

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
AMERICAN MEDICAL RESPONSE INC POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 6200 S SYRACUSE WAY STE 200  
 Check if different than previously reported. (ACC)  
GREENWOOD VILLAGE CO 80111

2. **FEC IDENTIFICATION NUMBER** C00389585  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 05 01 2008 through 05 31 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer David Buckley  
Signature of Treasurer Electronically Filed by David Buckley Date 08 14 2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN MEDICAL RESPONSE INC POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 5 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 5 |

|   |   |
|---|---|
| D | D |
| 3 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

|   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |   |   |   |   |   |   |  |          |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|----------|
| 6. (a) Cash on Hand<br>January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> | Y                       | Y                                 | Y | Y | 2 | 0 | 0 | 8 |  | 43356.60 |
| Y   | Y                       | Y                                 | Y |   |   |   |   |   |  |          |
| 2   | 0                       | 0                                 | 8 |   |   |   |   |   |  |          |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....  | 44542.06                |                                   |   |   |   |   |   |   |  |          |
| (c) Total Receipts (from Line 19) .....   | 2548.38                 | 11733.84                          |   |   |   |   |   |   |  |          |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....  | 47090.44                | 55090.44                          |   |   |   |   |   |   |  |          |
| 7. Total Disbursements (from Line 31) .....   | 2000.00                 | 10000.00                          |   |   |   |   |   |   |  |          |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....   | 45090.44                | 45090.44                          |   |   |   |   |   |   |  |          |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....   | 0.00                    |                                   |   |   |   |   |   |   |  |          |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |   |   |   |   |   |   |  |          |

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

AMERICAN MEDICAL RESPONSE INC POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 5 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 5 |

|   |   |
|---|---|
| D | D |
| 3 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees  | 1956.47                       | 6585.14                           |
| (i) Itemized (use Schedule A) .....  |                               |                                   |
| (ii) Unitemized .....  | 591.91                        | 5148.70                           |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) .....   | 2548.38                       | 11733.84                          |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs) .....  | 0.00                          | 0.00                              |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....     | 2548.38                       | 11733.84                          |
| 12. Transfers From Affiliated/Other Party Committees .....   | 0.00                          | 0.00                              |
| 13. All Loans Received .....   | 0.00                          | 0.00                              |
| 14. Loan Repayments Received .....   | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) ..... | 0.00                          | 0.00                              |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.) .....   | 0.00                          | 0.00                              |
| 18. Transfers from Non-Federal and Levin Funds   |                               |                                   |
| (a) Non-Federal Account (from Schedule H3) .....   | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....   | 0.00                          | 0.00                              |
| (c) Total Transfer (add 18(a) and 18(b)).  | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....                          | 2548.38                       | 11733.84                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 2548.38                       | 11733.84                          |

**DETAILED SUMMARY PAGE**

of Disbursements

| II. DISBURSEMENTS  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |                               |                                   |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4)                                     |                               |                                   |
| (i) Federal Share.....   | 0.00                          | 0.00                              |
| (ii) Non-Federal Share.....  | 0.00                          | 0.00                              |
| (b) Other Federal Operating Expenditures.....  | 0.00                          | 0.00                              |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....                          | 0.00                          | 0.00                              |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 2000.00                       | 10000.00                          |
| 24. Independent Expenditure (use Schedule E) .....   | 0.00                          | 0.00                              |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00                          | 0.00                              |
| 26. Loan Repayments Made.....  | 0.00                          | 0.00                              |
| 27. Loans Made.....  | 0.00                          | 0.00                              |
| 28. Refunds of Contributions To:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0.00                          | 0.00                              |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs) .....  | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....                           | 0.00                          | 0.00                              |
| 29. Other Disbursements.....   | 0.00                          | 0.00                              |
| 30. Federal Election Activity (2 U.S.C 431(20))  |                               |                                   |
| (a) Shared Federal Election Activity (from Schedule H6)  |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) "Levin" Share .....   | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00                          | 0.00                              |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....              | 0.00                          | 0.00                              |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..       | 2000.00                       | 10000.00                          |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 2000.00                       | 10000.00                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

| III. Net Contributions/Operating Expenditures                                    | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) .....        | 2548.38                       | 11733.84                          |
| 34. Total Contribution Refunds (from Line 28(d)) .....                           | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....   | 2548.38                       | 11733.84                          |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 0.00                          | 0.00                              |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) .....               | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) .....             | 0.00                          | 0.00                              |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 22  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
AMERICAN MEDICAL RESPONSE INC POLITICAL ACTION COMMITTEE

