

<b>STATEMENT OF ORGANIZATION</b>		<b>OFFICE USE ONLY</b>									
<b>1. Name and Address of Committee</b>  ACADIAN AMBULANCE EMPLOYEES POLITICAL ACTION COMMITTEE PO BOX 98000 LAFAYETTE, LA 70509  Check If: New Committee <input type="checkbox"/>	<b>2. Date of this Statement</b>  <div style="text-align: right;">1/5/2021</div> <b>3. Estimated Membership</b>  <div style="text-align: right;">0</div> <b>4. Amended Statement?</b>  <div style="text-align: right;"> <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No </div>	<b>Report Number:</b> 94008  <b>Date Filed:</b> 1/5/2021  									
<b>5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors)</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><u>a. Name</u></td> <td style="width: 33%;"><u>b. Position</u></td> <td style="width: 33%;"><u>c. Address</u></td> </tr> <tr> <td>ALLYSON PHARR</td> <td>Chairperson</td> <td>, LA</td> </tr> <tr> <td>ERIN LEBLANC</td> <td>Treasurer</td> <td>304 MILL VALLEY RUN LAFAYETTE, LA 70508 0000</td> </tr> </table>			<u>a. Name</u>	<u>b. Position</u>	<u>c. Address</u>	ALLYSON PHARR	Chairperson	, LA	ERIN LEBLANC	Treasurer	304 MILL VALLEY RUN LAFAYETTE, LA 70508 0000
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ALLYSON PHARR	Chairperson	, LA									
ERIN LEBLANC	Treasurer	304 MILL VALLEY RUN LAFAYETTE, LA 70508 0000									
<b>6. Affiliated Organizations</b> (Any organization, other than a political committee, which directly or indirectly established, administers, or financially supports this committee.) <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><u>a. Name</u></td> <td style="width: 33%;"><u>b. Address</u></td> <td style="width: 33%;"><u>c. Relationship to Committee</u></td> </tr> </table>			<u>a. Name</u>	<u>b. Address</u>	<u>c. Relationship to Committee</u>						
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<b>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.)</b>  <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><u>a. Name</u></td> <td style="width: 33%;"><u>b. Address</u></td> </tr> </table> <p style="text-align: center;">On attached sheet</p>			<u>a. Name</u>	<u>b. Address</u>							
<u>a. Name</u>	<u>b. Address</u>										
<b>8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE:</b> a. Check one: <input type="checkbox"/> Principal Campaign Committee <input checked="" type="checkbox"/> <b>Subsidiary Committee</b>											
<b>b. Name of Candidate</b>	<b>c. Office Sought by the Candidate</b>										
<b>9. a. Name of Person Preparing Report</b> ASSOCIATE COUNSEL ERIN LEBLANC  <b>b. Daytime Telephone</b>											
<b>10. WE HEREBY CERTIFY</b> that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge , information and belief.  This <u>5th</u> day of <u>January</u> , <u>2021</u> .  <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"> <u>ALLYSON PHARR</u>  Signature of Committee/Chairperson </td> <td style="width: 40%;"> _____  Daytime Telephone </td> </tr> <tr> <td> <u>ERIN LEBLANC</u>  Signature of Committee Treasurer , if any </td> <td> _____  Daytime Telephone </td> </tr> </table>			<u>ALLYSON PHARR</u> Signature of Committee/Chairperson	_____ Daytime Telephone	<u>ERIN LEBLANC</u> Signature of Committee Treasurer , if any	_____ Daytime Telephone					
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<u>ERIN LEBLANC</u> Signature of Committee Treasurer , if any	_____ Daytime Telephone										

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

JP MORGAN CHASE

b. Address

PO Box 260161  
Baton Rouge, LA 70826