

# 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<br>(Ethics Commission Filers)<br>00064960 |  | 2 Total pages filed:<br>3                                                                                                                                                                                             |  |
| 3 COMMITTEE NAME<br>Acadian Ambulance Texas Employee Political Action Committee |                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                      |  | <b>OFFICE USE ONLY</b><br><br>Date Received<br>ELECTRONICALLY FILED<br>10/06/2025<br><br>Date Hand-delivered or Date Postmarked<br><br>Receipt #                      Amount<br><br>Date Processed<br><br>Date Imaged |  |
| 4 COMMITTEE ADDRESS                                                             | ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP<br>P.O. Box 98000<br><br>Lafayette, LA 70509-8000                                                                                                                                                                                                                                                                                                                            |                                                      |  |                                                                                                                                                                                                                       |  |
| 5 CAMPAIGN TREASURER NAME                                                       | MS / MRS / MR                      FIRST                      MI<br>Mrs.                      Erin E.                                                                                                                                                                                                                                                                                                                                      |                                                      |  |                                                                                                                                                                                                                       |  |
|                                                                                 | NICKNAME                      LAST                      SUFFIX<br>Beth                      LeBlanc                                                                                                                                                                                                                                                                                                                                        |                                                      |  |                                                                                                                                                                                                                       |  |
| 6 CAMPAIGN TREASURER STREET ADDRESS<br>(Residence or Business)                  | STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;    CITY;    STATE;    ZIP CODE<br>130 E. Kaliste Saloom<br><br>Lafayette, LA 70508                                                                                                                                                                                                                                                                                                    |                                                      |  |                                                                                                                                                                                                                       |  |
| 7 CAMPAIGN TREASURER MAILING ADDRESS                                            | STREET ADDRESS OR PO BOX;                      APT / SUITE #;    CITY;    STATE;    ZIP CODE<br>P.O. Box 98000<br><br>Lafayette , LA 70509-8000                                                                                                                                                                                                                                                                                            |                                                      |  |                                                                                                                                                                                                                       |  |
| 8 CAMPAIGN TREASURER PHONE                                                      | AREA CODE                      PHONE NUMBER                      EXTENSION<br>(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 checked="" type="checkbox"/> October 5<br><input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input type="checkbox"/> November 5<br><input 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<br>08/26/2025                      09/25/2025                                                                                                                                                                                                                                                                                                  |                                                      |  |                                                                                                                                                                                                                       |  |

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# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

## FORM MPAC COVER SHEET PG 2

|                                                                                                         |                                                                                                      |                                                                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>12 COMMITTEE NAME</b><br>Acadian Ambulance Texas Employee Political Action Committee                 |                                                                                                      | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00064960                                                                                                                                                                                         |
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)                     | A. Supported                                                                                                                                                                                                                                      |
|                                                                                                         |                                                                                                      | B. Opposed                                                                                                                                                                                                                                        |
|                                                                                                         | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)               | A. Supported                                                                                                                                                                                                                                      |
|                                                                                                         |                                                                                                      | B. Opposed                                                                                                                                                                                                                                        |
|                                                                                                         | <b>3. Officeholders Assisted</b><br>(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><br><input type="checkbox"/> check here if this report qualifies for the higher itemization threshold |
|                                                                                                         | <b>2. TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)       | \$ 0.00                                                                                                                                                                                                                                           |
| EXPENDITURE TOTALS                                                                                      | <b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>                                                    | \$ 0.00                                                                                                                                                                                                                                           |
|                                                                                                         | <b>4. TOTAL POLITICAL EXPENDITURES</b>                                                               | \$ 0.00                                                                                                                                                                                                                                           |
| CONTRIBUTION BALANCE                                                                                    | <b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>        | \$ 16,120.02                                                                                                                                                                                                                                      |
| 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

**SUBTOTALS - MPAC****FORM MPAC**  
**COVER SHEET PG 3**  
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|                                                                                         |                                                                                                                   |                                                           |
|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| <b>17 COMMITTEE NAME</b><br>Acadian Ambulance Texas Employee Political Action Committee |                                                                                                                   | <b>18 Filer ID</b> (Ethics Commission Filers)<br>00064960 |
| <b>19 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE                                        |                                                                                                                   | SUBTOTAL AMOUNT                                           |
| 1.                                                                                      | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                            | \$                                                        |
| 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       | \$                                                        |