

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 <input type="checkbox"/>	2. Date of this Statement <div style="text-align: center;">1/31/2018</div>	Report Number: 68065 Date Filed: 1/31/2018 									
	3. Estimated Membership <div style="text-align: center;">0</div>										
	4. Amended Statement? <div style="text-align: center;"> <input type="checkbox"/> Yes <input checked="" 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>ASSOCIATE ERIN LEBLANC</td> <td>Treasurer</td> <td>214 Hidden Grove Place Lafayette, LA 70503</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	ASSOCIATE ERIN LEBLANC	Treasurer	214 Hidden Grove Place Lafayette, LA 70503
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ALLYSON F PHARR	Chairperson	101 Bonner Dr Lafayette, LA 70508									
ASSOCIATE ERIN LEBLANC	Treasurer	214 Hidden Grove Place Lafayette, LA 70503									
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 ASSOCIATE ERIN LEBLANC											
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 <u>31st</u> day of <u>January</u> , <u>2018</u> .											
<u>Allyson F Pharr</u> Signature of Committee/Chairperson		<u>(000)000-0000</u> Daytime Telephone									
<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