	4 B 4 I T	TCC,	$\circ$		
CON	/I IVI I	TEE'	5 K	EP	JRI

(filed by committees that support or oppose one or more candidates and/or propositions and that are not candidate committees)

, ,	,
Full Name and Address of Political Committee	OFFICE USE ONLY
ACADIAN AMBULANCE EMPLOYEES POLITICAL ACTION COMMITTEE	Report Number: 65574
PO BOX 98000 LAFAYETTE, LA 70509	Date Filed: 8/10/2017
	Report Number: 65574  Date Filed: 8/10/2017  Report Includes Schedules: Schedule B
2. Date of Primary 11/2/2018	
	Schedule E-3 Schedule E-4
This report covers from 7/1/2017 through 7/31/2017	
3. Type of Report:	
180th day prior to primary 40th day after general	
90th day prior to primary Annual (future election)	
30th day prior to primary X Monthly	
10th day prior to primary	
10th day prior to general Amendment to prior	
All Committee Officers (including Chairperson, Treasurer, if any, and any other committee officers)	
a. <u>Name</u> b. <u>Position</u> c. <u>Address</u>	
ALLYSON F PHARR Chairperson 101 Bonner D	r
Lafayette, LA	70508
ERIN LEBLANC Treasurer 214 Hidden G	rove Place
Lafayette, LA	70503
5. Candidates or Propositions the Committee is Supporting or Opposing (use additional sheets if nece	essary)
a. Name & Address of Candidate/Description of Proposition b. Office Sough	t c. Political Party d. Support/Oppose
On attached sheet	
6. Is the Committee supporting the entire ticket of a political party?  Yes	No If "yes", which party?
7. a. Name of Person Preparing Report ERIN LEBLANC	
b. Daytime Telephone (337)291-4030	
8. WE HEREBY CERTIFY that the information contained in this report and the attached schedules is information and belief, and that no expenditures have been made nor contributions received that have required to be reported by the Louisiana Campaign Finance Disclosure Act has been deliberately omi	e not been reported herein, and that no information
This 10th day of August , 2017 .	
Allyson F Pharr Signature of Committee/Chairperson	(000)000-0000 Daytime Telephone
organica of committee, ortaliperson	Dayano tolopholio
Erin LeBlanc	(000)000-0000
Signature of Committee Treasurer, if any	Daytime Telephone

Form 202, Rev. 3/98, Page Rev. 5/01

5. Candidates or Propositions the Committee is Supporting or Opposing (use additional sheets if necessary)

a. Name & Address of Candidate/Description of Proposition

b. Office Sought

c. Political Party

d. Support/Oppose

Public Service Commissioner

Republican

Support

Report Number: 65574

# **SUMMARY PAGE**

RECEIPTS	This Period	
1. Contributions (Schedule A-1)	\$ 0.00	
2. In-kind Contributions (Schedule A-2)	\$ 0.00	
3. Campaign paraphernalia sales of \$25 <i>or less</i>	\$ 0.00	
4. TOTAL CONTRIBUTIONS (Lines 1 + 2 +3)	\$ 0.00	
5. Other Receipts (Schedule A-3)	\$ 0.00	
6. Loans Received (Schedule B)	\$ 0.00	
7. Loan Repayments Received (Schedule D)	\$ 0.00	
8. <b>TOTAL RECEIPTS</b> (Lines 4 + 5 + 6 + 7)	\$ 0.00	

DISBURSEMENTS	This Period
9. General Expenditures (Schedule E-1)	\$ 0.00
10. In-Kind Expenditures (Schedule E-2)	\$ 0.00
11. Contributions made to Candidates (Schedule E-3)	\$ 2,500.00
12. TOTAL EXPENDITURES (Lines 9 + 10 + 11)	\$ 2,500.00
13. Other Disbursements (Schedule E-4)	\$ 36.60
14. Loan Repayments Made (Schedule B)	\$ 0.00
15. Funds Loaned (Schedule D)	\$ 0.00
16. <b>TOTAL DISBURSEMENTS</b> (Lines 12 + 13 + 14 + 15)	\$ 2,536.60

FINANCIAL SUMMARY	Amount	
17. Funds on hand at beginning of reporting period  (Must equal funds on hand at close from last report or -0- if first report for this committee)	\$ 6,769.43	
18. <i>Plus</i> total receipts this period ( <i>less</i> in-kind contributions received)  (Line 8 above minus line 2 above)	\$ 0.00	
19. <i>Less</i> total disbursements this period ( <i>less</i> in-kind expenditures)  (Line 16 above minus line 10 above)	\$ 2,536.60	
20. Funds on hand at close of reporting period	\$ 4,232.83	

Form 202, Rev. 3/98, Page Rev. 3/98

Report Number: 65574

## **SUMMARY PAGE (continued)**

INVESTMENTS	Amount	
21. Of funds on hand at beginning of reporting period (Line 17, above), amount held in investments (i.e., savings accounts, CD's, money market funds, etc.)	\$ 0.00	
22. Of funds on hand at close of reporting period (Line 20, above), amount held in investments	\$ 0.00	

SPECIAL TRANSACTIONS	This Period	
23. Contributions received from political committees (From Schedules A-1 and A-2)	\$ 0.00	
24. All proceeds from the sale of tickets to fundraising events (Receipts from the sale of tickets are contributions and must also be reported on Schedule A-1)	\$ 0.00	
25. Proceeds from the sale of campaign paraphernalia (Receipts from the sale of campaign paraphernalia are contributions and must also be reported on Schedule A-1 or Line 3 above)	\$ 0.00	
26. Expenditures from petty cash fund (Must also be reported on Schedule E-1)	\$ 0.00	

### **NOTICE**

A political committee must register in each calendar year in which it will have over \$500 of financial activity. The registration is accomplished by filing a Statement of Organization form and paying the \$100 filing fee. Statements of Organization are filed annually by January 31. Any committee which realizes that it will have over \$500 of financial activity after January 31 must register within ten days of its realization of that fact. However, if this occurs during the ten day period prior to an election the Statement of Organization must be filed within three days.