|  |   |
|--|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Scott S Bourn</p> <p>Mailing Address 10617 Stone Creek Ct.</p> <p>City State Zip Code<br/>Parker CO 80134-2536</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer<br/>American Medical Response</p> <p>Occupation<br/>Manager, Clinical Ed.</p> <p>Receipt For:<br/> <input type="checkbox"/> Primary   <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼<br/> <span style="border: 1px solid black; padding: 2px;">384.60</span></p> | <p>Date of Receipt<br/> <span style="border: 1px solid black; padding: 2px;">05 / 09 / 2008</span></p> <p><b>Transaction ID:</b> SA11AI.6828</p> <p>Amount of Each Receipt this Period<br/> <span style="border: 1px solid black; padding: 2px;">38.46</span></p> <p>Payroll Deduction \$38.46<br/>biweekly</p> |
|--|---|

|  |   |
|--|---|
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Scott S Bourn</p> <p>Mailing Address 10617 Stone Creek Ct.</p> <p>City State Zip Code<br/>Parker CO 80134-2536</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer<br/>American Medical Response</p> <p>Occupation<br/>Manager, Clinical Ed.</p> <p>Receipt For:<br/> <input type="checkbox"/> Primary   <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼<br/> <span style="border: 1px solid black; padding: 2px;">423.06</span></p> | <p>Date of Receipt<br/> <span style="border: 1px solid black; padding: 2px;">05 / 23 / 2008</span></p> <p><b>Transaction ID:</b> SA11AI.6827</p> <p>Amount of Each Receipt this Period<br/> <span style="border: 1px solid black; padding: 2px;">38.46</span></p> <p>Payroll Deduction \$38.46<br/>biweekly</p> |
|--|---|

|  |   |
|--|---|
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>John Connolly</p> <p>Mailing Address 11166 Glenmoor Circle</p> <p>City State Zip Code<br/>Parker CO 80138-3155</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer<br/>AMR</p> <p>Occupation<br/>Director of PBS</p> <p>Receipt For:<br/> <input type="checkbox"/> Primary   <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼<br/> <span style="border: 1px solid black; padding: 2px;">250.00</span></p> | <p>Date of Receipt<br/> <span style="border: 1px solid black; padding: 2px;">05 / 09 / 2008</span></p> <p><b>Transaction ID:</b> SA11AI.6826</p> <p>Amount of Each Receipt this Period<br/> <span style="border: 1px solid black; padding: 2px;">25.00</span></p> <p>Payroll Deduction \$25.00<br/>biweekly</p> |
|--|---|

|  |  |
|--|--|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <span style="border: 1px solid black; padding: 2px;">101.92</span> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |  |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 7 / 22                  |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
AMERICAN MEDICAL RESPONSE INC POLITICAL ACTION COMMITTEE

|   |   |   |  |
|---|---|---|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>John Connolly            |   | Date of Receipt  |
|   | Mailing Address 11166 Glenmoor Circle                               |   | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>0 5 / 2 3 / 2 0 0 8 |
|   | City  | State   | Zip Code   |
|   | Parker  | CO  | 80138-3155   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   | <b>Transaction ID:</b> SA11AI.6825   |
| Name of Employer<br>AMR   |   | Occupation<br>Director of PBS                           | Amount of Each Receipt this Period   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br><input type="text"/> 275.00 | <input type="text"/> 25.00   |
|   |   |   | Payroll Deduction \$25.00<br>biweekly  |

|   |   |   |  |
|---|---|---|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Steven Delahousey        |   | Date of Receipt  |
|   | Mailing Address 2580 Rue Palafox                                    |   | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>0 5 / 0 9 / 2 0 0 8 |
|   | City  | State   | Zip Code   |
|   | Biloxi  | MS  | 39531-3733   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   | <b>Transaction ID:</b> SA11AI.6824   |
| Name of Employer<br>American Medical Response   |   | Occupation<br>VP, Operations                            | Amount of Each Receipt this Period   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br><input type="text"/> 384.60 | <input type="text"/> 38.46   |
|   |   |   | Payroll Deduction \$38.46<br>biweekly  |

|   |   |   |  |
|---|---|---|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Steven Delahousey        |   | Date of Receipt  |
|   | Mailing Address 2580 Rue Palafox                                    |   | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>0 5 / 2 3 / 2 0 0 8 |
|   | City  | State   | Zip Code   |
|   | Biloxi  | MS  | 39531-3733   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   | <b>Transaction ID:</b> SA11AI.6823   |
| Name of Employer<br>American Medical Response   |   | Occupation<br>VP, Operations                            | Amount of Each Receipt this Period   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br><input type="text"/> 423.06 | <input type="text"/> 38.46   |
|   |   |   | Payroll Deduction \$38.46<br>biweekly  |

