

# 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 04 05 2008 in the State of LA  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on in the State of

5. Covering Period 02 18 2008 through 03 16 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer TIMOTHY BURKE  
Signature of Treasurer Electronically Filed by TIMOTHY BURKE Date 03 24 2008

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

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: 

M	M
0	2

D	D
1	8

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	3

D	D
1	6

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%;"><tr><td align="right">4608.44</td></tr></table>	4608.44
Y	Y	Y	Y									
2	0	0	8									
4608.44												
(b) Cash on Hand at Beginning of Reporting Period .....	<table border="1" style="width: 100%;"><tr><td align="right">2016.16</td></tr></table>	2016.16										
2016.16												
(c) Total Receipts (from Line 19) .....	<table border="1" style="width: 100%;"><tr><td align="right">5683.48</td></tr></table>	5683.48	<table border="1" style="width: 100%;"><tr><td align="right">13823.93</td></tr></table>	13823.93								
5683.48												
13823.93												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<table border="1" style="width: 100%;"><tr><td align="right">7699.64</td></tr></table>	7699.64	<table border="1" style="width: 100%;"><tr><td align="right">18432.37</td></tr></table>	18432.37								
7699.64												
18432.37												
7. Total Disbursements (from Line 31) .....	<table border="1" style="width: 100%;"><tr><td align="right">5505.00</td></tr></table>	5505.00	<table border="1" style="width: 100%;"><tr><td align="right">16237.73</td></tr></table>	16237.73								
5505.00												
16237.73												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table border="1" style="width: 100%;"><tr><td align="right">2194.64</td></tr></table>	2194.64	<table border="1" style="width: 100%;"><tr><td align="right">2194.64</td></tr></table>	2194.64								
2194.64												
2194.64												
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
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	2

D	D
1	8

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	3

D	D
1	6

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	4206.50	10216.00
(i) Itemized (use Schedule A) .....	1476.98	3607.93
(ii) Unitemized .....	5683.48	13823.93
(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) .....	5683.48	13823.93
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)) .....	5683.48	13823.93
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	5683.48	13823.93

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<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.....	5500.00	16232.73
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	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))..	5505.00	16237.73
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5505.00	16237.73

**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 .....	5683.48	13823.93
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5683.48	13823.93
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 / 17
	<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
	Mailing Address 6209 ASHFORD DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 2 9 / 2 0 0 8
	City	State	Zip Code
	ALEXANDRIA	LA	71303
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer ACADIAN AMBULANCE SERVICE		Occupation VICE PRESIDENT - OPERATIONS	Transaction ID: SA11AI.5027
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"/> 168.26
		<input type="text"/> 408.64	PAYROLL DEDUCTION

<b>B.</b>	Full Name (Last, First, Middle Initial) ERROLL BABINEUX		Date of Receipt
	Mailing Address 27 OAK PLACE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 2 9 / 2 0 0 8
	City	State	Zip Code
	NEW IBERIA	LA	70560
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer ACADIAN AMBULANCE SERVICE		Occupation VICE PRESIDENT - OPERATIONS	Transaction ID: SA11AI.5028
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"/> 168.26
		<input type="text"/> 408.64	PAYROLL DEDUCTION

<b>C.</b>	Full Name (Last, First, Middle Initial) RAY BIAS		Date of Receipt
	Mailing Address 226 S. FIELDSPAN RD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 2 9 / 2 0 0 8
	City	State	Zip Code
	SCOTT	LA	70583
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer ACADIAN AMBULANCE SERVICE		Occupation GOVERNMENTAL RELATIONS MANAGER	Transaction ID: SA11AI.5029
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"/> 168.26
		<input type="text"/> 408.64	PAYROLL DEDUCTION

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 504.78
<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: (check only one)	PAGE 7 / 17
	<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 02 / 29 / 2008
	Mailing Address 15 TRACE LOOP	<b>Transaction ID:</b> SA11AI.5030
	City State Zip Code MANDEVILLE LA 70448	Amount of Each Receipt this Period 168.26
	FEC ID number of contributing federal political committee. <b>C</b>	PAYROLL DEDUCTION
	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 ▼ 408.64	