Political committees must file reports of receipts and disbursements on an annual basis. Annual reports are due by February 15 and should cover the preceding calendar year. Also, committees must file reports of receipts and disbursements on the same schedule as the candidates it supports or opposes. Reports are also due in connection with propositions (ballot issues) the committee supports or opposes. Schedules of reporting and filing dates for all elections are available from the Campaign Finance Office.

Form 202, Rev. 3/98, Page Rev. 3/00

9	CHEDI		<b>D</b> · I		101		
3	<b>БПЕ</b> ВІ	JLE	D. I	LUAN	10 1	てヒしヒ	IVED

The following information must be provided for each loan or line repaid. Also, complete this schedule for loans received in prior reported separately, even if from the same source.				
1. Name and address of lender	2. a. Date*3/4/	b. Interest rat	e 4.00 %(a.p.r.)	
ACADIAN AMBULANCE INC. PO Box 98000	c. Amount borrowed	*	\$ 20,000.00	
Lafayette, LA 70509	d. Balance due		\$0.00_	
		the date the line of credit withe amount actually drawn and of credit available \$		
3. Endorsers/Guarantors	Repayments this per     Date	iod Principal	Interest	
(Enter the full name and address of each person or entity that has endorsed, guaranteed or otherwise secured the loan or line of credit. Also, state the amount of liability for each endorser or guarantor.)	(List payments of principal known, list all payments ur	and interest separately. If sepander principal.)	I arate amounts are not	
1. Name and address of lender	2. a. Date*9/9/	b. Interest rat	e 4.00 %(a.p.r.)	
ACADIAN AMBULANCE INC. PO Box 98000	c. Amount borrowed	*	\$ 6,000.00	
Lafayette, LA 70509	d. Balance due			
	*For lines of credit, give the date the line of credit was first committed at Item 2a and list only the amount actually drawn at Item 2c.			
	OPTIONAL: Total amou	ınt of credit available \$		
3. Endorsers/Guarantors	4. Repayments this period			
ACADIAN AMBULANCE INC. PO Box 98000	Date	Principal	Interest	
Lafayette, LA 70509 Liability: \$ 0.00				
(Enter the full name and address of each person or entity that has endorsed, guaranteed or otherwise secured the loan or line of credit. Also, state the amount of liability for each endorser or guarantor.)	(List payments of principal known, list all payments ur	and interest separately. If sepander principal.)	arate amounts are not	
1. Name and address of lender	2. a. Date* <u>8/31</u>	/2011 b. Interest rat	e 4.00 %(a.p.r.)	
ACADIAN AMBULANCE INC. PO Box 98000	c. Amount borrowed*			
Lafayette, LA 70509	d. Balance due			
	*For lines of credit, give the date the line of credit was first committed at Item 2a and list only the amount actually drawn at Item 2c.			
	OPTIONAL: Total amou	ınt of credit available \$		
3. Endorsers/Guarantors	4. Repayments this per		Inter	
	Date	Principal	Interest	

(Enter the full name and address of each person or entity that has endorsed, guaranteed or otherwise secured the loan or line of credit.

Also, state the amount of liability for each endorser or guarantor.)

(List payments of principal and interest separately. If separate amounts are not

known, list all payments under principal.)

#### SCHEDULE E-3: CONTRIBUTIONS MADE TO CANDIDATES

The following information must be provided for direct contributions made to candidates or their campaign committees, during this reporting period, except for in-kind expenditures. All candidates listed on this schedule should also be listed on the Cover Page in Item 5. Report all in-kind expenditures, including those made to candidates, on SCHEDULE E-2: IN-KIND EXPENDITURES. Totals and subtotals at bottom of the page are *optional*. Completion of totals and subtotals may assist in calculating totals that must be reported on the Summary Page.

Name and Address of Recipient Candidate	Contributions Made thi     a. Date(s)	s Reporting Period b. Amount(s)
CRAIG GREENE 8080 Bluebonnet Boulevard Baton Rouge, LA 70810	07/21/2017	\$ 2,500.00
3. SUBTOTAL (optional)	\$ 2,500.00	
4. TOTAL (optional - complete only on last page of this schedule)	\$ 2,500.00	

Form 202, Rev. 3/98, Page Rev. 3/98

### **SCHEDULE E-4: OTHER DISBURSEMENTS**

This schedule is used to report those disbursements that are not "expenditures"; that is, monies paid by the committee that are not paid for the purpose of supporting, opposing or otherwise influencing the nomination or election of a candidate to public office or supporting or opposing a proposition or question submitted to the voters. Examples include the payment of taxes or the refund of contributions. Disbursements should be reported on this schedule only if they have not been reported elsewhere in this report. The explanation of the disbursement should state the reason the payment was made by the committee.

1. Name and Address of Recipient	2. Date	3. Explanation	4. Amount
JP MORGAN CHASE PO Box 260161 Baton Rouge, LA 70826	07/17/2017	Bank Service Charge	\$ 36.60
5. Total OTHER DISBURSEMENTS during this reporting period	\$ 36.60		

Form 202, Rev. 3/98, Page Rev. 3/98

Report Number: 65574