FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00064960 3 COMMITTEE NAME **OFFICE USE ONLY** Acadian Ambulance Texas Employee Political Action Committee Date Received **ELECTRONICALLY FILED** 02/05/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** P.O. Box 98000 Change of Address Lafayette, LA 70509-8000 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Mrs. Erin E. NAME Date Processed NICKNAME **SUFFIX** LAST Beth Date Imaged LeBlanc CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 130 E. Kaliste Saloom STREET **ADDRESS** (Residence or Business) Lafayette, LA 70508 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** P.O. Box 98000 MAILING **ADDRESS** Change of Address Lafayette , LA 70509-8000 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (337) 291-4030 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 12/26/2023 01/25/2024

GO TO PAGE 2
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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

L2 COMMITTEE NAME	ovec Employee Delitical	Action Com-	sitte e	13 Filer ID	
Acadian Ambulance To	exas Employee Political	Action Comm	111111111111111111111111111111111111111	000649	96U
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Commissioner Rebeca Clay- Precinct 1	Flores Bex	ar County Commissioner,
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	OR GUARANT IADE ELECTRO	,	\$	0.00
	check here if this report qualifies for the higher itemization threshold 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES				0.00
	4. TOTAL POLITICAL EXPENDITURES				1,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD				9,764.62
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD				0.00
6 AFFIDAVIT	<u> </u>			<u> </u>	
		t	swear, or affirm, under penalty of rue and correct and includes all inf under Title 15, Election Code.	perjury, that t ormation requ	he accompanying report is uired to be reported by me
			Mrs. Eri	in E. LeBlan	С
		-	Signature of C	Campaign Tre	asurer
AFFIX NOTAR	Y STAMP / SEAL ABOVE				
Sworn to and subscribe	d before me, by the said			, this the	day
			my hand and seal of office.	• • • •	
Signature of officer a	dministering oath	Printed name o	of officer administering oath	Title of	officer administering oath

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

3 of 6

					3 of 6
17 COI	MMITT	EE NAME	18 Filer ID	(Ethics Comm	ission Filers)
Aca	adian <i>A</i>				
19 SCH NAM	HEDUL ME OF	SUBTOT	AL AMOUNT		
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3.	X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO)R	\$	
5.	5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION				
6.	6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION				
7.	7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION				
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION					
9. X SCHEDULE E: LOANS					0.00
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	1,000.00
11.	Х	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
12.	Х	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00
13.	13. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD				0.00
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	
				•	

PLE	DGED CONTRIBU	TIONS		SCHEDU	JLE B		
Т	he Instruction Guide exp	1 Total pages Schedule B: Sch: 1/1 Rpt: 4/6					
2 FILER N	AME			3 Filer ID (Ethics Commission Filers)			
Acadian	Ambulance Texas Employee	e Political Action Com	nmittee	00064960			
4 TOTAL	TOTAL OF UNITEMIZED PLEDGES			\$	0.00		
5 Date	6 Full name of pledgor	out-of-state PAC (ID#:	8 Amount of 9 In-kind descri	otion		
	7 Pledgor Address;	City; State; Zip C	ode	pledge (\$) (If applicable)	е)		
				Check if travel outside of Texas. Comple	te Schedule 1		
10 Principal	occupation / Job title (See Instru	ictions)	11 Employer (See In				

	LOANS						SCH	EDULE	E
	The Instructio	tion Guide explains how to complete this form					iges Schedule E 1 Rpt: 5/6	:	
2	FILER NAME Acadian Ambula	nce Texas Employee Political Action Commi	ittee		3	Filer ID	(Ethics Comm	ission Filers	s)
4	TOTAL OF UN	IITEMIZED LOANS					\$	(0.00
5	Date of loan	7 Name of lender out-of-state	e PA	C (ID#:	9 Loan Amou	ınt (\$)			
6	Is lender a financial institution?	8 Lender address; City; State	e;	Zip Code			10 Interest Ra	te	
							11 Maturity Da	te	
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Inst	ructions)		1		
14	Description of Coll	ateral		15 Check if personal funds were deposited into pol				count ctions)	
16	GUARANTOR INFORMATION	17 Name of guarantor					19 Amount Gu	aranteed (\$))
	not applicable	18 Guarantor address; City; State	e;	Zip Code					
20	Principal occupation		21 Employer (See Inst	ructions)					

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 Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment	By - Gift/Awards/Memorials Expense Printing Expense Travel Out of District cal Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	: 2 FILER NAME 3 Filer ID (Ethics Commission Filers)	П
Sch: 1/1 Rpt: 6/6	Acadian Ambulance Texas Employee Political Action 00064960	
4 Date	5 Payee name	
01/23/2024	Rebeca Clay-Flores Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,000.00	10902 Forest Breeze	
Expenditure from corporate funds	Live Oak, TX 78233	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
EXI ENDITORE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense	
	Political Contribution	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held OH	