

# MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

**FORM MPAC  
COVER SHEET PG 1**

|   |   |  |  |  |
|---|---|--|--|--|
| The MPAC Instruction Guide explains how to complete this form.                  |   |  | 1 Filer ID<br>(Ethics Commission Filers)<br>00064960 | 2 Total pages filed:<br>6              |
| 3 COMMITTEE NAME<br>Acadian Ambulance Texas Employee Political Action Committee |   |  | <b>OFFICE USE ONLY</b>                               |  |
|   |   |  | Date Received<br>ELECTRONICALLY FILED<br>01/04/2024  |  |
| 4 COMMITTEE ADDRESS   | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP<br>P.O. Box 98000<br><br>Lafayette, LA 70509-8000                     |  |  | Date Hand-delivered or Date Postmarked |
| <input type="checkbox"/> Change of Address                                      |   |  |  | Receipt # Amount                       |
| 5 CAMPAIGN TREASURER NAME   | MS / MRS / MR FIRST MI  | Mrs. Erin E.   |  | Date Processed                         |
|   | NICKNAME LAST SUFFIX  | Beth LeBlanc   |  | Date Imaged                            |
| 6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)                     | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>130 E. Kaliste Saloom<br>Lafayette, LA 70508 |  |  |  |
| 7 CAMPAIGN TREASURER MAILING ADDRESS  | STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>P.O. Box 98000<br>Lafayette, LA 70509-8000            |  |  |  |
| 8 CAMPAIGN TREASURER PHONE  | AREA CODE   | PHONE NUMBER   | EXTENSION  |  |
|   | (337)   | 291-4030   |  |  |
| 9 REPORT TYPE   | <input checked="" type="checkbox"/> Monthly   | <input type="checkbox"/> 10th day after campaign treasurer termination | <input type="checkbox"/> Dissolution (Attach PAC-DR) |  |
| 10 MONTHLY REPORT FILING DEADLINE   | <input checked="" type="checkbox"/> January 5   | <input type="checkbox"/> April 5                                       | <input type="checkbox"/> July 5                      | <input type="checkbox"/> October 5     |
|   | <input type="checkbox"/> February 5   | <input type="checkbox"/> May 5   | <input type="checkbox"/> August 5                    | <input type="checkbox"/> November 5    |
|   | <input type="checkbox"/> March 5  | <input type="checkbox"/> June 5  | <input type="checkbox"/> September 5                 | <input type="checkbox"/> December 5    |
| 11 PERIOD COVERED   | Month Day Year  | THROUGH  | Month Day Year                                       |  |
|   | 11/26/2023  |  | 12/25/2023   |  |

**GO TO PAGE 2**

# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC  
COVER SHEET PG 2

|   |   |
|---|---|
| <b>12 COMMITTEE NAME</b><br>Acadian Ambulance Texas Employee Political Action Committee | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00064960 |
|---|---|

|   |  |   |
|---|--|---|
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported Grant Moody Bexar County, TX Commissioner (Precinct 3) |
|   |  | B. Opposed  |
|   | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported  |
|   |  | B. Opposed  |
|   | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) |   |

|                                |   |    |           |
|--------------------------------|---|----|-----------|
| <b>15 CONTRIBUTION TOTALS</b>  | <b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b><br><input type="checkbox"/> check here if this report qualifies for the higher itemization threshold | \$ | 1,000.00  |
|                                | <b>2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)</b>   | \$ | 1,000.00  |
| <b>EXPENDITURE TOTALS</b>      | <b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>   | \$ | 0.00      |
|                                | <b>4. TOTAL POLITICAL EXPENDITURES</b>  | \$ | 500.00    |
| <b>CONTRIBUTION BALANCE</b>    | <b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>   | \$ | 10,764.62 |
| <b>OUTSTANDING LOAN TOTALS</b> | <b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>  | \$ | 0.00      |

**16 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mrs. Erin E. LeBlanc  
 \_\_\_\_\_  
 Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

---

Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# SUBTOTALS - MPAC

|   |   |   |
|---|---|---|
| <b>17 COMMITTEE NAME</b><br>Acadian Ambulance Texas Employee Political Action Committee |   | <b>18 Filer ID</b> (Ethics Commission Filers)<br>00064960 |
| <b>19 SCHEDULE SUBTOTALS</b>  |   | SUBTOTAL AMOUNT   |
|   | NAME OF SCHEDULE  |   |
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                 | \$ 1,000.00   |
| 2.  | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                   | \$ 0.00   |
| 3.  | <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS   | \$ 0.00   |
| 4.  | <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION               | \$  |
| 5.  | <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$  |
| 6.  | <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION                     | \$  |
| 7.  | <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION                 | \$  |
| 8.  | <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION                 | \$  |
| 9.  | <input checked="" type="checkbox"/> SCHEDULE E: LOANS   | \$ 0.00   |
| 10.   | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS              | \$ 500.00   |
| 11.   | <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                      | \$ 0.00   |
| 12.   | <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS             | \$ 0.00   |
| 13.   | <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                 | \$ 0.00   |
| 14.   | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                      | \$  |
| 15.   | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER       | \$  |

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:  
Sch: 1/1 Rpt: 4/6

2 FILER NAME  
Acadian Ambulance Texas Employee Political Action Committee

3 Filer ID (Ethics Commission Filers)  
00064960

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

6 Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)

8 Amount of  
pledge (\$)

9 In-kind description  
(If applicable)

7 Pledgor Address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

# LOANS

# SCHEDULE E

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>                   |  | <b>1</b> Total pages Schedule E:<br>Sch: 1/1 Rpt: 5/6  |
| <b>2</b> FILER NAME<br>Acadian Ambulance Texas Employee Political Action Committee |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00064960   |
| <b>4</b> TOTAL OF UNITEMIZED LOANS   |  | <b>\$</b> 0.00   |
| <b>5</b> Date of loan  | <b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | <b>9</b> Loan Amount (\$)  |
| <b>6</b> Is lender a financial institution?  | <b>8</b> Lender address; City; State; Zip Code                                 | <b>10</b> Interest Rate  |
|  |  | <b>11</b> Maturity Date  |
| <b>12</b> Principal occupation / Job title (See Instructions)                      |  | <b>13</b> Employer (See Instructions)  |
| <b>14</b> Description of Collateral<br><input type="checkbox"/> None               |  | <b>15</b> Check if personal funds were deposited into political account (See Instructions)<br><input type="checkbox"/> |
| <b>16</b> GUARANTOR INFORMATION<br><input type="checkbox"/> not applicable         | <b>17</b> Name of guarantor  | <b>19</b> Amount Guaranteed (\$)   |
|  | <b>18</b> Guarantor address; City; State; Zip Code                             |  |
| <b>20</b> Principal occupation   |  | <b>21</b> Employer (See Instructions)  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|   |   |  |             |
|---|---|--|-------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/1 Rpt: 6/6  | <b>2</b> FILER NAME<br>Acadian Ambulance Texas Employee Political Action  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00064960   |             |
| <b>4</b> Date<br>11/28/2023   | <b>5</b> Payee name<br>Grant Moody Campaign   |  |             |
| <b>6</b> Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>1005 Congress Ave.<br>Suite 400<br>Austin, TX 78701  |  |             |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Political Contribution |             |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                               | Candidate/Officeholder name   | Office sought  | Office held |