

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 AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

ADDRESS (number and street) 8201 Greensboro Drive
Suite 300
 Check if different than previously reported. (ACC)
McLean VA 22102

2. **FEC IDENTIFICATION NUMBER** C00168070
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 07 01 2007 through 12 31 2007

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 Mr. Tristan North

Signature of Treasurer Electronically Filed by Mr. Tristan North Date 04 03 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**

Write or Type Committee Name
AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand 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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		14574.64
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	20014.40									
(c) Total Receipts (from Line 19)	51795.00	78875.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	71809.40	93449.64								
7. Total Disbursements (from Line 31)	23408.17	45048.41								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	48401.23	48401.23								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on 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 AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	43250.00	67025.00
(i) Itemized (use Schedule A)	5545.00	6850.00
(ii) Unitemized	48795.00	73875.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	3000.00	5000.00
(c) Other Political Committees (such as PACs)	51795.00	78875.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
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))	51795.00	78875.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	51795.00	78875.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B 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.....	908.17	1367.91
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	908.17	1367.91
22. Transfers to Affiliated/Other Party Committees.....	0.00	7000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	22500.00	36500.00
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	180.50
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))..	23408.17	45048.41
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	23408.17	45048.41

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	51795.00	78875.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	51795.00	78875.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	908.17	1367.91
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	908.17	1367.91

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 35
(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 AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

<p>A. Full Name (Last, First, Middle Initial) Jim Adkins</p> <p>Mailing Address 3338 Commerce Drive</p> <p>City State Zip Code Augusta GA 30909</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation South Star Ambulance</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt 09 / 07 / 2007</p> <p>Transaction ID: SA11AI.6288</p> <p>Amount of Each Receipt this Period 300.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Tony Anteau</p> <p>Mailing Address 745 Medcorp Drive</p> <p>City State Zip Code Toledo OH 43608</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Medcorp EMS Toledo</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt 08 / 01 / 2007</p> <p>Transaction ID: SA11AI.6247</p> <p>Amount of Each Receipt this Period 250.00</p>
---	--

<p>C. Full Name (Last, First, Middle Initial) Chris Archuleta</p> <p>Mailing Address 5604 Still Brook Avenue NW</p> <p>City State Zip Code Albuquerque NM 87120</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Superior Ambulance Service Executive Director</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt 08 / 01 / 2007</p> <p>Transaction ID: SA11AI.6249</p> <p>Amount of Each Receipt this Period 300.00</p>
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SUBTOTAL of Receipts This Page (optional)	850.00
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: PAGE 7 / 35
(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 AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

A.

Full Name (Last, First, Middle Initial)
Cash Cash from 2007 Raffle

Mailing Address 8201 Greensboro Drive
Suite 300

City State Zip Code
McLean VA 22102

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1950.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.6375

Amount of Each Receipt this Period
1950.00

B.

Full Name (Last, First, Middle Initial)
Cary Coker

Mailing Address 3053 Monument Road

City State Zip Code
Jasper GA 30143

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

Name of Employer Occupation
Central EMS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.6363

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Robert A Dionne

Mailing Address 29 Raymond Road

City State Zip Code
Salem MA 01970

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

Name of Employer Occupation
Northshore Ambulance, Inc.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 3 / 2 0 0 7

Transaction ID: SA11AI.6398

Amount of Each Receipt this Period
425.00

SUBTOTAL of Receipts This Page (optional) ► **2875.00**

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 8 / 35
	<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 AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

A.	Full Name (Last, First, Middle Initial) Cindy Elbert		Date of Receipt
	Mailing Address 6508 W Crocus Dr		<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
	City	State	Zip Code
	Obendale	AZ	85306
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6250
Name of Employer Cindy Elbert Insurance		Occupation President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 300.00	<input type="text"/> 300.00

B.	Full Name (Last, First, Middle Initial) James Finger		Date of Receipt
	Mailing Address 18 Central Avenue		<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
	City	State	Zip Code
	Rutland	VT	05707
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6407
Name of Employer Regional Ambulance Service, Inc.		Occupation Administration	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 250.00	<input type="text"/> 100.00

C.	Full Name (Last, First, Middle Initial) James Finger		Date of Receipt
	Mailing Address 18 Central Avenue		<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
	City	State	Zip Code
	Rutland	VT	05707
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6422
Name of Employer Regional Ambulance Service, Inc.		Occupation Administration	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 350.00	<input type="text"/> 100.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 500.00
TOTAL 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 / 35
(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 AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

A.

