| STATEMENT OF ORGANIZATION | | OFFICE USE ONLY |
|--|--|--|
| Name and Address of Committee | 2. Date of this Statement | |
| Acadian Ambulance Employees PAC P. O. Box 98000 | 1/20/2023 | |
| Lafayette, LA 70509 | 3. Estimated Membership 875 | |
| | | |
| Check If: | 4. Amended Statement? | |
| New Committee | Yes ^X No | |
| All Committee Officers and Directors (including Chairperson, Treasurer, | , if any, and any other committee offi | cers and directors) |
| a. <u>Name</u> b. <u>Position</u> | c. Address | |
| | ner Dr. Lafayette, LA 70508 | |
| Erin LeBlanc Treasurer 214 Hidden Grove Place Lafayette, LA 70503 | | |
| | | |
| | | The state of the s |
| 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 130 E. Kaliste Saloom Road Lafayette, LA 70508 Connected Organization | | |
| | | |
| 7. All Depositories for Committee Funds (committee funds must be deposituds.) a. Name b. Address JP Morgan Chase Bank, N.A. P.O. Box 182051 Columbu | | and loan institutions or money market mutual |
| IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Che- | ck one: Principal Campai | gn Committee Subsidiary Committee |
| b. Name of Candidate | | c. Office Sought by the Candidate |
| b. Hallo of Calidada | | |
| a. Name of Person Preparing Report Ashley Greaf | | |
| b. Daytime Telephone (202) 543-8345 | | <u> </u> |
| 10. WE HEREBY CERTIFY that the information contained in this STATEM and belief. | IENT OF ORGANIZATION is true and | d correct to the best of our knowledge, information |
| This day of, | | |
| Allyson F Pharr | | ETHICS BOORD REC'D |
| Signature of Committee Chairperson | Daytim | e Telephone Number |
| Erin LeBlanc 2 Lullan | | 7) 291-3333 ne Telephone Number |