|  |                             |
|--|-----------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text"/> 101.92 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 8 / 22                  |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
AMERICAN MEDICAL RESPONSE INC POLITICAL ACTION COMMITTEE

|   |   |   |   |
|---|---|---|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Alfred Dellavalle        |   | Date of Receipt   |
|   | Mailing Address 43 Oakwood Drive                                    |   | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y<br>0 5 / 0 2 / 2 0 0 8 |
|   | City  | State   | Zip Code  |
|   | North Haven   | CT  | 06473   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   | <b>Transaction ID:</b> SA11AI.6822  |
| Name of Employer<br>American Medical Response   |   | Occupation<br>VP, Business Development                  | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br><input type="text"/> 360.00 | <input type="text"/> 20.00  |
|   |   |   | Payroll Deduction \$20.00 weekly  |

|   |   |   |   |
|---|---|---|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Alfred Dellavalle        |   | Date of Receipt   |
|   | Mailing Address 43 Oakwood Drive                                    |   | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y<br>0 5 / 0 9 / 2 0 0 8 |
|   | City  | State   | Zip Code  |
|   | North Haven   | CT  | 06473   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   | <b>Transaction ID:</b> SA11AI.6821  |
| Name of Employer<br>American Medical Response   |   | Occupation<br>VP, Business Development                  | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br><input type="text"/> 380.00 | <input type="text"/> 20.00  |
|   |   |   | Payroll Deduction \$20.00 weekly  |

|   |   |   |   |
|---|---|---|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Alfred Dellavalle        |   | Date of Receipt   |
|   | Mailing Address 43 Oakwood Drive                                    |   | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y<br>0 5 / 1 6 / 2 0 0 8 |
|   | City  | State   | Zip Code  |
|   | North Haven   | CT  | 06473   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   | <b>Transaction ID:</b> SA11AI.6820  |
| Name of Employer<br>American Medical Response   |   | Occupation<br>VP, Business Development                  | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br><input type="text"/> 400.00 | <input type="text"/> 20.00  |
|   |   |   | Payroll Deduction \$20.00 weekly  |

|  |                            |
|--|----------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text"/> 60.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>       |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 22  
(check only one)

|   |                              |                              |                             |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
|   |                              |                              | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)  
AMERICAN MEDICAL RESPONSE INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Alfred Dellavalle

Mailing Address 43 Oakwood Drive

City State Zip Code  
North Haven CT 06473

FEC ID number of contributing federal political committee. **C**

Name of Employer American Medical Response Occupation VP, Business Development

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 3 / 2 0 0 8

**Transaction ID:** SA11AI.6819

Amount of Each Receipt this Period 20.00

Payroll Deduction \$20.00 weekly

**B.**

Full Name (Last, First, Middle Initial)  
Alfred Dellavalle

Mailing Address 43 Oakwood Drive

City State Zip Code  
North Haven CT 06473

FEC ID number of contributing federal political committee. **C**

Name of Employer American Medical Response Occupation VP, Business Development

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 3 0 / 2 0 0 8

**Transaction ID:** SA11AI.6818

Amount of Each Receipt this Period 20.00

Payroll Deduction \$20.00 weekly

**C.**

Full Name (Last, First, Middle Initial)  
Ronald Dire-Day

Mailing Address 243 Mulberry Ave

City State Zip Code  
Longview WA 98632-9417

FEC ID number of contributing federal political committee. **C**

Name of Employer American Medical Response Occupation Supervisor, Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 211.53

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 3 / 2 0 0 8

**Transaction ID:** SA11AI.6816

Amount of Each Receipt this Period 19.23

Payroll Deduction \$19.23 biweekly

**SUBTOTAL** of Receipts This Page (optional) ..... ► 59.23

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 10 / 22                 |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
AMERICAN MEDICAL RESPONSE INC POLITICAL ACTION COMMITTEE

|   |   |                                       |  |
|---|---|---------------------------------------|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>John Eagle               |                                       | Date of Receipt  |
|   | Mailing Address 267 Jennings Way                                    |                                       | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>0 5 / 3 0 / 2 0 0 8 |
|   | City  | State                                 | Zip Code   |
|   | Mickleton   | NJ                                    | 08056  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                       | <b>Transaction ID:</b> SA11AI.6813   |
| Name of Employer<br>American Medical Response   |   | Occupation<br>Account Manager III     | Amount of Each Receipt this Period   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>211.53    | <input type="text"/><br>19.23  |
|   |   | Payroll Deduction \$19.23<br>biweekly |  |

