

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;">1/10/2020</div>	Report Number: 85200 Date Filed: 1/10/2020
	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) <div style="display: flex; justify-content: space-between;"> <u>a. Name</u> <u>b. Position</u> <u>c. Address</u> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>ALLYSON PHARR</div> <div>Chairperson</div> <div>, LA</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>ERIN LEBLANC</div> <div>Treasurer</div> <div>304 MILL VALLEY RUN LAFAYETTE, LA 70508 0000</div> </div>		
6. Affiliated Organizations <small>(Any organization, other than a political committee, which directly or indirectly established, administers, or financially supports this committee.)</small> <div style="display: flex; justify-content: space-between;"> <u>a. Name</u> <u>b. Address</u> <u>c. Relationship to Committee</u> </div>		
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.) <div style="display: flex; justify-content: space-between;"> <u>a. Name</u> <u>b. Address</u> </div> <div style="text-align: center; margin-top: 10px;">On attached sheet</div>		
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 COUNSEL 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>10th</u> day of <u>January</u> , <u>2020</u> . <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <u>ALLYSON PHARR</u> Signature of Committee/Chairperson </div> <div style="width: 45%;"> _____ Daytime Telephone </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <u>ERIN LEBLANC</u> Signature of Committee Treasurer, if any </div> <div style="width: 45%;"> _____ Daytime Telephone </div> </div>		

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