First, Middle Initial)  
HOWARD E DUPUIS  
 Mailing Address 149 DEMAS DR  
 City State Zip Code  
 LAFAYETTE LA 70506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 122.75  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 1 / 3 1 / 2 0 1 0  
**Transaction ID:** SA11AI.5999  
 Amount of Each Receipt this Period  
 122.75  
 Political Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 368.25  
**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 / 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) DON ELKINS		Date of Receipt
	Mailing Address 100 RENEL RD		<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	BREAUX BRIDGE	LA	70517
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer ACADIAN AMBULANCE SERVICE		Occupation MANAGER	Transaction ID: SA11AI.6000
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" value="122.75"/>	<input type="text" value="122.75"/>
Political Contribution			

<b>B.</b>	Full Name (Last, First, Middle Initial) DIANE GROH		Date of Receipt
	Mailing Address 201 ACADEMY RD		<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	LAFAYETTE	LA	70503
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer ACADIAN AMBULANCE SERVICE		Occupation VICE PRESIDENT - INSURANCE	Transaction ID: SA11AI.6001
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" value="122.75"/>	<input type="text" value="122.75"/>
Political Contribution			

<b>C.</b>	Full Name (Last, First, Middle Initial) CLAY HENRY		Date of Receipt
	Mailing Address 310 WALLINGSFORD		<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	YOUNGSVILLE	LA	70592
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer ACADIAN AMBULANCE SERVICE		Occupation VICE PRESIDENT - OPERATIONS	Transaction ID: SA11AI.6002
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" value="122.75"/>	<input type="text" value="122.75"/>
Political Contribution			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="368.25"/>
<b>TOTAL</b> 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 / 16  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 205 ROCKY MOUND DR

City State Zip Code  
LAFAYETTE LA 70506

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

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 122.75

Date of Receipt  

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

**Transaction ID:** SA11AI.6003

Amount of Each Receipt this Period  
122.75

Political Contribution

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

Mailing Address 111 GIRARD PK. DRIVE #25

City State Zip Code  
LAFAYETTE LA 70503

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

Name of Employer ACADIAN AMBULANCE SERVICE  
Occupation CHIEF MEDICAL OFFICER

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 122.75

Date of Receipt  

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

**Transaction ID:** SA11AI.6004

Amount of Each Receipt this Period  
122.75

Political Contribution

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

Mailing Address 306 ST JOSEPH

City State Zip Code  
LAFAYETTE LA 70506

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

Name of Employer  
Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 122.75

Date of Receipt  

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

**Transaction ID:** SA11AI.6006

Amount of Each Receipt this Period  
122.75

Political Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **368.25**

**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 / 16  
(check only one)

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

**A.**

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

Mailing Address 2060 CHERRYDALE DRIVE

City State Zip Code  
BATON ROUGE LA 70808

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

Name of Employer Occupation  
ACADIAN AMBULANCE SERVICE CHIEF FINANCIAL OFFICER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 122.75

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

**Transaction ID:** SA11AI.6005

Amount of Each Receipt this Period  
122.75

Political Contribution

**B.**

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

Mailing Address 408 IDLEWILD DR

City State Zip Code  
HOUMA LA 70364

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

Name of Employer Occupation  
ACADIAN AMBULANCE SERVICE VICE PRESIDENT - OPERATION

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 122.75

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

**Transaction ID:** SA11AI.6007

Amount of Each Receipt this Period  
122.75

Political Contribution

**C.**

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

Mailing Address 12718 E. SHEATON

City State Zip Code  
BATON ROUGE LA 70815

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

Name of Employer Occupation  
ACADIAN AMBULANCE SERVICE VICE PRESIDENT - OPERATION

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 122.75

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

**Transaction ID:** SA11AI.6008

Amount of Each Receipt this Period  
122.75

Political Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **368.25**

**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 12 / 16  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
JOSEPH LIGHTFOOT

Mailing Address 215 CRESTHILL DRIVE

City State Zip Code  
YOUNGSVILLE LA 70592

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

Name of Employer Occupation  
ACADIAN AMBULANCE SERVICE VICE PRESIDENT - HUMAN RESOURCES

