

COMMITTEE'S REPORT

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

1. Full Name and Address of Political Committee

ACADIAN AMBULANCE EMPLOYEES POLITICAL ACTION COMMITTEE
PO BOX 98000
LAFAYETTE, LA 70509

OFFICE USE ONLY

Report Number: 58473

Date Filed: 3/9/2016

Report Includes Schedules:

Schedule B
Schedule E-3
Schedule E-4



2. Date of Primary

10/24/2015

This report covers from 2/1/2016 through 2/29/2016

3. Type of Report:

<input type="checkbox"/> 180th day prior to primary	<input type="checkbox"/> 40th day after general
<input type="checkbox"/> 90th day prior to primary	<input type="checkbox"/> Annual (future election)
<input type="checkbox"/> 30th day prior to primary	<input checked="" type="checkbox"/> Monthly
<input type="checkbox"/> 10th day prior to primary	
<input type="checkbox"/> 10th day prior to general	<input type="checkbox"/> Amendment to prior

4. All Committee Officers (including Chairperson, Treasurer, if any, and any other committee officers)

a. Name

b. Position

c. Address

ALLYSON F PHARR

Chairperson

101 Bonner Dr

Lafayette, LA 70508

ERIN LEBLANC

Treasurer

214 Hidden Grove Place

Lafayette, LA 70503

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

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 true and correct to the best of our knowledge, information and belief, and that no expenditures have been made nor contributions received that have not been reported herein, and that no information required to be reported by the Louisiana Campaign Finance Disclosure Act has been deliberately omitted.

This 9th day of March, 2016.

Allyson F Pharr

Signature of Committee/Chairperson

(000)000-0000

Daytime Telephone

Erin LeBlanc

Signature of Committee Treasurer, if any

(000)000-0000

Daytime Telephone

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
ERIC LAFLEUR 210 High School Dr Ville Platte, LA 70586	State Senate Prim 2019 Dist.28	Democrat	Support
JOEL T CHAISSON, III 1 ORMOND TRACE DESTREHAN, LA 70047	District Attorney Prim2020St. Charles	Democrat	Support

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 or less	\$ 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. TOTAL RECEIPTS (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)	\$ 1,250.00
12. TOTAL EXPENDITURES (Lines 9 + 10 + 11)	\$ 1,250.00
13. Other Disbursements (Schedule E-4)	\$ 34.46
14. Loan Repayments Made (Schedule B)	\$ 0.00
15. Funds Loaned (Schedule D)	\$ 0.00
16. TOTAL DISBURSEMENTS (Lines 12 + 13 + 14 + 15)	\$ 1,284.46

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)	\$ 15,913.59
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)	\$ 1,284.46
20. Funds on hand at close of reporting period	\$ 14,629.13

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SUMMARY PAGE (continued)

INVESTMENTS	Amount
21. Of funds on hand at beginning of reporting period (Line 17, above), amount held in investments (<i>i.e.</i> , 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.

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SCHEDULE B: LOANS RECEIVED

The following information must be provided for each loan or line of credit received this reporting period, even if it has been repaid. Also, complete this schedule for loans received in prior periods that are still outstanding. Separate loans must be reported separately, even if from the same source.

1. Name and address of lender ACADIAN AMBULANCE INC. PO Box 98000 Lafayette, LA 70509	2. a. Date* <u>3/4/2011</u> b. Interest rate <u>4.00</u> %(a.p.r.) c. Amount borrowed* \$ <u>20,000.00</u> d. Balance due \$ <u>0.00</u> *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 amount of credit available \$ _____						
3. Endorsers/Guarantors	4. Repayments this period <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%; text-align: center;">Date</th> <th style="width: 33%; text-align: center;">Principal</th> <th style="width: 33%; text-align: center;">Interest</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"></td> <td></td> <td></td> </tr> </tbody> </table>	Date	Principal	Interest			
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.)						
1. Name and address of lender ACADIAN AMBULANCE INC. PO Box 98000 Lafayette, LA 70509	2. a. Date* <u>9/9/2011</u> b. Interest rate <u>4.00</u> %(a.p.r.) c. Amount borrowed* \$ <u>6,000.00</u> d. Balance due \$ <u>0.00</u> *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 amount of credit available \$ _____						
3. Endorsers/Guarantors ACADIAN AMBULANCE INC. PO Box 98000 Lafayette, LA 70509 Liability: \$ <u>0.00</u>	4. Repayments this period <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%; text-align: center;">Date</th> <th style="width: 33%; text-align: center;">Principal</th> <th style="width: 33%; text-align: center;">Interest</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"></td> <td></td> <td></td> </tr> </tbody> </table>	Date	Principal	Interest			
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1. Name and address of lender ACADIAN AMBULANCE INC. PO Box 98000 Lafayette, LA 70509	2. a. Date* <u>8/31/2011</u> b. Interest rate <u>4.00</u> %(a.p.r.) c. Amount borrowed* \$ <u>2,000.00</u> d. Balance due \$ <u>0.00</u> *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 amount of credit available \$ _____						
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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.

1. Name and Address of Recipient Candidate	2. Contributions Made this Reporting Period	
	a. Date(s)	b. Amount(s)
ERIC LAFLEUR 210 High School Dr Ville Platte, LA 70586	02/18/2016	\$ 1,000.00
JOEL T CHAISSON, III 1 ORMOND TRACE DESTREHAN, LA 70047	02/18/2016	\$ 250.00
3. SUBTOTAL (optional)		\$ 1,250.00
4. TOTAL (optional - complete only on last page of this schedule)		\$ 1,250.00

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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	02/16/2016	Bank Service Charge	\$ 34.46
5. Total OTHER DISBURSEMENTS during this reporting period			\$ 34.46

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