STATEMENT OF ORGANIZATION

OFFICE USE ONLY

Amendment
300291

300291

1. Name and Address of Committee

Acadian Ambulance Employee Political
Action Committee, Inc.
P O Box 98000
Lafayette, LA 70509

2. Date of this Statement: 12/18/03

3. Estimated Membership: 326

4. Amended Statement? xxxxx Yes ____ No

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	2005 W. St. Mary Lafayette, LA 70506
Timothy Burke	Treasurer	221 Verot School Rd Apt. 213 Lafayette, LA 70508

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.	P O Box 92970 Lafayette, LA 70509	

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	Baton Rouge, LA 70801

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: Timothy Burke

b. Daytime Telephone: 1-800-259-2222

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 18th day of December

Signature of Committee Chairperson — Daytime Telephone Number: 337-291-3333

Signature of Committee Treasurer, if any — Daytime Telephone Number: 337-291-3361

2003 DEC 23 PM 1:18

Form 200, Rev. 3/98

AMENDMENT

STATEMENT OF ORGANIZATION

OFFICE USE ONLY 03

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PAC
S/O
1/21

Rec # 9299
#1613

1. Name and Address of Committee

ACADIAN AMBULANCE EMPLOYEES POLITICAL ACTION COMMITTEE
P.O. BOX 92970
LAFAYETTE, LA 70509

2. Date of this Statement: 1/20/03

3. Estimated Membership: 90

4. Amended Statement? ___ Yes ✓ No

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	2005 W. ST. MARY	LAFAYETTE, LA 70506
V. DEAN WRIGHT II	Treasurer	11 BAYOU OAKS	CROWLEY, LA 70526

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

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
SEE ATTACHED	

SCANNED
Date 1/31/03 By DC

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: V. DEAN WRIGHT II

b. Daytime Telephone: 337-291-1569

2003 JAN 22 PM 1:05
ETHICS ADMINISTRATION
CAMPAIGN FINANCE
RECEIVED

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

V. Dean Wright II
Signature of Committee Treasurer, if any

337-291-1569
Daytime Telephone Number

Form 200, Rev. 3/96