|   |   |                                       |  |
|---|---|---------------------------------------|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Dale Feldhauser          |                                       | Date of Receipt  |
|   | Mailing Address 3580 Diamond Ridge NE                               |                                       | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>0 5 / 0 2 / 2 0 0 8 |
|   | City  | State                                 | Zip Code   |
|   | Rockford  | MI                                    | 49341-7935   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                       | <b>Transaction ID:</b> SA11AI.6812   |
| Name of Employer<br>American Medical Response   |   | Occupation<br>Director, Operations    | Amount of Each Receipt this Period   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>346.14    | <input type="text"/><br>38.46  |
|   |   | Payroll Deduction \$38.46<br>biweekly |  |

|   |   |                                       |  |
|---|---|---------------------------------------|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Dale Feldhauser          |                                       | Date of Receipt  |
|   | Mailing Address 3580 Diamond Ridge NE                               |                                       | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>0 5 / 1 6 / 2 0 0 8 |
|   | City  | State                                 | Zip Code   |
|   | Rockford  | MI                                    | 49341-7935   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                       | <b>Transaction ID:</b> SA11AI.6811   |
| Name of Employer<br>American Medical Response   |   | Occupation<br>Director, Operations    | Amount of Each Receipt this Period   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>384.60    | <input type="text"/><br>38.46  |
|   |   | Payroll Deduction \$38.46<br>biweekly |  |

|  |                               |
|--|-------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text"/><br>96.15 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>          |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 22  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)  
AMERICAN MEDICAL RESPONSE INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Dale Feldhauser

Mailing Address 3580 Diamond Ridge NE

City State Zip Code  
Rockford MI 49341-7935

FEC ID number of contributing federal political committee. **C**

Name of Employer American Medical Response  
Occupation Director, Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 423.06

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 3 0 / 2 0 0 8

**Transaction ID:** SA11AI.6810

Amount of Each Receipt this Period 38.46

Payroll Deduction \$38.46  
biweekly

**B.**

Full Name (Last, First, Middle Initial)  
Debora Gault

Mailing Address 5502 Northwest Highway

City State Zip Code  
Waterford WI 53185-2829

FEC ID number of contributing federal political committee. **C**

Name of Employer American Medical Response  
Occupation VP, Federal Reimbursements

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.60

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 9 / 2 0 0 8

**Transaction ID:** SA11AI.6807

Amount of Each Receipt this Period 38.46

Payroll Deduction \$38.46  
biweekly

**C.**

Full Name (Last, First, Middle Initial)  
Debora Gault

Mailing Address 5502 Northwest Highway

City State Zip Code  
Waterford WI 53185-2829

FEC ID number of contributing federal political committee. **C**

Name of Employer American Medical Response  
Occupation VP, Federal Reimbursements

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 423.06

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 3 / 2 0 0 8

**Transaction ID:** SA11AI.6806

Amount of Each Receipt this Period 38.46

Payroll Deduction \$38.46  
biweekly

**SUBTOTAL** of Receipts This Page (optional) ..... ► **115.38**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 22  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
AMERICAN MEDICAL RESPONSE INC POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Louis Meyer

Mailing Address 10644 N. Oakwilde Ave.

City State Zip Code  
Stockton CA 95212-9246

FEC ID number of contributing federal political committee. **C**

Name of Employer American Medical Response      Occupation CEO Reginal

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      1923.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | / | 0 | 9 | / | 2 | 0 | 0 | 8 |

**Transaction ID:** SA11AI.6800

Amount of Each Receipt this Period  
192.30

Payroll Deduction \$192.30  
biweekly

**B.** Full Name (Last, First, Middle Initial)  
Louis Meyer

Mailing Address 10644 N. Oakwilde Ave.

