STATEMENT OF ORGANIZATION

OFFICE USE ONLY 04

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PAC
S/O
1/8

Rec # 4855
#1762

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

01/09/04

3. Estimated Membership

330

4. Amended Statement?

____ Yes XX 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
337-291-3361

b. Daytime Telephone

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

337-291-3333
Daytime Telephone Number

Signature of Committee Treasurer, if any

337-291-3361
Daytime Telephone Number

Form 200, Rev. 3/98