



# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Acadian Ambulance Texas Employee Political Action Committee	<b>13 Filer ID</b> (Ethics Commission Filers) 00064960
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported    Sen. Judith Zaffirini    State Senator
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (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> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 2,093.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)</b>	\$ 5,000.00
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 3,000.00
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 13,467.61
OUTSTANDING LOAN TOTALS	<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

# MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**  
ADDENDUM

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<b>12 COMMITTEE NAME</b> Acadian Ambulance Texas Employee Political Action Committee		<b>13 Filer ID</b> (Ethics Commission Filers) 00064960
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Sen. Morgan LaMantia State Senator  B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	
	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Sen. Molly Cook State Senator  B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	
<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Sen. Juan Hinojosa State Senator  B. Opposed
<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed	
<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)		

# MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**  
ADDENDUM

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<b>12 COMMITTEE NAME</b> Acadian Ambulance Texas Employee Political Action Committee	<b>13 Filer ID</b> (Ethics Commission Filers) 00064960
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Sen. Carol Alvarado State Senator
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

# SUBTOTALS - MPAC

<b>17</b> COMMITTEE NAME Acadian Ambulance Texas Employee Political Action Committee	<b>18</b> Filer ID (Ethics Commission Filers) 00064960
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<b>19</b> SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1. <input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,000.00
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 checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 3,000.00
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**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 1/13 Rpt: 6/20
2 FILER NAME Acadian Ambulance Texas Employee Political Action Committee		3 Filer ID (Ethics Commission Filers) 00064960
4 Date 11/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Anderson, Spencer	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code  Lafayette, LA 70508-2150	
8 Principal occupation / Job title (See Instructions) Director Of Operations		9 Employer (See Instructions) Acadian Ambulance Service
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Anderson, Spencer	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Lafayette, LA 70508-2150	
Principal occupation / Job title (See Instructions) Director Of Operations		Employer (See Instructions) Acadian Ambulance Service
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ashley, Alan	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Madisonville, LA 70447-3711	
Principal occupation / Job title (See Instructions) Director of Business Devl		Employer (See Instructions) Acadian Ambulance Service
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ashley, Alan	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Madisonville, LA 70447-3711	
Principal occupation / Job title (See Instructions) Director of Business Devl		Employer (See Instructions) Acadian Ambulance Service
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Back, Justin	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Lafayette, LA 70503-4441	
Principal occupation / Job title (See Instructions) Pres of Acadian Ambulance		Employer (See Instructions) Acadian Ambulance Inc

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/13 Rpt: 7/20
<b>2</b> FILER NAME Acadian Ambulance Texas Employee Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00064960
<b>4</b> Date 11/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Back, Justin <hr/> <b>6</b> Contributor address; City; State; Zip Code  Lafayette, LA 70503-4441	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Pres of Acadian Ambulance		<b>9</b> Employer (See Instructions) Acadian Ambulance Inc
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bech, Martin <hr/> Contributor address; City; State; Zip Code  Lafayette, LA 70503-2443	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) VICE PRESIDENT		Employer (See Instructions) Acadian Ambulance Service Inc
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bech, Martin <hr/> Contributor address; City; State; Zip Code  Lafayette, LA 70503-2443	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) VICE PRESIDENT		Employer (See Instructions) Acadian Ambulance Service Inc
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Blanchard, Benjamin <hr/> Contributor address; City; State; Zip Code  Youngsville, LA 70592-6386	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Senior Director		Employer (See Instructions) Acadian Ambulance Service
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Blanchard, Benjamin <hr/> Contributor address; City; State; Zip Code  Youngsville, LA 70592-6386	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Senior Director		Employer (See Instructions) Acadian Ambulance Service

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/13 Rpt: 8/20
<b>2</b> FILER NAME Acadian Ambulance Texas Employee Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00064960
<b>4</b> Date 11/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Braud, Clint	<b>7</b> Amount of Contribution (\$)  \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  Lafayette, LA 70506-6303	
<b>8</b> Principal occupation / Job title (See Instructions) Quality Improvement Mgr		<b>9</b> Employer (See Instructions) Acadian Ambulance Service
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Braud, Clint	Amount of Contribution (\$)  \$25.00
	Contributor address; City; State; Zip Code  Lafayette, LA 70506-6303	
Principal occupation / Job title (See Instructions) Quality Improvement Mgr		Employer (See Instructions) Acadian Ambulance Service
Date 11/01/2024	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
Date 11/15/2024	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) Dispatcher		Employer (See Instructions) Acadian Ambulance Service Inc
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Burnell, Charles	Amount of Contribution (\$)  \$150.00
	Contributor address; City; State; Zip Code  Carencro, LA 70520-5602	
Principal occupation / Job title (See Instructions) VP-Chief Medical Officer		Employer (See Instructions) ACADIAN AMBULANCE SEVICE