<b>B.</b>	Full Name (Last, First, Middle Initial) TIMOTHY BURKE	Date of Receipt MM / DD / YYYY 02 / 29 / 2008
	Mailing Address 221 VEROT SCHOOL RD #213	<b>Transaction ID:</b> SA11AI.5031
	City State Zip Code LAFAYETTE LA 70501	Amount of Each Receipt this Period 168.26
	FEC ID number of contributing federal political committee. <b>C</b>	PAYROLL DEDUCTION
	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 ▼ 408.64	

<b>C.</b>	Full Name (Last, First, Middle Initial) Edward B. Comeaux	Date of Receipt MM / DD / YYYY 02 / 29 / 2008
	Mailing Address P.O. Box 946	<b>Transaction ID:</b> SA11AI.5032
	City State Zip Code Abbeville LA 70511	Amount of Each Receipt this Period 168.26
	FEC ID number of contributing federal political committee. <b>C</b>	PAYROLL DEDUCTION
	Name of Employer Occupation Acadian Ambulance Service, Inc Vice President of Monitoring Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 408.64	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>504.78</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: (check only one)	PAGE 8 / 17
	<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 MM / DD / YYYY 02 / 29 / 2008
	Mailing Address 100 RENEL RD	<b>Transaction ID:</b> SA11AI.5033
	City State Zip Code BREAUX BRIDGE LA 70517	Amount of Each Receipt this Period 168.26
	FEC ID number of contributing federal political committee. <b>C</b>	PAYROLL DEDUCTION
	Name of Employer Occupation ACADIAN AMBULANCE SERVICE MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 408.64	

<b>B.</b>	Full Name (Last, First, Middle Initial) DIANE GROH	Date of Receipt MM / DD / YYYY 02 / 29 / 2008
	Mailing Address 201 ACADEMY RD	<b>Transaction ID:</b> SA11AI.5034
	City State Zip Code LAFAYETTE LA 70503	Amount of Each Receipt this Period 168.26
	FEC ID number of contributing federal political committee. <b>C</b>	PAYROLL DEDUCTION
	Name of Employer Occupation ACADIAN AMBULANCE SERVICE VICE PRESIDENT - INSURANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 408.64	

<b>C.</b>	Full Name (Last, First, Middle Initial) CLAY HENRY	Date of Receipt MM / DD / YYYY 02 / 29 / 2008
	Mailing Address 310 WALLINGSFORD	<b>Transaction ID:</b> SA11AI.5035
	City State Zip Code YOUNGSVILLE LA 70592	Amount of Each Receipt this Period 168.26
	FEC ID number of contributing federal political committee. <b>C</b>	PAYROLL DEDUCTION
	Name of Employer Occupation ACADIAN AMBULANCE SERVICE VICE PRESIDENT - OPERATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 408.64	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>504.78</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: (check only one)	PAGE 9 / 17
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) GREG HILL	Date of Receipt MM / DD / YYYY 02 / 29 / 2008
	Mailing Address 205 ROCKY MOUND DR	<b>Transaction ID:</b> SA11AI.5036
	City State Zip Code LAFAYETTE LA 70506	Amount of Each Receipt this Period 168.26
	FEC ID number of contributing federal political committee. <b>C</b>	<b>PAYROLL DEDUCTION</b>
Name of Employer ACADIAN AMBULANCE SERVICE, INC	Occupation VICE PRESIDENT FINANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 408.64	

<b>B.</b>	Full Name (Last, First, Middle Initial) ROSS JUDICE	Date of Receipt MM / DD / YYYY 02 / 29 / 2008
	Mailing Address 111 GIRARD PK. DRIVE #25	<b>Transaction ID:</b> SA11AI.5037
	City State Zip Code LAFAYETTE LA 70503	Amount of Each Receipt this Period 168.26
	FEC ID number of contributing federal political committee. <b>C</b>	<b>PAYROLL DEDUCTION</b>
Name of Employer ACADIAN AMBULANCE SERVICE	Occupation CHIEF MEDICAL OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 408.64	

