

STATEMENT OF ORGANIZATION		OFFICE USE ONLY									
1. Name and Address of Committee ACADIAN AMBULANCE EMPLOYEES POLITICAL ACTION COMMITTEE PO BOX 98000 LAFAYETTE, LA 70509 Check If: New Committee _____	2. Date of this Statement <div style="text-align: center;">1/20/2015</div>	Report Number: 46491 Date Filed: 1/20/2015 									
	3. Estimated Membership <div style="text-align: center;">1318</div>										
	4. Amended Statement? <div style="text-align: center;"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </div>										
5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors)											
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 33%;"><u>a. Name</u></th> <th style="text-align: left; width: 33%;"><u>b. Position</u></th> <th style="text-align: left; width: 34%;"><u>c. Address</u></th> </tr> </thead> <tbody> <tr> <td>ALLYSON F PHARR</td> <td>Chairperson</td> <td>101 Bonner Dr Lafayette, LA 70508</td> </tr> <tr> <td>TIMOTHY BURKE</td> <td>Treasurer</td> <td>109 FOUNTAIN VIEW DR YOUNGSVILLE, LA 70592</td> </tr> </tbody> </table>			<u>a. Name</u>	<u>b. Position</u>	<u>c. Address</u>	ALLYSON F PHARR	Chairperson	101 Bonner Dr Lafayette, LA 70508	TIMOTHY BURKE	Treasurer	109 FOUNTAIN VIEW DR YOUNGSVILLE, LA 70592
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ALLYSON F PHARR	Chairperson	101 Bonner Dr Lafayette, LA 70508									
TIMOTHY BURKE	Treasurer	109 FOUNTAIN VIEW DR YOUNGSVILLE, LA 70592									
6. Affiliated Organizations (Any organization, other than a political committee, which directly or indirectly established, administers, or financially supports this committee.)											
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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.)											
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8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: <input type="checkbox"/> Principal Campaign Committee <input checked="" type="checkbox"/> Subsidiary Committee											
b. Name of Candidate		c. Office Sought by the Candidate									
9. a. Name of Person Preparing Report TIMOTHY BURKE b. Daytime Telephone (337)291-3361											
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 <u>20th</u> day of <u>January</u> , <u>2015</u> . <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <u>Allyson F Pharr</u> Signature of Committee/Chairperson </div> <div style="width: 45%;"> <u>(000)000-0000</u> Daytime Telephone </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <u>Timothy Burke</u> Signature of Committee Treasurer , if any </div> <div style="width: 45%;"> <u>(000)000-0000</u> Daytime Telephone </div> </div>											

COMMITTEES WITH OVER 250 MEMBERS

The following certification is OPTIONAL and should be completed ONLY if it is applicable to your committee . Completion of this certification doubles the normal limitations on the amounts of contributions to candidates that are otherwise applicable to political committees.

11. WE HEREBY CERTIFY that the membership of this political committee exceeded two hundred fifty (250) members **as of December 31 of the calendar year immediately preceding the date of this STATEMENT OF ORGANIZATION.** We further certify that at least two hundred fifty (250) of the members of this political committee contributed at least fifty dollars (\$50.00) to this committee **during the calendar year immediately preceding the date of this STATEMENT OF ORGANIZATION.**

This 20th day of January, 2015 .

Allyson F Pharr

Signature of Committee/Chairperson

(000)000-0000

Daytime Telephone

Timothy Burke

Signature of Committee Treasurer, if any

(000)000-0000

Daytime Telephone