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/13 Rpt: 9/20
<b>2</b> FILER NAME Acadian Ambulance Texas Employee Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00064960
<b>4</b> Date 11/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cope, Steven <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78259-2088	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Operations Manager		<b>9</b> Employer (See Instructions) Acadian Ambulance
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cope, Steven <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78259-2088	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Operations Manager		Employer (See Instructions) Acadian Ambulance Service
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DeJean, David <hr/> Contributor address; City; State; Zip Code  Broussard, LA 70518-7507	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Director of Materials Man		Employer (See Instructions) Acadian Ambulance Service Inc
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DeJean, David <hr/> Contributor address; City; State; Zip Code  Broussard, LA 70518-7507	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Director of Materials Man		Employer (See Instructions) Acadian Ambulance Service Inc
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Domingue, Scott <hr/> Contributor address; City; State; Zip Code  Lafayette, LA 70508-7052	Amount of Contribution (\$)  \$125.00
Principal occupation / Job title (See Instructions) President - SMS		Employer (See Instructions) ACADIAN AMBULANCE

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 5/13 Rpt: 10/20
2 FILER NAME Acadian Ambulance Texas Employee Political Action Committee		3 Filer ID (Ethics Commission Filers) 00064960
4 Date 11/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dupuis, Howard	7 Amount of Contribution (\$)  \$125.00
	6 Contributor address; City; State; Zip Code  Lafayette, LA 70506-6605	
8 Principal occupation / Job title (See Instructions) Chief Executive Officer		9 Employer (See Instructions) Acadian Ambulance Service
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gaspard, Trampus	Amount of Contribution (\$)  \$150.00
	Contributor address; City; State; Zip Code  Lafayette, LA 70506-3144	
Principal occupation / Job title (See Instructions) Senior Director		Employer (See Instructions) ACADIAN AMBULANCE
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gaylord, Andrew	Amount of Contribution (\$)  \$50.00
	Contributor address; City; State; Zip Code  Brookshire, TX 77423-1938	
Principal occupation / Job title (See Instructions) EMT Field Supervisor		Employer (See Instructions) Acadian Ambulance
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gaylord, Andrew	Amount of Contribution (\$)  \$50.00
	Contributor address; City; State; Zip Code  Brookshire, TX 77423-1938	
Principal occupation / Job title (See Instructions) EMT Field Supervisor		Employer (See Instructions) Acadian Ambulance Service
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Guidry, Melanie	Amount of Contribution (\$)  \$25.00
	Contributor address; City; State; Zip Code  Scott, LA 70583-4626	
Principal occupation / Job title (See Instructions) Community Relations Super		Employer (See Instructions) Acadian Ambulance Service Inc

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/13 Rpt: 11/20
<b>2</b> FILER NAME Acadian Ambulance Texas Employee Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00064960
<b>4</b> Date 11/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Guidry, Melanie	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>6</b> Contributor address; City; State; Zip Code  Scott, LA 70583-4626		
<b>8</b> Principal occupation / Job title (See Instructions) Community Relations Super		<b>9</b> Employer (See Instructions) Acadian Ambulance Service Inc
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hamilton, Paul	Amount of Contribution (\$)  \$20.00
Contributor address; City; State; Zip Code  Breaux Bridge, LA 70517-7556		
Principal occupation / Job title (See Instructions) Director of Governmental		Employer (See Instructions) Acadian Ambulance Service Inc
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hamilton, Paul	Amount of Contribution (\$)  \$20.00
Contributor address; City; State; Zip Code  Breaux Bridge, LA 70517-7556		
Principal occupation / Job title (See Instructions) Director of Governmental		Employer (See Instructions) Acadian Ambulance Service Inc
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Juneau, Courtney	Amount of Contribution (\$)  \$120.00
Contributor address; City; State; Zip Code  Carencro, LA 70520-5659		
Principal occupation / Job title (See Instructions) VICE PRESIDENT		Employer (See Instructions) Acadian Ambulance Service
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Juneau, Courtney	Amount of Contribution (\$)  \$120.00
Contributor address; City; State; Zip Code  Carencro, LA 70520-5659		
Principal occupation / Job title (See Instructions) VICE PRESIDENT		Employer (See Instructions) Acadian Ambulance Service

