

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 Acadian Ambulance Texas Employee Political Action Committee			OFFICE USE ONLY				
			Date Received ELECTRONICALLY FILED 03/05/2025				
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP P.O. Box 98000 Lafayette, LA 70509-8000		Date Hand-delivered or Date Postmarked				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI				
	Mrs.	Erin E.					
	NICKNAME	LAST	SUFFIX				
	Beth	LeBlanc					
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 130 E. Kaliste Saloom Lafayette, LA 70508						
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 98000 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 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 checked="" 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
	01	26	2025		02	25	2025

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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)	\$ 242.04
	<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)	\$ 883.34
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	\$ 17,120.02
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
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19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 883.34
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: 1/1 Rpt: 4/4
2 FILER NAME Acadian Ambulance Texas Employee Political Action Committee		3 Filer ID (Ethics Commission Filers) 00064960
4 Date 02/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Back, Justin	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Lafayette, LA 70503-4441	
8 Principal occupation / Job title (See Instructions) Pres of Acadian Ambulance		9 Employer (See Instructions) Acadian Ambulance Service Inc.
Date 02/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burke, Timothy	Amount of Contribution (\$) \$120.15
	Contributor address; City; State; Zip Code Madisonville, LA 70447-9364	
Principal occupation / Job title (See Instructions) Regional Vice President		Employer (See Instructions) Acadian Ambulance Service Inc.
Date 02/07/2025	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 Service Inc.
Date 02/07/2025	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 Service Inc.
Date 02/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lightfoot, Joseph	Amount of Contribution (\$) \$121.15
	Contributor address; City; State; Zip Code Youngsville, LA 70592-5742	
Principal occupation / Job title (See Instructions) VICE PRESIDENT		Employer (See Instructions) Acadian Ambulance Service Inc.