STATEMENT OF ORGANIZATION

OFFICE USE ONLY 02

PAC S/O 1/9

0200178

1. Name and Address of Committee
Acadian Ambulance Employees Political Action Committee
P.O. Box 92970
Lafayette, LA 70509

2. Date of this Statement
1/9/02

3. Estimated Membership
97

4. Amended Statement?
___ Yes ✓ No

Rec # 336972
#1235

5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors)

a. Name	b. Position	c. Address
Tyron Picard	Chairperson	130 E. Pinhole Saloom Lafayette, LA.
Dean Wright	Treasurer	" "

6. Affiliated Organizations
(Any organization, other than a political committee, which directly or indirectly established, administers, or financially supports this committee.)

a. Name	b. Address	c. Relationship to Committee
Acadian Ambulance Service, Inc.	130 E. Pinhole Saloom Lafayette, LA 70509	Employer

7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.)

a. Name	b. Address
Bank One	Jefferson St. Lafayette, LA

8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: ___ Principal Campaign Committee ___ Subsidiary Committee

b. Name of Candidate

c. Office Sought by the Candidate

9. a. Name of Person Preparing Report
Dean Wright
b. Daytime Telephone 337-291-1569

10. WE HEREBY CERTIFY that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge, information and belief.

This _____ day of _____, _____.

Signature of Committee Chairperson

Daytime Telephone Number

Dean Wright
Signature of Committee Treasurer, if any

337-291-1569
Daytime Telephone Number

Form 203, Rev. 3/98