City State Zip Code  
Stockton CA 95212-9246

FEC ID number of contributing federal political committee. **C**

Name of Employer American Medical Response      Occupation CEO Reginal

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      2115.30

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | / | 2 | 3 | / | 2 | 0 | 0 | 8 |

**Transaction ID:** SA11AI.6799

Amount of Each Receipt this Period  
192.30

Payroll Deduction \$192.30  
biweekly

**C.** Full Name (Last, First, Middle Initial)  
Steve Murphy

Mailing Address 3242 N.E. 6th Street

City State Zip Code  
Pompano Beach FL 33062-4746

FEC ID number of contributing federal political committee. **C**

Name of Employer American Medical Response      Occupation Executive Vice President GN&S

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      961.50

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | / | 0 | 9 | / | 2 | 0 | 0 | 8 |

**Transaction ID:** SA11AI.6797

Amount of Each Receipt this Period  
96.15

Payroll Deduction \$96.15  
biweekly

**SUBTOTAL** of Receipts This Page (optional) ..... ► **480.75**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |              |
|---|---|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 13 / 22 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |              |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |              |

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NAME OF COMMITTEE (In Full)  
AMERICAN MEDICAL RESPONSE INC POLITICAL ACTION COMMITTEE

|           |  |   |
|-----------|--|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Steve Murphy  | Date of Receipt<br>MM / DD / YYYY<br>05 / 23 / 2008 |
|           | Mailing Address 3242 N.E. 6th Street   | <b>Transaction ID:</b> SA11AI.6796                  |
|           | City State Zip Code<br>Pompano Beach FL 33062-4746   | Amount of Each Receipt this Period<br>96.15         |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>   | Payroll Deduction \$96.15<br>biweekly               |
|           | Name of Employer American Medical Response<br>Occupation Executive Vice President GN&S<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>1057.65 |   |

|           |   |   |
|-----------|---|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Kimberly Norman  | Date of Receipt<br>MM / DD / YYYY<br>05 / 09 / 2008 |
|           | Mailing Address 10331 Royal Eagle Lane  | <b>Transaction ID:</b> SA11AI.6795                  |
|           | City State Zip Code<br>Highlands Ranch CO 80129   | Amount of Each Receipt this Period<br>57.69         |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>  | Payroll Deduction \$57.69<br>biweekly               |
|           | Name of Employer American Medical Response<br>Occupation SR. VP. Human Resources<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>576.90 |   |

|           |   |   |
|-----------|---|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Kimberly Norman  | Date of Receipt<br>MM / DD / YYYY<br>05 / 23 / 2008 |
|           | Mailing Address 10331 Royal Eagle Lane  | <b>Transaction ID:</b> SA11AI.6794                  |
|           | City State Zip Code<br>Highlands Ranch CO 80129   | Amount of Each Receipt this Period<br>57.69         |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>  | Payroll Deduction \$57.69<br>biweekly               |
|           | Name of Employer American Medical Response<br>Occupation SR. VP. Human Resources<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>634.59 |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>211.53</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 22  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)  
AMERICAN MEDICAL RESPONSE INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Daniel O'Brien

Mailing Address 1005 Dunbar Hill Rd

City Hamden State CT Zip Code 06514

FEC ID number of contributing federal political committee. **C**

Name of Employer American Medical Response Occupation VP, Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 05 / 02 / 2008

Transaction ID: SA11AI.6793

Amount of Each Receipt this Period 15.00

Payroll Deduction \$15.00 weekly

**B.**

Full Name (Last, First, Middle Initial)  
Daniel O'Brien

Mailing Address 1005 Dunbar Hill Rd

City Hamden State CT Zip Code 06514

FEC ID number of contributing federal political committee. **C**

Name of Employer American Medical Response Occupation VP, Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt 05 / 09 / 2008

Transaction ID: SA11AI.6792

Amount of Each Receipt this Period 15.00

Payroll Deduction \$15.00 weekly

**C.**

Full Name (Last, First, Middle Initial)  
Daniel O'Brien

Mailing Address 1005 Dunbar Hill Rd

City Hamden State CT Zip Code 06514

FEC ID number of contributing federal political committee. **C**

Name of Employer American Medical Response Occupation VP, Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 16 / 2008

Transaction ID: SA11AI.6791

Amount of Each Receipt this Period 15.00

Payroll Deduction \$15.00 weekly

**SUBTOTAL** of Receipts This Page (optional) ..... ► 45.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 15 / 22                 |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
AMERICAN MEDICAL RESPONSE INC POLITICAL ACTION COMMITTEE

|   |   |                                     |   |
|---|---|-------------------------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Daniel O'Brien           |                                     | Date of Receipt   |
|   | Mailing Address 1005 Dunbar Hill Rd                                 |                                     | <input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2008"/> |
|   | City  | State                               | Zip Code  |
|   | Hamden  | CT                                  | 06514   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                     | <b>Transaction ID:</b> SA11AI.6790  |
| Name of Employer<br>American Medical Response   |   | Occupation<br>VP, Operations        | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼            | <input type="text" value="15.00"/>  |
|   |   | <input type="text" value="315.00"/> | Payroll Deduction \$15.00 weekly  |

