

# 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 01 01 2007 through 06 30 2007

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 10 01 2007

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

**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	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		6338.02
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	6338.02									
(c) Total Receipts (from Line 19) .....	9631.07	9631.07								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	15969.09	15969.09								
7. Total Disbursements (from Line 31) .....	13005.00	13005.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	2964.09	2964.09								
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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

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	0	7

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	6211.89	6211.89
(i) Itemized (use Schedule A) .....	2419.18	2419.18
(ii) Unitemized .....	8631.07	8631.07
(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) .....	8631.07	8631.07
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) .....	1000.00	1000.00
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)) .....	9631.07	9631.07
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	9631.07	9631.07

**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.....	13000.00	13000.00
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.....	5.00	5.00
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))..	13005.00	13005.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	13005.00	13005.00

**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) .....	8631.07	8631.07
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	8631.07	8631.07
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) .....	1000.00	1000.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-1000.00	-1000.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 19
	<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 ARCENEUX

Mailing Address 6209 ASHFORD DR

City State Zip Code  
ALEXANDRIA LA 71303

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 ▼ 249.99

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2007

Transaction ID: SA11A1.4860

Amount of Each Receipt this Period  
249.99

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
ERROLL BABINEUX

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 ▼ 249.99

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2007

Transaction ID: SA11A1.4861

Amount of Each Receipt this Period  
249.99

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 ▼ 249.99

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2007

Transaction ID: SA11A1.4862

Amount of Each Receipt this Period  
249.99

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>749.97</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 19
	<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)  
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 ▼ 249.99

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2007

Transaction ID: SA11A1.4864

Amount of Each Receipt this Period  
249.99

Payroll Deductions

**B.** 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 ▼ 249.99

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2007

Transaction ID: SA11A1.4865

Amount of Each Receipt this Period  
249.99

Payroll Deduction

**C.** 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 ▼ 249.99

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2007

Transaction ID: SA11A1.4866

Amount of Each Receipt this Period  
249.99

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	749.97
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 19
	<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

Full Name (Last, First, Middle Initial) <b>A. DON ELKINS</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address 100 RENEL RD		Transaction ID: SA11A1.4870
City State Zip Code BREAUX BRIDGE LA 70517	Amount of Each Receipt this Period 249.99	
FEC ID number of contributing federal political committee. <b>C</b>		Payroll Deduction
Name of Employer ACADIAN AMBULANCE SERVICE	Occupation MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	

Full Name (Last, First, Middle Initial) <b>B. DIANE GROH</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address 201 ACADEMY RD		Transaction ID: SA11A1.4871
City State Zip Code LAFAYETTE LA 70503	Amount of Each Receipt this Period 249.99	
FEC ID number of contributing federal political committee. <b>C</b>		Payroll Deduction
Name of Employer ACADIAN AMBULANCE SERVICE	Occupation VICE PRESIDENT - INSURANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	

Full Name (Last, First, Middle Initial) <b>C. CLAY HENRY</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address 310 WALLINGSFORD		Transaction ID: SA11A1.4872
City State Zip Code YOUNGSVILLE LA 70592	Amount of Each Receipt this Period 249.99	
FEC ID number of contributing federal political committee. <b>C</b>		Payroll Deduction
Name of Employer ACADIAN AMBULANCE SERVICE	Occupation VICE PRESIDENT - OPERATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	749.97
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 19
	<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

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 Occupation  
ACADIAN AMBULANCE SERVICE, INC VICE PRESIDENT FINANCE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 212.13

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2007

Transaction ID: SA11A1.4873

Amount of Each Receipt this Period  
212.13

PAYROLL DEDUCTION

**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 Occupation  
ACADIAN AMBULANCE SERVICE CHIEF MEDICAL OFFICER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2007

Transaction ID: SA11A1.4875

Amount of Each Receipt this Period  
249.99

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 ▼ 249.99

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2007

Transaction ID: SA11A1.4876

Amount of Each Receipt this Period  
249.99

PAYROLL DEDUCTION

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	712.11
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 19
	<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

Full Name (Last, First, Middle Initial) <b>A. STEVEN KUIPER</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2007	
Mailing Address 408 IDLEWILD DR		<b>Transaction ID: SA11A1.4877</b>	
City HOUMA	State LA	Zip Code 70364	Amount of Each Receipt this Period 249.99
FEC ID number of contributing federal political committee. <b>C</b>		PAYROLL DEDUCTION	
Name of Employer ACADIAN AMBULANCE SERVICE	Occupation VICE PRESIDENT - OPERATION		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99		