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 7/13 Rpt: 12/20
2 FILER NAME Acadian Ambulance Texas Employee Political Action Committee		3 Filer ID (Ethics Commission Filers) 00064960
4 Date 11/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kidd, Emily	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code  New Braunfels, TX 78132-3913	
8 Principal occupation / Job title (See Instructions) Medical Director		9 Employer (See Instructions) Acadian Ambulance
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kidd, Emily	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  New Braunfels, TX 78132-3913	
Principal occupation / Job title (See Instructions) Medical Director		Employer (See Instructions) ACADIAN AMBULANCE
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lanclos, Albert	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Arnaudville, LA 70512-5415	
Principal occupation / Job title (See Instructions) Director Of Operations		Employer (See Instructions) Acadian Ambulance Service
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lanclos, Albert	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Arnaudville, LA 70512-5415	
Principal occupation / Job title (See Instructions) Director Of Operations		Employer (See Instructions) Acadian Ambulance Service
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mann, Carl	Amount of Contribution (\$) \$120.00
	Contributor address; City; State; Zip Code  Lafayette, LA 70503-3408	
Principal occupation / Job title (See Instructions) VICE PRESIDENT		Employer (See Instructions) Acadian Ambulance Service

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/13 Rpt: 13/20
<b>2</b> FILER NAME Acadian Ambulance Texas Employee Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00064960
<b>4</b> Date 11/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mann, Carl <hr/> <b>6</b> Contributor address; City; State; Zip Code  Lafayette, LA 70503-3408	<b>7</b> Amount of Contribution (\$)  \$120.00
<b>8</b> Principal occupation / Job title (See Instructions) VICE PRESIDENT		<b>9</b> Employer (See Instructions) Acadian Ambulance Service
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mayeaux, Brock <hr/> Contributor address; City; State; Zip Code  Maurice, LA 70555-3372	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) EMT		Employer (See Instructions) Acadian Ambulance Service Inc
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mayeaux, Brock <hr/> Contributor address; City; State; Zip Code  Maurice, LA 70555-3372	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) EMT		Employer (See Instructions) Acadian Ambulance Service Inc
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mercer, Jason <hr/> Contributor address; City; State; Zip Code  Bellville, TX 77418-2108	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Director of Business Devl		Employer (See Instructions) Acadian Ambulance
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mercer, Jason <hr/> Contributor address; City; State; Zip Code  Bellville, TX 77418-2108	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Director of Business Devl		Employer (See Instructions) Acadian Ambulance Service

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/13 Rpt: 14/20
<b>2</b> FILER NAME Acadian Ambulance Texas Employee Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00064960
<b>4</b> Date 11/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Niles, Brandon <hr/> <b>6</b> Contributor address; City; State; Zip Code  Lafayette, LA 70508-4842	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) VICE PRESIDENT		<b>9</b> Employer (See Instructions) ACADIAN AMBULANCE
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Niles, Brandon <hr/> Contributor address; City; State; Zip Code  Lafayette, LA 70508-4842	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) VICE PRESIDENT		Employer (See Instructions) ACADIAN AMBULANCE
Date 11/01/2024	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 11/01/2024	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 (\$)  \$25.00
Principal occupation / Job title (See Instructions) Director of Governmental		Employer (See Instructions) Acadian Ambulance
Date 11/15/2024	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 (\$)  \$25.00
Principal occupation / Job title (See Instructions) Director of Governmental		Employer (See Instructions) Acadian Ambulance Service