|   |   |                                     |   |
|---|---|-------------------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Daniel O'Brien           |                                     | Date of Receipt   |
|   | Mailing Address 1005 Dunbar Hill Rd                                 |                                     | <input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2008"/> |
|   | City  | State                               | Zip Code  |
|   | Hamden  | CT                                  | 06514   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                     | <b>Transaction ID:</b> SA11AI.6789  |
| Name of Employer<br>American Medical Response   |   | Occupation<br>VP, Operations        | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼            | <input type="text" value="15.00"/>  |
|   |   | <input type="text" value="330.00"/> | Payroll Deduction \$15.00 weekly  |

|   |   |                                     |   |
|---|---|-------------------------------------|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Sean Piendel             |                                     | Date of Receipt   |
|   | Mailing Address 84 Henry St   |                                     | <input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2008"/> |
|   | City  | State                               | Zip Code  |
|   | Manchester  | CT                                  | 06042-3525  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                     | <b>Transaction ID:</b> SA11AI.6785  |
| Name of Employer<br>AMR   |   | Occupation<br>Hartford Manager      | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼            | <input type="text" value="10.00"/>  |
|   |   | <input type="text" value="210.00"/> | Payroll Deduction \$10.00 weekly  |

|  |                                    |
|--|------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text" value="40.00"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>               |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 16 / 22                 |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
AMERICAN MEDICAL RESPONSE INC POLITICAL ACTION COMMITTEE

|   |  |                                |  |
|---|--|--------------------------------|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Sean Piendel    |                                | Date of Receipt  |
|   | Mailing Address 84 Henry St                                |                                | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y |
|   | City   | State                          | Zip Code   |
|   | Manchester   | CT                             | 06042-3525   |
|   | FEC ID number of contributing federal political committee. |                                | <input type="text"/> C <input type="text"/>  |
| Name of Employer<br>AMR   |  | Occupation<br>Hartford Manager | Transaction ID: SA11AI.6784  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼       | Amount of Each Receipt this Period   |
|   |  | <input type="text"/> 220.00    | <input type="text"/> 10.00   |
|   |  |                                | Payroll Deduction \$10.00 weekly   |

|   |  |  |  |
|---|--|--|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Roylene Rhodes  |  | Date of Receipt  |
|   | Mailing Address 19748 E Pinewood Dr                        |  | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y |
|   | City   | State                                    | Zip Code   |
|   | Centennial   | CO                                       | 80016-3880   |
|   | FEC ID number of contributing federal political committee. |  | <input type="text"/> C <input type="text"/>  |
| Name of Employer<br>EMSC  |  | Occupation<br>VP of Business Development | Transaction ID: SA11AI.6776  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼                 | Amount of Each Receipt this Period   |
|   |  | <input type="text"/> 576.90              | <input type="text"/> 57.69   |
|   |  |  | Payroll Deduction \$57.69 biweekly   |

|   |  |  |  |
|---|--|--|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Roylene Rhodes  |  | Date of Receipt  |
|   | Mailing Address 19748 E Pinewood Dr                        |  | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y |
|   | City   | State                                    | Zip Code   |
|   | Centennial   | CO                                       | 80016-3880   |
|   | FEC ID number of contributing federal political committee. |  | <input type="text"/> C <input type="text"/>  |
| Name of Employer<br>EMSC  |  | Occupation<br>VP of Business Development | Transaction ID: SA11AI.6775  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼                 | Amount of Each Receipt this Period   |
|   |  | <input type="text"/> 634.59              | <input type="text"/> 57.69   |
|   |  |  | Payroll Deduction \$57.69 biweekly   |

|  |                             |
|--|-----------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text"/> 125.38 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 17 / 22                 |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
AMERICAN MEDICAL RESPONSE INC POLITICAL ACTION COMMITTEE

|   |   |                              |  |                                       |
|---|---|------------------------------|--|---------------------------------------|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Randall Strozyk          |                              | Date of Receipt                              |                                       |
|   | Mailing Address 9209 181st Ave E                                    |                              | M M / D D / Y Y Y Y Y<br>0 5 / 0 9 / 2 0 0 8 |                                       |
|   | City  | State                        | Zip Code                                     | <b>Transaction ID:</b> SA11AI.6769    |
|   | Bonney Lake   | WA                           | 98390-7187                                   | Amount of Each Receipt this Period    |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                              | 57.69  |                                       |
| Name of Employer<br>American Medical Response   |   | Occupation<br>VP, Operations |  | Payroll Deduction \$57.69<br>biweekly |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼     |  |                                       |
|   |   | 576.90                       |  |                                       |