Full Name (Last, First, Middle Initial) <b>B. DANNY LENNIE</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2007	
Mailing Address 12718 E. SHEATON		<b>Transaction ID: SA11A1.4878</b>	
City BATON ROUGE	State LA	Zip Code 70815	Amount of Each Receipt this Period 249.99
FEC ID number of contributing federal political committee. <b>C</b>		PAYROLL DEDUCTION	
Name of Employer ACADIAN AMBULANCE SERVICE	Occupation VICE PRESIDENT - OPERATION		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99		

Full Name (Last, First, Middle Initial) <b>C. JOSEPH LIGHTFOOT</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2007	
Mailing Address 215 CRESTHILL DRIVE		<b>Transaction ID: SA11A1.4879</b>	
City YOUNGSVILLE	State LA	Zip Code 70592	Amount of Each Receipt this Period 249.99
FEC ID number of contributing federal political committee. <b>C</b>		PAYROLL DEDUCTION	
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 ▼ 249.99		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	749.97
<b>TOTAL</b> This Period (last page this line number only) .....	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 19
	<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

Full Name (Last, First, Middle Initial) <b>A. ED MURY</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2007	
Mailing Address 3500 E SIMCOE #71		Transaction ID: SA11A1.4880	
City LAFAYETTE	State LA	Zip Code 70501	Amount of Each Receipt this Period 249.99
FEC ID number of contributing federal political committee. <b>C</b>		PAYROLL DEDUCTION	
Name of Employer ACADIAN AMBULANCE SERVICE	Occupation PRESIDENT - AIS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99		

Full Name (Last, First, Middle Initial) <b>B. ALLYSON F. PHARR</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2007	
Mailing Address 101 BONNER DR		Transaction ID: SA11A1.4881	
City LAFAYETTE	State LA	Zip Code 70508	Amount of Each Receipt this Period 249.99
FEC ID number of contributing federal political committee. <b>C</b>		PAYROLL DEDUCTION	
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 ▼ 249.99		

Full Name (Last, First, Middle Initial) <b>C. TYRON PICARD</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2007	
Mailing Address 2005 W. ST. MARY		Transaction ID: SA11A1.4882	
City LAFAYETTE	State LA	Zip Code 70506	Amount of Each Receipt this Period 249.99
FEC ID number of contributing federal political committee. <b>C</b>		PAYROLL DEDUCTION	
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 ▼ 249.99		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	749.97
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<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

Mailing Address 327 WORTH AVE

City LAFAYETTE State LA Zip Code 70508

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

Name of Employer ACADIAN AMBULANCE SERVICE Occupation PRESIDENT/COO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt  
06 / 30 / 2007

Transaction ID: SA11A1.4883

Amount of Each Receipt this Period  
249.99

PAYROLL DEDUCTION

**B.** Full Name (Last, First, Middle Initial)  
JAY PIERRET

Mailing Address P.O. BOX 2806

City LAFAYETTE State LA Zip Code 70502

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

Name of Employer ACADIAN AMBULANCE SERVICE Occupation VICE PRESIDENT - BUSINESS DEVELOPMENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt  
06 / 30 / 2007

Transaction ID: SA11A1.4884

Amount of Each Receipt this Period  
249.99

PAYROLL DEDUCTION

**C.** Full Name (Last, First, Middle Initial)  
EARL ROMERO, Jr.

Mailing Address 104 VAN DYKE CT

City LAFAYETTE State LA Zip Code 70503

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

Name of Employer ACADIAN AMBULANCE SERVICE Occupation VICE PRESIDENT - OPERATIONS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt  
06 / 30 / 2007

Transaction ID: SA11A1.4885

Amount of Each Receipt this Period  
249.99

PAYROLL DEDUCTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 749.97

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 19
	<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

Full Name (Last, First, Middle Initial) <b>A. W KEITH SIMON</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2007	
Mailing Address 465 BROUSSARD ST		Transaction ID: SA11A1.4886	
City State Zip Code BREAUX BRIDGE LA 70517	Amount of Each Receipt this Period 249.99		
FEC ID number of contributing federal political committee. <b>C</b>		PAYROLL DEDUCTION	
Name of Employer ACADIAN AMBULANCE SERVICE	Occupation VICE PRESIDENT - PUBLIC RELATIONS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99		

Full Name (Last, First, Middle Initial) <b>B. WILLIAM VIDACOVICH, Jr.</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2007	
Mailing Address 116 CANADA ST		Transaction ID: SA11A1.4887	
City State Zip Code LAFAYETTE LA 70506	Amount of Each Receipt this Period 249.99		
FEC ID number of contributing federal political committee. <b>C</b>		PAYROLL DEDUCTION	
Name of Employer ACADIAN AMBULANCE SERVICE	Occupation VICE PRESIDENT - MNT.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99		