Full Name (Last, First, Middle Initial)
James D. Fuiten

Mailing Address 9240 NW Groveland

City Hillsboro State OR Zip Code 97124

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

Name of Employer Metro West Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 25 / 2007

Transaction ID: SA11AI.6305

Amount of Each Receipt this Period 2500.00

B.

Full Name (Last, First, Middle Initial)
Ill David B. Hill

Mailing Address 395 West Lake Street

City Elmhurst State IL Zip Code 60126

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

Name of Employer Occupation Owner/Operator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 31 / 2007

Transaction ID: SA11AI.6384

Amount of Each Receipt this Period 5000.00

C.

Full Name (Last, First, Middle Initial)
Russell Honeycutt

Mailing Address 223 Pebblebrook Lane

City Macon State GA Zip Code 31220

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

Name of Employer Hinson Systems/National Reimbu Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 31 / 2007

Transaction ID: SA11AI.6372

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ► 7600.00

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: PAGE 10 / 35
(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 AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

A.

Full Name (Last, First, Middle Initial)
Russell Honeycutt

Mailing Address 223 Pebblebrook Lane

City State Zip Code
Macon GA 31220

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

Name of Employer Occupation
Hinson Systems/National Reimbu

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
11 / 13 / 2007

Transaction ID: SA11AI.6393

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Jon Howell

Mailing Address 112 Cheyenne Trail

City State Zip Code
Huntsville AL 35806

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
08 / 01 / 2007

Transaction ID: SA11AI.6260

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Jon Howell

Mailing Address 112 Cheyenne Trail

City State Zip Code
Huntsville AL 35806

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
11 / 13 / 2007

Transaction ID: SA11AI.6390

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

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: PAGE 11 / 35
(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 AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

A.

Full Name (Last, First, Middle Initial)
James S. Johnson

Mailing Address 1801 Mockingbird Lane

City State Zip Code
Enid OK 73703

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

Name of Employer Life EMS Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 3 / 2 0 0 7

Transaction ID: SA11AI.6417

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
Charles Kelley

Mailing Address 803 Hillcrest

City State Zip Code
Sparta IL 62286

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

Name of Employer MedStar Ambulance Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: SA11AI.6261

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Charles Kelley

Mailing Address 803 Hillcrest

City State Zip Code
Sparta IL 62286

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

Name of Employer MedStar Ambulance Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: SA11AI.6299

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1600.00**

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 12 / 35
	<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 AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

A.	Full Name (Last, First, Middle Initial) Charles Kelley		Date of Receipt
	Mailing Address 803 Hillcrest		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Sparta	IL	62286
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer MedStar Ambulance		Occupation President	Transaction ID: SA11AI.6337
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="1400.00"/>	<input type="text" value="100.00"/>

B.	Full Name (Last, First, Middle Initial) Kurt M. Krumpferman		Date of Receipt
	Mailing Address 2120 E. Golf Avenue		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Tempe	AZ	85282
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Rural/Metro		Occupation Group President	Transaction ID: SA11AI.6262
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="600.00"/>	<input type="text" value="300.00"/>

C.	Full Name (Last, First, Middle Initial) Kurt M. Krumpferman		Date of Receipt
	Mailing Address 2120 E. Golf Avenue		<input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Tempe	AZ	85282
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Rural/Metro		Occupation Group President	Transaction ID: SA11AI.6424
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="750.00"/>	<input type="text" value="150.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="550.00"/>
TOTAL 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 13 / 35
(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 AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

A.

