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 (Ethics Commission Filers) 00064960	2 Total pages filed: 4			
3 COMMITTEE NAME		OFFICE USE ONLY				
Acadian Ambuland	ce Texas Employee Political Action Com	mittee	Date Received			
			ELECTRONICALLY FILED			
			07/08/2024			
4 COMMITTEE	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP				
ADDRESS	P.O. Box 98000					
	Lafayette, LA 70509-8000		Date Hand-delivered or Date Postmarked			
5 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	Receipt # Amount			
NAME	Mrs. Erin E.					
			Date Processed			
	NICKNAME LAST	SUFFI				
	Beth LeBlan	С	Date Imaged			
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE	E); APT / SUITE #; CITY; ST	ATE; ZIP CODE			
TREASURER	130 E. Kaliste Saloom					
STREET ADDRESS						
(Residence or Business)	Lafayette, LA 70508					
7 CAMPAIGN	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY; ST	ATE; ZIP CODE			
TREASURER MAILING	P.O. Box 98000					
ADDRESS						
Change of Address	Lafayette , LA 70509-8000					
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION				
TREASURER PHONE	(337) 291-4030					
9 REPORT TYPE	X Monthly	10th day after campaign treasurer termination	Dissolution (Attach PAC-DR)			
10 MONTHLY						
REPORT FILING	January 5 A	oril 5 X July 5	October 5			
DEADLINE	February 5 M	ay 5 🛛 August 5	November 5			
	March 5 Ju	ine 5 September 5	December 5			
11 PERIOD COVERED	Month Day Year	THROUGH	Day Year			
COVERED	05/26/2024	06/25/	2024			
GO TO PAGE 2						
Forms provided by Te	xas Ethics Commission www	.ethics.state.tx.us	Version V4.1.0.d378aba0			

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Acadian Ambulance Tex	kas Employee Political	Action Committee	00064960	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	365.54
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	702.99
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		DAY \$	9,967.61
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	•			
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.	rjury, that the a mation required	accompanying report is d to be reported by me
		Mrs. Erin	E. LeBlanc	
		Signature of Ca		rer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, ti	his the	day
of	, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of offic	cer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.d378aba0

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

3 of 4

17 COMMITTEE NAME 18 Filer ID			(Ethics Commission Filers)
Acadian Ambulance Texas Employee Political Action Committee 00064960			
19 SCHEDULE	SUBTOTAL AMOUNT		
NAME OF S			
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 702.99
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION			\$
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG.	ANIZATION	\$
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	RGANIZATION	\$
9.	SCHEDULE E: LOANS		\$
10.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	DNS	\$
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 4/4 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Acadian Ambulance Texas Employee Political Action Committee 00064960 Date Amount of Contribution (\$) 4 5 Full name of contributor out-of-state PAC (ID#: 7 05/31/2024 Burke, Timothy \$120.15 6 Contributor address; City; State; Zip Code Madisonville, LA 70447-9364 Principal occupation / Job title (See Instructions) 8 9 Employer (See Instructions) **Regional Vice President** ACADIAN AMBULANCE SERVICE, INC Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/31/2024 \$121.15 Lightfoot, Joseph Contributor address; City; State; Zip Code Youngsville, LA 70592-5742 Principal occupation / Job title (See Instructions) Employer (See Instructions) VICE PRESIDENT ACADIAN AMBULANCE SERVICE, INC Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#:) 05/31/2024 Zuschlag, Richard \$96.15 Contributor address; City; State; Zip Code Lafayette, LA 70508-7302 Principal occupation / Job title (See Instructions) Employer (See Instructions) CHAIRMAN/CEO Acadian Ambulance Service