

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME Acadian Ambulance Texas Employee Political Action Committee	13 Filer ID (Ethics Commission Filers) 00064960
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		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	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 1,825.50
	<input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 11,967.61
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 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

17 COMMITTEE NAME Acadian Ambulance Texas Employee Political Action Committee		18 Filer ID (Ethics Commission Filers) 00064960
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,000.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
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 type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
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	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/2 Rpt: 4/5
2 FILER NAME Acadian Ambulance Texas Employee Political Action Committee		3 Filer ID (Ethics Commission Filers) 00064960
4 Date 08/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blanchard, Benjamin	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code Youngsville, LA 70592-6386	
8 Principal occupation / Job title (See Instructions) Senior Director		9 Employer (See Instructions) Acadian Ambulance Service
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blanchard, Benjamin	Amount of Contribution (\$) \$2.50
	Contributor address; City; State; Zip Code Youngsville, LA 70592-6386	
Principal occupation / Job title (See Instructions) Senior Director		Employer (See Instructions) Acadian Ambulance Service
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burleigh, Edward	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Port Neches, TX 77651-2241	
Principal occupation / Job title (See Instructions) Operations Manager		Employer (See Instructions) Acadian Ambulance Service Inc
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cope, Steven	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code San Antonio, TX 78259-2088	
Principal occupation / Job title (See Instructions) Operations Manager		Employer (See Instructions) Acadian Ambulance Service
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mercer, Jason	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Bellville, TX 77418-2108	
Principal occupation / Job title (See Instructions) Director of Business Devl		Employer (See Instructions) Acadian Ambulance Service

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/5
2 FILER NAME Acadian Ambulance Texas Employee Political Action Committee		3 Filer ID (Ethics Commission Filers) 00064960
4 Date 08/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oberhoff, Donica <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78258-4581	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Director of Governmental		9 Employer (See Instructions) Acadian Ambulance Service
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oberhoff, Donica <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78258-4581	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Director of Governmental		Employer (See Instructions) Acadian Ambulance Service
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thibodeaux, Eric <hr/> Contributor address; City; State; Zip Code Spring, TX 77386-5044	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Director Of Operations		Employer (See Instructions) Acadian Ambulance Service
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Rusty <hr/> Contributor address; City; State; Zip Code Belton, TX 76513	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Director Of Operations		Employer (See Instructions) ACADIAN AMBULANCE
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Rusty <hr/> Contributor address; City; State; Zip Code Belton, TX 76513	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Director Of Operations		Employer (See Instructions) ACADIAN AMBULANCE