|   |   |                              |  |                                       |
|---|---|------------------------------|--|---------------------------------------|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Randall Strozyk          |                              | Date of Receipt                              |                                       |
|   | Mailing Address 9209 181st Ave E                                    |                              | M M / D D / Y Y Y Y Y<br>0 5 / 2 3 / 2 0 0 8 |                                       |
|   | City  | State                        | Zip Code                                     | <b>Transaction ID:</b> SA11AI.6768    |
|   | Bonney Lake   | WA                           | 98390-7187                                   | Amount of Each Receipt this Period    |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                              | 57.69  |                                       |
| Name of Employer<br>American Medical Response   |   | Occupation<br>VP, Operations |  | Payroll Deduction \$57.69<br>biweekly |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼     |  |                                       |
|   |   | 634.59                       |  |                                       |

|   |   |   |  |                                       |
|---|---|---|--|---------------------------------------|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Salena Sweet             |   | Date of Receipt                              |                                       |
|   | Mailing Address 930 S. Harbor View Ave.                             |   | M M / D D / Y Y Y Y Y<br>0 5 / 3 0 / 2 0 0 8 |                                       |
|   | City  | State                                       | Zip Code                                     | <b>Transaction ID:</b> SA11AI.6765    |
|   | San Pedro   | CA  | 90732  | Amount of Each Receipt this Period    |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   | 19.23  |                                       |
| Name of Employer<br>American Medical Response   |   | Occupation<br>Project Manager, Intermediate |  | Payroll Deduction \$19.23<br>biweekly |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼                    |  |                                       |
|   |   | 211.53                                      |  |                                       |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>134.61</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 18 / 22                 |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
AMERICAN MEDICAL RESPONSE INC POLITICAL ACTION COMMITTEE

|   |   |  |  |
|---|---|--|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Ronald Thackery          |  | Date of Receipt  |
|   | Mailing Address 9922 S. Silver Maple Rd.                            |  | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y |
|   | City  | State                                      | Zip Code   |
|   | Highlands Ranch   | CO   | 80129-5460   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |  | <b>Transaction ID: SA11AI.6764</b>   |
| Name of Employer<br>American Medical Response   |   | Occupation<br>VP, Safety Risk mgmt & Fleet | Amount of Each Receipt this Period   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼                   | <input type="text"/> 38.46   |
|   |   | <input type="text"/> 384.60                | Payroll Deduction \$38.46<br>biweekly  |

|   |   |  |  |
|---|---|--|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Ronald Thackery          |  | Date of Receipt  |
|   | Mailing Address 9922 S. Silver Maple Rd.                            |  | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y |
|   | City  | State                                      | Zip Code   |
|   | Highlands Ranch   | CO   | 80129-5460   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |  | <b>Transaction ID: SA11AI.6763</b>   |
| Name of Employer<br>American Medical Response   |   | Occupation<br>VP, Safety Risk mgmt & Fleet | Amount of Each Receipt this Period   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼                   | <input type="text"/> 38.46   |
|   |   | <input type="text"/> 423.06                | Payroll Deduction \$38.46<br>biweekly  |

|   |   |                                     |  |
|---|---|-------------------------------------|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>David Tice               |                                     | Date of Receipt  |
|   | Mailing Address 1900 Clark St                                       |                                     | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y |
|   | City  | State                               | Zip Code   |
|   | Charles City  | IA                                  | 50616  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                     | <b>Transaction ID: SA11AI.6761</b>   |
| Name of Employer<br>American Medical Response   |   | Occupation<br>Manager, Operations I | Amount of Each Receipt this Period   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼            | <input type="text"/> 19.23   |
|   |   | <input type="text"/> 211.53         | Payroll Deduction \$19.23<br>biweekly  |

|  |                            |
|--|----------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text"/> 96.15 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>       |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 22  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)  
AMERICAN MEDICAL RESPONSE INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Dorothy Vanbuskirk

Mailing Address 6820 Barker Way

City San Diego State CA Zip Code 92119-1301

FEC ID number of contributing federal political committee. **C**

Name of Employer American Medical Response Occupation Manager, Business Systems

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 211.53

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 3 / 2 0 0 8

**Transaction ID:** SA11AI.6756

Amount of Each Receipt this Period 19.23

Payroll Deduction \$19.23 biweekly

**B.**

Full Name (Last, First, Middle Initial)  
Edward Van Horne

Mailing Address 7752 Hess Pl.