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/13 Rpt: 15/20
<b>2</b> FILER NAME Acadian Ambulance Texas Employee Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00064960
<b>4</b> Date 11/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Oberhoff, Donica <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78258-4581	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Director of Governmental		<b>9</b> Employer (See Instructions) Acadian Ambulance Service
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pharr, Allyson <hr/> Contributor address; City; State; Zip Code  Lafayette, LA 70508-7458	Amount of Contribution (\$)  \$125.00
Principal occupation / Job title (See Instructions) Legal/Government Officer		Employer (See Instructions) ACADIAN AMBULANCE SERVICE, INC
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Simmons, Penny <hr/> Contributor address; City; State; Zip Code  Bastrop, LA 71220-4863	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Paramedic		Employer (See Instructions) Acadian Ambulance
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Simmons, Penny <hr/> Contributor address; City; State; Zip Code  Bastrop, LA 71220-4863	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Paramedic		Employer (See Instructions) Acadian Ambulance
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Snell, Desirae <hr/> Contributor address; City; State; Zip Code  Geismar, LA 70734-3036	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Manager Comm Relations		Employer (See Instructions) Acadian Ambulance

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/13 Rpt: 16/20
<b>2</b> FILER NAME Acadian Ambulance Texas Employee Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00064960
<b>4</b> Date 11/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Snell, Desirae <hr/> <b>6</b> Contributor address; City; State; Zip Code  Geismar, LA 70734-3036	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Manager Comm Relations		<b>9</b> Employer (See Instructions) Acadian Ambulance
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sonnier, Michael <hr/> Contributor address; City; State; Zip Code  Youngsville, LA 70592-5482	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) VPO Air Srvs & Comm Cntrs		Employer (See Instructions) ACADIAN AMBULANCE SERVICE, INC
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sonnier, Michael <hr/> Contributor address; City; State; Zip Code  Youngsville, LA 70592-5482	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) VPO Air Srvs & Comm Cntrs		Employer (See Instructions) ACADIAN AMBULANCE SERVICE, INC
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stricklin, Eric <hr/> Contributor address; City; State; Zip Code  Highlands, TX 77562-3244	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Acadian Ambulance
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stricklin, Eric <hr/> Contributor address; City; State; Zip Code  Highlands, TX 77562-3244	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Acadian Ambulance Service

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/13 Rpt: 17/20
<b>2</b> FILER NAME Acadian Ambulance Texas Employee Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00064960
<b>4</b> Date 11/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thibodeaux, Eric <hr/> <b>6</b> Contributor address; City; State; Zip Code  Spring, TX 77386-5044	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Director Of Operations		<b>9</b> Employer (See Instructions) Acadian Ambulance
Date 11/15/2024	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 11/01/2024	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
Date 11/15/2024	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 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Zuschlag, Joseph <hr/> Contributor address; City; State; Zip Code  Lafayette, LA 70508-3002	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) EXECUTIVE VICE PRESIDENT		Employer (See Instructions) ACADIAN AMBULANCE SERVICE, INC

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/13 Rpt: 18/20
<b>2</b> FILER NAME Acadian Ambulance Texas Employee Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00064960
<b>4</b> Date 11/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Zuschlag, Joseph <hr/> <b>6</b> Contributor address; City; State; Zip Code  Lafayette, LA 70508-3002	<b>7</b> Amount of Contribution (\$)  \$40.00
<b>8</b> Principal occupation / Job title (See Instructions) EXECUTIVE VICE PRESIDENT		<b>9</b> Employer (See Instructions) ACADIAN AMBULANCE SERVICE, INC

# 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: Sch: 1/2 Rpt: 19/20	<b>2</b> FILER NAME Acadian Ambulance Texas Employee Political Action	<b>3</b> Filer ID (Ethics Commission Filers) 00064960
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<b>4</b> Date 11/01/2024	<b>5</b> Payee name Carol Alvarado Campaign
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<b>6</b> Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code P.O. Box 230842  Houston, TX 77223-0842
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/01/2024	Payee name Juan Hinojosa Campaign
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Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 1421  Austin, TX 78767
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/11/2024	Payee name Judith Zaffirini Campaign
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Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 627  Laredo, TX 78042-0627
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/2 Rpt: 20/20	<b>2</b> FILER NAME Acadian Ambulance Texas Employee Political Action	<b>3</b> Filer ID (Ethics Commission Filers) 00064960
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<b>4</b> Date 11/01/2024	<b>5</b> Payee name Molly for Texas
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<b>6</b> Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 667238  Houston, TX 77266-7238
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/01/2024	Payee name Morgan LaMantia Campaign
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Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1324 E. Madison Ave.  Brownsville, TX 78520-5758
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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