STATEMENT OF ORGANIZATION

1. Name and Address of Committee
ACADIAN AMBULANCE EMPLOYEES
POLITICAL ACTION COMMITTEE
PO BOX 98000
LAFAYETTE, LA 70509

2. Date of this Statement
1/9/2013

3. Estimated Membership
1500

4. Amended Statement?
Rec # 774-3

5. New Committee: __________ Monthly Filer: __________

6. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors)
   a. Name
   b. Position
   c. Address

   ALLYSON F. PHARR  Chairperson  101 Bonner Dr
                          Lafayette, LA 70508

   TIMOTHY BURKE  Treasurer  108 FOUNTAIN VIEW DR
                           YOUNGSVILLE, LA 70592

7. Affiliated Organizations
   (Any organization, other than a political committee, which directly or indirectly establishes, administers, or financially supports this committee.)
   a. Name
   b. Address
   c. Relationship to Committee

8. 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
   b. Address

9. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE:
   a. Check one: ____________________________
   b. Name of Candidate
   c. Office Sought by the Candidate

10. Name of Person Preparing Report
    TIMOTHY BURKE
    a. Daytime Telephone (337)291-3361

11. 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.

   Signature of Committee/Chairperson
   Allison F. Pharr
   Date: 9th day of January, 2013

   Signature of Committee Treasurer, if any
   Timothy Burke
   Date: 9th day of January, 2013

Form 100, Rev. 12/03