Full Name (Last, First, Middle Initial) <b>C. JOHN ZUSCHLAG</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2007	
Mailing Address 110 RUE PAPILLON		Transaction ID: SA11A1.4888	
City State Zip Code BROUSSARD LA 70518	Amount of Each Receipt this Period 249.99		
FEC ID number of contributing federal political committee. <b>C</b>		PAYROLL DEDUCTION	
Name of Employer ACADIAN AMBULANCE SERVICE	Occupation SR. VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	749.97
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 14 / 19	
	(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

**A.** 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/GEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
249.99

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	7

Transaction ID: SA11A1.4889

Amount of Each Receipt this Period  
249.99

PAYROLL DEDUCTION

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	249.99
<b>TOTAL</b> This Period (last page this line number only) .....	▶	6211.89

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 15 / 19	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" 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)  
EMPLOYEE OWNERS FOUNDATION

Mailing Address 1726 M STREET, NW, SUITE 501

City State Zip Code  
WASHINGTON DC 20036

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	1	/	2	0	0	7

Transaction ID: SA15.4891

Amount of Each Receipt this Period  
1000.00

Check #1224 returned and voided

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	1000.00

# 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

Full Name (Last, First, Middle Initial) <b>A. AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PA-C)</b>		<b>Transaction ID:</b> SB23.4917
Mailing Address 8201 Greensboro Drive Suite 300		Date of Disbursement MM / DD / YYYY 03 / 14 / 2007
City McLean	State VA	Zip Code 22102
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PA-C)</b>		<b>Transaction ID:</b> SB23.4920
Mailing Address 8201 Greensboro Drive Suite 300		Date of Disbursement MM / DD / YYYY 04 / 16 / 2007
City McLean	State VA	Zip Code 22102
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PA-C)</b>		<b>Transaction ID:</b> SB23.4923
Mailing Address 8201 Greensboro Drive Suite 300		Date of Disbursement MM / DD / YYYY 05 / 16 / 2007
City McLean	State VA	Zip Code 22102
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> 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 17 / 19

<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

Full Name (Last, First, Middle Initial) <b>A. COMMITTEE FOR THE PRESERVATION OF CAPITALISM (CPC), THE</b>		<b>Transaction ID:</b> SB23.4918
Mailing Address P.O. Box 65314		Date of Disbursement MM / DD / YYYY 03 / 27 / 2007
City Washington	State DC	Zip Code 20036
Purpose of Disbursement Contribution	Amount of Each Disbursement this Period 5000.00	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ESOP ASSOCIATION PAC</b>		<b>Transaction ID:</b> SB23.4892
Mailing Address 1726 M STREET, NW SUITE 501		Date of Disbursement MM / DD / YYYY 01 / 18 / 2007
City WASHINGTON	State DC	Zip Code 20036
Purpose of Disbursement Contribution	Amount of Each Disbursement this Period 1000.00	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. RUDOLPH W GIULIANI</b>		<b>Transaction ID:</b> SB23.4921
Mailing Address		Date of Disbursement MM / DD / YYYY 04 / 24 / 2007
City NEW YORK	State NY	Zip Code
Purpose of Disbursement Contribution	Amount of Each Disbursement this Period 2000.00	
Candidate Name RUDOLPH W GIULIANI	Category/ Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 03		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>8000.00</b>
<b>TOTAL</b> 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 18 / 19

<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

Full Name (Last, First, Middle Initial) <b>A. BLANCHE LINCOLN</b>		<b>Transaction ID: SB23.4919</b> Date of Disbursement MM / DD / YYYY 04 / 04 / 2007
Mailing Address 301 4TH STREET, NE, 2ND FLOOR		Amount of Each Disbursement this Period 1000.00
City WASHINGTON DC State DC Zip Code 20002	Purpose of Disbursement Contribution Contribution <input type="checkbox"/> 011 Category/Type	
Candidate Name BLANCHE LINCOLN		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. CHARLES J MELANCON</b>		<b>Transaction ID: SB23.4922</b> Date of Disbursement MM / DD / YYYY 05 / 14 / 2007
Mailing Address 511 CONGRESS ST STE 1 PO BOX 549		Amount of Each Disbursement this Period 1000.00
City NAPOLEONVILLE State LA Zip Code 70390	Purpose of Disbursement Contribution Contribution <input type="checkbox"/> 011 Category/Type	
Candidate Name CHARLES J MELANCON		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

2000.00

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

13000.00

**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 19 / 19

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ACADIAN AMBULANCE SERVICE, INC. EMPLOYEE PAC

Full Name (Last, First, Middle Initial)

**A.** Secretary of State

Mailing Address P.O. BOX 94125

City  
BATON ROUGE

State  
LA

Zip Code  
70804-9125

Purpose of Disbursement  
Filing Fee

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB29.4893

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5.00

**SUBTOTAL** of Disbursements This Page (optional) .....

5.00

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

5.00