Full Name (Last, First, Middle Initial)
Kevin Lyons

Mailing Address 38 Ledgewood Drive

City Danvers State MA Zip Code 01923

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 11 / 05 / 2007

Transaction ID: SA11AI.6378

Amount of Each Receipt this Period 325.00

B.

Full Name (Last, First, Middle Initial)
James McNeal, Jr.

Mailing Address 414 W. Elm

City Burbank State CA Zip Code 91506

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

Name of Employer Schaefer Ambulance Service Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 10 / 31 / 2007

Transaction ID: SA11AI.6360

Amount of Each Receipt this Period 400.00

C.

Full Name (Last, First, Middle Initial)
James McPartlon

Mailing Address 1015 DiBella Dr

City Schenectady State NY Zip Code 12303

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

Name of Employer Mohawk Ambulance Services Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 25 / 2007

Transaction ID: SA11AI.6307

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1225.00

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: PAGE 14 / 35
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

A. Full Name (Last, First, Middle Initial)
James McPartlon
Mailing Address 1015 DiBella Dr
City State Zip Code
Schenectady NY 12303
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Mohawk Ambulance Services VP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1500.00
Date of Receipt
MM / DD / YYYY
10 / 15 / 2007
Transaction ID: SA11AI.6311
Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Louis Meyer
Mailing Address 10644 N. Oakwilde Avenue
City State Zip Code
Stockton CA 95212
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
AMR CEO - Regional
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt
MM / DD / YYYY
09 / 14 / 2007
Transaction ID: SA11AI.6294
Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Louis Meyer
Mailing Address 10644 N. Oakwilde Avenue
City State Zip Code
Stockton CA 95212
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
AMR CEO - Regional
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt
MM / DD / YYYY
09 / 25 / 2007
Transaction ID: SA11AI.6306
Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00
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: PAGE 15 / 35
(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 AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

A.

Full Name (Last, First, Middle Initial)
Louis Meyer

Mailing Address 10644 N. Oakwilde Avenue

City State Zip Code
Stockton CA 95212

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

Name of Employer AMR Occupation CEO - Regional

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.6312

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Louis Meyer

Mailing Address 10644 N. Oakwilde Avenue

City State Zip Code
Stockton CA 95212

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

Name of Employer AMR Occupation CEO - Regional

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 4 / 2 0 0 7

Transaction ID: SA11AI.6434

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
David Miller

Mailing Address 1220 Cyclone

City State Zip Code
Harlan IA 51537

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

Name of Employer Medivec Comp. Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: SA11AI.6296

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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 16 / 35
	<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 AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

A.	Full Name (Last, First, Middle Initial) David Miller	Date of Receipt MM / DD / YYYY 12 / 14 / 2007
	Mailing Address 1220 Cyclone	Transaction ID: SA11AI.6436
	City Harlan State IA Zip Code 51537	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Medivac Comp. Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Jenny Norton	Date of Receipt MM / DD / YYYY 10 / 31 / 2007
	Mailing Address 12 E. Commodore Place	Transaction ID: SA11AI.6373
	City Tempe State AZ Zip Code 85282	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00	

C.	Full Name (Last, First, Middle Initial) Jamie Pafford-Gresham	Date of Receipt MM / DD / YYYY 08 / 01 / 2007
	Mailing Address 3317 W 16	Transaction ID: SA11AI.6266
	City Hope State AR Zip Code 71801	Amount of Each Receipt this Period 0.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pafford EMS Occupation Owner/Operator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	5500.00
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: PAGE 17 / 35
(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 AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

A.

Full Name (Last, First, Middle Initial) Jamie Pafford-Gresham		Date of Receipt MM / DD / YYYY 08 / 02 / 2007
Mailing Address 3317 W 16		Transaction ID: SA11AI.6283
City Hope	State AR	Zip Code 71801
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Pafford EMS	Occupation Owner/Operator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.