<b>C.</b>	Full Name (Last, First, Middle Initial) DAVID KELLY	Date of Receipt MM / DD / YYYY 02 / 29 / 2008
	Mailing Address 2060 CHERRYDALE DRIVE	<b>Transaction ID:</b> SA11AI.5038
	City State Zip Code BATON ROUGE LA 70808	Amount of Each Receipt this Period 168.26
	FEC ID number of contributing federal political committee. <b>C</b>	<b>PAYROLL DEDUCTION</b>
Name of Employer ACADIAN AMBULANCE SERVICE	Occupation CHIEF FINANCIAL OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 408.64	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>504.78</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 10 / 17  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
STEVEN KUIPER  
 Mailing Address 408 IDLEWILD DR  
 City HOUMA State LA Zip Code 70364  
 Date of Receipt 02 / 29 / 2008  
**Transaction ID:** SA11AI.5039  
 Amount of Each Receipt this Period 168.26  
 PAYROLL DEDUCTION  
 FEC ID number of contributing federal political committee. C  
 Name of Employer ACADIAN AMBULANCE SERVICE Occupation VICE PRESIDENT - OPERATION  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 408.64

**B.** Full Name (Last, First, Middle Initial)  
DANNY LENNIE  
 Mailing Address 12718 E. SHEATON  
 City BATON ROUGE State LA Zip Code 70815  
 Date of Receipt 02 / 29 / 2008  
**Transaction ID:** SA11AI.5040  
 Amount of Each Receipt this Period 168.26  
 PAYROLL DEDUCTION  
 FEC ID number of contributing federal political committee. C  
 Name of Employer ACADIAN AMBULANCE SERVICE Occupation VICE PRESIDENT - OPERATION  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 408.64

**C.** Full Name (Last, First, Middle Initial)  
JOSEPH LIGHTFOOT  
 Mailing Address 215 CRESTHILL DRIVE  
 City YOUNGSVILLE State LA Zip Code 70592  
 Date of Receipt 02 / 29 / 2008  
**Transaction ID:** SA11AI.5041  
 Amount of Each Receipt this Period 168.26  
 PAYROLL DEDUCTION  
 FEC ID number of contributing federal political committee. C  
 Name of Employer ACADIAN AMBULANCE SERVICE Occupation VICE PRESIDENT - HUMAN RESOURCES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 408.64

**SUBTOTAL** of Receipts This Page (optional) ..... ► 504.78  
**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 / 17  
(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)  
ED MURY

Mailing Address 3500 E SIMCOE #71

City State Zip Code  
LAFAYETTE LA 70501

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

Name of Employer Occupation  
ACADIAN AMBULANCE SERVICE PRESIDENT - AIS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 408.64

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.5042

Amount of Each Receipt this Period  
168.26

PAYROLL DEDUCTION

**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 ▼ 408.64

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.5043

Amount of Each Receipt this Period  
168.26

PAYROLL DEDUCTION

**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 ▼ 408.64

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.5044

Amount of Each Receipt this Period  
168.26

PAYROLL DEDUCTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **504.78**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 17
	<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) DAVID PIERCE	Date of Receipt MM / DD / YYYY 02 / 29 / 2008
	Mailing Address 327 WORTH AVE	<b>Transaction ID:</b> SA11AI.5045
	City State Zip Code LAFAYETTE LA 70508	Amount of Each Receipt this Period 168.26
	FEC ID number of contributing federal political committee. <b>C</b>	PAYROLL DEDUCTION
	Name of Employer Occupation ACADIAN AMBULANCE SERVICE PRESIDENT/COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 408.64	

<b>B.</b>	Full Name (Last, First, Middle Initial) JAY PIERRET	Date of Receipt MM / DD / YYYY 02 / 29 / 2008
	Mailing Address P.O. BOX 2806	<b>Transaction ID:</b> SA11AI.5046
	City State Zip Code LAFAYETTE LA 70502	Amount of Each Receipt this Period 168.26
	FEC ID number of contributing federal political committee. <b>C</b>	PAYROLL DEDUCTION
	Name of Employer Occupation ACADIAN AMBULANCE SERVICE VICE PRESIDENT - BUSINESS DEVELOPMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 408.64	