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 122.75

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

**Transaction ID:** SA11AI.6009

Amount of Each Receipt this Period  
122.75

Political Contribution

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

Mailing Address 101 BONNER DR

City State Zip Code  
LAFAYETTE LA 70508

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 122.75

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

**Transaction ID:** SA11AI.6010

Amount of Each Receipt this Period  
122.75

Political Contribution

**C.** Full Name (Last, First, Middle Initial)  
TYRON PICARD

Mailing Address 2005 W. ST. MARY

City State Zip Code  
LAFAYETTE LA 70506

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

Name of Employer Occupation  
ACADIAN AMBULANCE SERVICE EXECUTIVE VICE PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 122.75

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

**Transaction ID:** SA11AI.6011

Amount of Each Receipt this Period  
122.75

Political Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **368.25**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 16  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) DAVID PIERCE		Date of Receipt MM / DD / YYYY 01 / 31 / 2010
Mailing Address 327 WORTH AVE		<b>Transaction ID:</b> SA11AI.6012
City LAFAYETTE	State LA	Zip Code 70508
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 122.75
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 ▼ 122.75	

**B.**

Full Name (Last, First, Middle Initial) EARL ROMERO, Jr.		Date of Receipt MM / DD / YYYY 01 / 31 / 2010
Mailing Address 104 VAN DYKE CT		<b>Transaction ID:</b> SA11AI.6013
City LAFAYETTE	State LA	Zip Code 70503
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 122.75
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 ▼ 122.75	

**C.**

Full Name (Last, First, Middle Initial) W KEITH SIMON		Date of Receipt MM / DD / YYYY 01 / 31 / 2010
Mailing Address 465 BROUSSARD ST		<b>Transaction ID:</b> SA11AI.6014
City BREAUX BRIDGE	State LA	Zip Code 70517
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 122.75
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 ▼ 122.75	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	368.25
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

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

Mailing Address 238 BLUE RIDGE

City State Zip Code  
CARENCRO LA 70520

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

Name of Employer Occupation  
ACADIAN AMBULANCE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 74.56

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

**Transaction ID:** SA11AI.6015

Amount of Each Receipt this Period  
74.56

Political Contribution

**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 ▼ 122.75

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

**Transaction ID:** SA11AI.6016

Amount of Each Receipt this Period  
122.75

Political Contribution

**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 ▼ 122.75

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

**Transaction ID:** SA11AI.6017

Amount of Each Receipt this Period  
122.75

Political Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **320.06**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) RICHARD ZUSCHLAG		Date of Receipt		
	Mailing Address 108 ASTORIA LOOP		M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 1 0		
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.6018	
	LAFAYETTE	LA	70508	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.		C	122.75	
	Name of Employer ACADIAN AMBULANCE SERVICE		Occupation CHAIRMAN/GEO	Political Contribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	122.75		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	122.75
<b>TOTAL</b> This Period (last page this line number only) .....	▶	3388.81

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

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

FOR LINE NUMBER:  
(check only one)

<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) Charles Boustany, Jr	Transaction ID: SB23.6024 Date of Disbursement 01 / 29 / 2010
	Mailing Address PO Box 80125	
	City Lafayette State LA Zip Code 70598	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Political Contribution Candidate Name Charles Boustany, Jr Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 07	011 Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) ESOP ASSOCIATION PAC	Transaction ID: SB23.6023 Date of Disbursement 01 / 25 / 2010
	Mailing Address 1726 M STREET, NW SUITE 501	
	City WASHINGTON State DC Zip Code 20036	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Political Contribution Candidate Name ESOP ASSOCIATION PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	011 Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) FRIENDS OF SCHUMER	Transaction ID: SB23.6022 Date of Disbursement 01 / 25 / 2010
	Mailing Address 509 MADISON AVE SUITE 1902	
	City NEW YORK State NY Zip Code 10022	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Political Contribution Candidate Name FRIENDS OF SCHUMER Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 00	011 Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>3000.00</b>