Full Name (Last, First, Middle Initial) Jamie Pafford-Gresham		Date of Receipt MM / DD / YYYY 09 / 07 / 2007
Mailing Address 3317 W 16		Transaction ID: SA11AI.6287
City Hope	State AR	Zip Code 71801
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Pafford EMS	Occupation Owner/Operator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 6000.00	

C.

Full Name (Last, First, Middle Initial) Jamie Pafford-Gresham		Date of Receipt MM / DD / YYYY 12 / 14 / 2007
Mailing Address 3317 W 16		Transaction ID: SA11AI.6433
City Hope	State AR	Zip Code 71801
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1800.00
Name of Employer Pafford EMS	Occupation Owner/Operator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 7800.00	

SUBTOTAL of Receipts This Page (optional)	7300.00
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: PAGE 18 / 35

(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 AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

A.

Full Name (Last, First, Middle Initial)

Mark R. Pharr, III

Mailing Address 101 Bonner

City State Zip Code
Lafayette LA 70508

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

Name of Employer Occupation
Jackson EMS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 650.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 0 7

Transaction ID: SA11AI.6383

Amount of Each Receipt this Period
650.00

B.

Full Name (Last, First, Middle Initial)

Tyron Picard

Mailing Address 2005 W Saint Mary Blvd

City State Zip Code
Lafayette LA 70506

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

Name of Employer Occupation
Acadian Ambulance
Exec VP

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 3 / 2 0 0 7

Transaction ID: SA11AI.6387

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)

Darryl Quigley

Mailing Address 10515 Hound Dog Trail

City State Zip Code
Wills Point TX 75169

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

Name of Employer Occupation
Texas Lifeline Corp

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 3 / 2 0 0 7

Transaction ID: SA11AI.6429

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ▶

1750.00

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: PAGE 19 / 35
(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 AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

A.

Full Name (Last, First, Middle Initial)
Larry Selditz

Mailing Address 3251 Grande Vista

City State Zip Code
Thousand Oaks CA 91320

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

Name of Employer Road Safety International Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
MM / DD / YYYY
08 / 01 / 2007

Transaction ID: SA11AI.6267

Amount of Each Receipt this Period
1500.00

B.

Full Name (Last, First, Middle Initial)
Kimberly Shank

Mailing Address 39 North 7th Street

City State Zip Code
Indiana PA 15701

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

Name of Employer AmbCoach, Inc. Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
08 / 01 / 2007

Transaction ID: SA11AI.6269

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Greg Shore

Mailing Address 417 Holly Ridge Drive

City State Zip Code
Anderson SC 29621

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

Name of Employer MedShore Ambulance Occupation
President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt
MM / DD / YYYY
08 / 01 / 2007

Transaction ID: SA11AI.6271

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional) ► **1950.00**

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 20 / 35
	<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 AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

A.	Full Name (Last, First, Middle Initial) Greg Shore	Date of Receipt
	Mailing Address 417 Holly Ridge Drive	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 09 / 14 / 2007
	City State Zip Code Anderson SC 29621	Transaction ID: SA11AI.6295
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 1000.00
	Name of Employer MedShore Ambulance Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text"/> 1650.00	

B.	Full Name (Last, First, Middle Initial) Greg Shore	Date of Receipt
	Mailing Address 417 Holly Ridge Drive	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 10 / 31 / 2007
	City State Zip Code Anderson SC 29621	Transaction ID: SA11AI.6371
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 100.00
	Name of Employer MedShore Ambulance Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text"/> 1750.00	

C.	Full Name (Last, First, Middle Initial) Kary Ann Singer	Date of Receipt
	Mailing Address 8208 Glenside Lane	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 11 / 13 / 2007
	City State Zip Code Tulsa OK 74131	Transaction ID: SA11AI.6394
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 100.00
	Name of Employer EMSA Occupation Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text"/> 250.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1200.00
TOTAL 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 21 / 35
(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 AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

A.