<b>C.</b>	Full Name (Last, First, Middle Initial) EARL ROMERO, Jr.	Date of Receipt MM / DD / YYYY 02 / 29 / 2008
	Mailing Address 104 VAN DYKE CT	<b>Transaction ID:</b> SA11AI.5047
	City State Zip Code LAFAYETTE LA 70503	Amount of Each Receipt this Period 168.26
	FEC ID number of contributing federal political committee. <b>C</b>	PAYROLL DEDUCTION
	Name of Employer Occupation ACADIAN AMBULANCE SERVICE VICE PRESIDENT - OPERATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 408.64	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>504.78</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 13 / 17  
(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)  
W KEITH SIMON

Mailing Address 465 BROUSSARD ST

City State Zip Code  
BREAUX BRIDGE LA 70517

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

Name of Employer Occupation  
ACADIAN AMBULANCE SERVICE VICE PRESIDENT - PUBLIC RELATIONS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 408.64

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.5048

Amount of Each Receipt this Period  
168.26

PAYROLL DEDUCTION

**B.**

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

Mailing Address 116 CANADA ST

City State Zip Code  
LAFAYETTE LA 70506

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 408.64

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.5049

Amount of Each Receipt this Period  
168.26

PAYROLL DEDUCTION

**C.**

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

Mailing Address 110 RUE PAPILLON

City State Zip Code  
BROUSSARD LA 70518

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

Name of Employer Occupation  
ACADIAN AMBULANCE SERVICE SR. VICE PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 408.64

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.5050

Amount of Each Receipt this Period  
168.26

PAYROLL DEDUCTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **504.78**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 14 / 17	
	(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 2 / 2 9 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.5051
	LAFAYETTE	LA	70508	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		C	168.26
Name of Employer ACADIAN AMBULANCE SERVICE		Occupation CHAIRMAN/GEO		PAYROLL DEDUCTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 408.64		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	168.26
<b>TOTAL</b> This Period (last page this line number only) .....	▶	4206.50

**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

<b>A.</b> Full Name (Last, First, Middle Initial) AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PA-C) Mailing Address 8201 Greensboro Drive Suite 300 City McLean State VA Zip Code 22102 Purpose of Disbursement CONTRIBUTION Candidate Name RODNEY ALEXANDER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 05 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5016 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00 Category/Type 011

<b>B.</b> Full Name (Last, First, Middle Initial) ESOP ASSOCIATION PAC Mailing Address 1726 M STREET, NW SUITE 501 City WASHINGTON State DC Zip Code 20036 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5013 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 9 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00 Category/Type 011

<b>C.</b> Full Name (Last, First, Middle Initial) FIMIAN, KEITH S Mailing Address 3105 WHEATLAND FARMS CT City OAKTON State VA Zip Code 22124 Purpose of Disbursement CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	Transaction ID: SB23.5080 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00 Category/Type 011

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

# 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) <b>PAUL SAWYER</b>	<b>Transaction ID: SB23.5078</b>
	Mailing Address P.O. BOX 83382	Date of Disbursement MM / DD / YYYY 02 / 26 / 2008
	City <b>BATON ROUGE</b> State <b>LA</b> Zip Code <b>70884</b>	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement CONTRIBUTION	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary

B.	Full Name (Last, First, Middle Initial) <b>PAUL SAWYER</b>	<b>Transaction ID: SB23.5077</b>
	Mailing Address P.O. BOX 83382	Date of Disbursement MM / DD / YYYY 03 / 04 / 2008
	City <b>BATON ROUGE</b> State <b>LA</b> Zip Code <b>70884</b>	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement CONTRIBUTION	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary

C.	Full Name (Last, First, Middle Initial) <b>WOODY JENKINS</b>	<b>Transaction ID: SB23.5075</b>
	Mailing Address 910 N FOSTER DRIVE	Date of Disbursement MM / DD / YYYY 02 / 19 / 2008
	City <b>BATON ROUGE</b> State <b>LA</b> Zip Code <b>70806</b>	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement CONTRIBUTION	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>5500.00</b>



**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 / 17

<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

A.

Full Name (Last, First, Middle Initial)  
Secretary of State

Mailing Address P.O. BOX 94125

City State Zip Code  
BATON ROUGE LA 70804-9125

Purpose of Disbursement  
Domestic Corporation Annual Report

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.5010

Date of Disbursement

02 / 19 / 2008

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