City Rancho Cucamonga State CA Zip Code 91739

FEC ID number of contributing federal political committee. **C**

Name of Employer American Medical Response Occupation Director, Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 346.14

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 2 / 2 0 0 8

**Transaction ID:** SA11AI.6760

Amount of Each Receipt this Period 38.46

Payroll Deduction \$38.46 biweekly

**C.**

Full Name (Last, First, Middle Initial)  
Edward Van Horne

Mailing Address 7752 Hess Pl.

City Rancho Cucamonga State CA Zip Code 91739

FEC ID number of contributing federal political committee. **C**

Name of Employer American Medical Response Occupation Director, Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.60

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 6 / 2 0 0 8

**Transaction ID:** SA11AI.6759

Amount of Each Receipt this Period 38.46

Payroll Deduction \$38.46 biweekly

**SUBTOTAL** of Receipts This Page (optional) ..... ► 96.15

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 20 / 22                 |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
AMERICAN MEDICAL RESPONSE INC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Edward Van Horne

Mailing Address 7752 Hess Pl.

City Rancho Cucamonga State CA Zip Code 91739

FEC ID number of contributing federal political committee. **C**

Name of Employer American Medical Response Occupation Director, Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 423.06

Date of Receipt 05 / 30 / 2008

**Transaction ID: SA11AI.6758**

Amount of Each Receipt this Period 38.46

Payroll Deduction \$38.46 biweekly

**B.**

Full Name (Last, First, Middle Initial)  
Tom Wagner

Mailing Address 303 Peppertree Rd

City Walnut Creek State CA Zip Code 94598-2701

FEC ID number of contributing federal political committee. **C**

Name of Employer AMR Occupation DCOO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 09 / 2008

**Transaction ID: SA11AI.6753**

Amount of Each Receipt this Period 38.46

Payroll Deduction \$38.46 biweekly

**C.**

Full Name (Last, First, Middle Initial)  
Tom Wagner

Mailing Address 303 Peppertree Rd

City Walnut Creek State CA Zip Code 94598-2701

FEC ID number of contributing federal political committee. **C**

Name of Employer AMR Occupation DCOO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 423.06

Date of Receipt 05 / 23 / 2008

**Transaction ID: SA11AI.6752**

Amount of Each Receipt this Period 38.46

Payroll Deduction \$38.46 biweekly

**SUBTOTAL** of Receipts This Page (optional) ..... ► **115.38**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 21 / 22                 |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                       | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 12   | <input type="checkbox"/> 13  | <input type="checkbox"/> 14  |
| <input type="checkbox"/> 15   | <input type="checkbox"/> 16  | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
AMERICAN MEDICAL RESPONSE INC POLITICAL ACTION COMMITTEE

**A.**

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br>Edward Wetzel  |   | Date of Receipt   |
| Mailing Address P.O. Box 50689  |   | <input type="text" value="05"/> / <input type="text" value="09"/> / <input type="text" value="2008"/> |
| City  | State                                   | Zip Code  |
| Henderson   | NV                                      | 89016-0689  |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C"/>          | <b>Transaction ID:</b> SA11AI.6751  |
| Name of Employer<br>American Medical Response   | Occupation<br>Director, Human Resources | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼                | <input type="text" value="38.46"/>  |
|   | <input type="text" value="384.60"/>     | Payroll Deduction \$38.46<br>biweekly   |

**B.**

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br>Edward Wetzel  |   | Date of Receipt   |
| Mailing Address P.O. Box 50689  |   | <input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2008"/> |
| City  | State                                   | Zip Code  |
| Henderson   | NV                                      | 89016-0689  |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C"/>          | <b>Transaction ID:</b> SA11AI.6749  |
| Name of Employer<br>American Medical Response   | Occupation<br>Director, Human Resources | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼                | <input type="text" value="38.46"/>  |
|   | <input type="text" value="423.06"/>     | Payroll Deduction \$38.46<br>biweekly   |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text" value="76.92"/>   |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text" value="1956.47"/> |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 22

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
AMERICAN MEDICAL RESPONSE INC POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
HAWKEYE PAC, THE

Transaction ID: SB23.6831

Date of Disbursement

Mailing Address PO Box 7255

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 |   | 2 | 8 |   | 2 | 0 | 0 | 8 |

City State Zip Code  
Des Moines IA 50309

Amount of Each Disbursement this Period

|         |
|---------|
| 2000.00 |
|---------|

Purpose of Disbursement  
Campaign Contribution

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ..... ►

|         |
|---------|
| 2000.00 |
|---------|

TOTAL This Period (last page this line number only) ..... ►

|         |
|---------|
| 2000.00 |
|---------|