Full Name (Last, First, Middle Initial)
Brenda Staffan

Mailing Address 3236 Old Coach Way

City State Zip Code
Reno NV 89511

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

Name of Employer Rural/Metro Corporation Occupation Owner/Operator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
08 / 01 / 2007

Transaction ID: SA11AI.6274

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
Brenda Staffan

Mailing Address 3236 Old Coach Way

City State Zip Code
Reno NV 89511

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

Name of Employer Rural/Metro Corporation Occupation Owner/Operator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
11 / 13 / 2007

Transaction ID: SA11AI.6400

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Ronald Thackery

Mailing Address 9922 S. Silver Maple Road

City State Zip Code
Highlands Ranch CO 80129

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

Name of Employer American Medical Response Occupation VP Risk Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 14 / 2007

Transaction ID: SA11AI.6302

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ **650.00**

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 22 / 35
	<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 AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

A.	Full Name (Last, First, Middle Initial) Ronald Thackery		Date of Receipt
	Mailing Address 9922 S. Silver Maple Road		<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Highlands Ranch	CO	80129
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6309
Name of Employer American Medical Response		Occupation VP Risk Management	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="500.00"/>	

B.	Full Name (Last, First, Middle Initial) Ronald Thackery		Date of Receipt
	Mailing Address 9922 S. Silver Maple Road		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Highlands Ranch	CO	80129
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6313
Name of Employer American Medical Response		Occupation VP Risk Management	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="750.00"/>	

C.	Full Name (Last, First, Middle Initial) Ronald Thackery		Date of Receipt
	Mailing Address 9922 S. Silver Maple Road		<input type="text" value="12"/> / <input type="text" value="14"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Highlands Ranch	CO	80129
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6435
Name of Employer American Medical Response		Occupation VP Risk Management	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="1000.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="750.00"/>
TOTAL 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 23 / 35
	<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 AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

A.	Full Name (Last, First, Middle Initial) Larry Wiersch	Date of Receipt
	Mailing Address 4846 Five Point Road	<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 09 / 14 / 2007
	City State Zip Code New Tripoli PA 18066	Transaction ID: SA11AI.6303
	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
	Name of Employer Occupation Cetronia Ambulance Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Larry Wiersch	Date of Receipt
	Mailing Address 4846 Five Point Road	<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 09 / 25 / 2007
	City State Zip Code New Tripoli PA 18066	Transaction ID: SA11AI.6308
	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
	Name of Employer Occupation Cetronia Ambulance Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Larry Wiersch	Date of Receipt
	Mailing Address 4846 Five Point Road	<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 10 / 15 / 2007
	City State Zip Code New Tripoli PA 18066	Transaction ID: SA11AI.6314
	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
	Name of Employer Occupation Cetronia Ambulance Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional)	750.00
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:	PAGE 24 / 35
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

A.	Full Name (Last, First, Middle Initial) Larry Wiersch	Date of Receipt MM / DD / YYYY 11 / 13 / 2007
	Mailing Address 4846 Five Point Road	Transaction ID: SA11AI.6427
	City State Zip Code New Tripoli PA 18066	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Cetronia Ambulance Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

B.	Full Name (Last, First, Middle Initial) Larry Wiersch	Date of Receipt MM / DD / YYYY 12 / 14 / 2007
	Mailing Address 4846 Five Point Road	Transaction ID: SA11AI.6437
	City State Zip Code New Tripoli PA 18066	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Cetronia Ambulance Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

C.	Full Name (Last, First, Middle Initial) Michelle Willette	Date of Receipt MM / DD / YYYY 08 / 01 / 2007
	Mailing Address P.O. Box 1399	Transaction ID: SA11AI.6275
	City State Zip Code Meredith NH 03253	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Stewart's Ambulance Service	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	650.00
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: PAGE 25 / 35
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

A. Full Name (Last, First, Middle Initial)
Michael Woronka
Mailing Address 50 Hill Street
City Methuen State MA Zip Code 01844
FEC ID number of contributing federal political committee. **C**
Name of Employer Action Ambulance Service Occupation Paramedic
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00
Date of Receipt 09 / 14 / 2007
Transaction ID: SA11AI.6301
Amount of Each Receipt this Period 1500.00

B. Full Name (Last, First, Middle Initial)
Michael Woronka
Mailing Address 50 Hill Street
City Methuen State MA Zip Code 01844
FEC ID number of contributing federal political committee. **C**
Name of Employer Action Ambulance Service Occupation Paramedic
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3500.00
Date of Receipt 11 / 13 / 2007
Transaction ID: SA11AI.6408
Amount of Each Receipt this Period 1500.00

C. Full Name (Last, First, Middle Initial)
Mike Worwonka
Mailing Address 844 Woburn St
City Wilmington State MA Zip Code 01887
FEC ID number of contributing federal political committee. **C**
Name of Employer Action Ambulance Service Occupation COO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 08 / 01 / 2007
Transaction ID: SA11AI.6277
Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) ► 3300.00
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: PAGE 26 / 35
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

A. Full Name (Last, First, Middle Initial)
Gerald Zapolnik
Mailing Address 1116 Rathfan Circle
City Saline State MI Zip Code 48176
FEC ID number of contributing federal political committee. **C**
Name of Employer Huron Valley Ambulance Occupation VP Support Operations
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00
Date of Receipt 08 / 01 / 2007
Transaction ID: SA11AI.6278
Amount of Each Receipt this Period 150.00

B. Full Name (Last, First, Middle Initial)
Gerald Zapolnik
Mailing Address 1116 Rathfan Circle
City Saline State MI Zip Code 48176
FEC ID number of contributing federal political committee. **C**
Name of Employer Huron Valley Ambulance Occupation VP Support Operations
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 550.00
Date of Receipt 11 / 13 / 2007
Transaction ID: SA11AI.6428
Amount of Each Receipt this Period 200.00

C. Full Name (Last, First, Middle Initial)
Gerald Zapolniki
Mailing Address 1200 State
City Ann Arbor State MI Zip Code 48108
FEC ID number of contributing federal political committee. **C**
Name of Employer Huron Valley Ambulance Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00
Date of Receipt 11 / 28 / 2007
Transaction ID: SA11AI.6385
Amount of Each Receipt this Period 400.00

SUBTOTAL of Receipts This Page (optional) ▶ 750.00
TOTAL This Period (last page this line number only) ▶ 43250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 35
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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 AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

A. Full Name (Last, First, Middle Initial)
ACADIAN AMBULANCE SERVICE INC EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 98000

City LAFAYETTE State LA Zip Code 70509

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt: 08 / 01 / 2007
Transaction ID: SA11C.6280
 Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
ACADIAN AMBULANCE SERVICE INC EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 98000

City LAFAYETTE State LA Zip Code 70509

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt: 08 / 03 / 2007
Transaction ID: SA11C.6281
 Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
ACADIAN AMBULANCE SERVICE INC EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 98000

City LAFAYETTE State LA Zip Code 70509

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 09 / 07 / 2007
Transaction ID: SA11C.6292
 Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	3000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 35
(check only one)

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

A. Full Name (Last, First, Middle Initial)
ACADIAN AMBULANCE SERVICE INC EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 98000

City State Zip Code
LAFAYETTE LA 70509

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt
M M / D D / Y Y Y Y
0 9 / 0 7 / 2 0 0 7

Transaction ID: SA12.6290

Amount of Each Receipt this Period
0.00

SUBTOTAL of Receipts This Page (optional) ► **0.00**

TOTAL This Period (last page this line number only) ► **0.00**

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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

<p>A. Full Name (Last, First, Middle Initial) Wachovia Bank, N.A.</p> <p>Mailing Address 1970 Chain Bridge Road 3rd Floor</p> <p>City McLean State VA Zip Code 22102</p> <p>Purpose of Disbursement Bank Service Charges</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.6441 Date of Disbursement 09 / 30 / 2007</p> <p>Amount of Each Disbursement this Period 241.66</p>
<p>B. Full Name (Last, First, Middle Initial) Wachovia Bank, N.A.</p> <p>Mailing Address 1970 Chain Bridge Road 3rd Floor</p> <p>City McLean State VA Zip Code 22102</p> <p>Purpose of Disbursement Bank Service Charges</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.6443 Date of Disbursement 10 / 31 / 2007</p> <p>Amount of Each Disbursement this Period 291.49</p>
<p>C. Full Name (Last, First, Middle Initial) Wachovia Bank, N.A.</p> <p>Mailing Address 1970 Chain Bridge Road 3rd Floor</p> <p>City McLean State VA Zip Code 22102</p> <p>Purpose of Disbursement Bank Service Charges</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.6444 Date of Disbursement 11 / 30 / 2007</p> <p>Amount of Each Disbursement this Period 72.60</p>

SUBTOTAL of Disbursements This Page (optional) ▶

605.75

TOTAL This Period (last page this line number only) ▶

**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 30 / 35

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input 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 AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

A.

Full Name (Last, First, Middle Initial)

Wachovia Bank, N.A.

Transaction ID: SB21B.6445

Date of Disbursement

^M	^M	/	^D	^D	/	^Y	^Y	^Y	^Y
1	2		3	1		2	0	0	7

Mailing Address 1970 Chain Bridge Road
3rd Floor

City State Zip Code
McLean VA 22102

Amount of Each Disbursement this Period

217.99

Purpose of Disbursement
Bank Service Charges

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

217.99

TOTAL This Period (last page this line number only)

823.74

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)

<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 AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

A. Full Name (Last, First, Middle Initial)
CHARLIE MELANCON CAMPAIGN COMMITTEE INC

Mailing Address PO Box 549
PO BOX 549

City Napoleonville State LA Zip Code 70390

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.6450

Date of Disbursement

07 / 05 / 2007

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
COMMITTEE FOR HISPANIC CAUSES/BUILDING OUR LEADERSHIP DIVERSITY PAC (CHC BOLD PAC)

Mailing Address 1831 Bay Street SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.6471

Date of Disbursement

09 / 26 / 2007

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
DAVE CAMP FOR CONGRESS 2008

Mailing Address 5915 EASTMAN AVE. SUITE 100
5915 EASTMAN AVE. SUITE 100

City MIDLAND State MI Zip Code 48640

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.6451

Date of Disbursement

07 / 09 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

TOTAL This Period (last page this line number only) ▶

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)

<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 AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

<p>A. Full Name (Last, First, Middle Initial) FRIENDS OF FARR</p> <p>Mailing Address 555 Capitol Mall Suite 1425</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.6465 Date of Disbursement 08 / 24 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) Friends of Max Baucus</p> <p>Mailing Address 3206 6th Avenue North</p> <p>City Billings State MT Zip Code 59101</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.6470 Date of Disbursement 09 / 14 / 2007</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) FRIENDS OF SHERROD BROWN</p> <p>Mailing Address PO BOX 76187 Suite 800</p> <p>City WASHINGTON State DC Zip Code 20013</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.6475 Date of Disbursement 11 / 16 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

TOTAL This Period (last page this line number only) ▶

**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)

<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 AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

A.	Full Name (Last, First, Middle Initial) JOHN SHADEGG FOR CONGRESS	Transaction ID: SB23.6457
	Mailing Address P.O. Box 45444	Date of Disbursement 07 / 02 / 2007
	City Phoenix State AZ Zip Code 85064	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement Contribution Candidate Name JOHN B. SHADEGG	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PETE STARK RE-ELECTION COMMITTEE	Transaction ID: SB23.6459
	Mailing Address P.O. Box 8331	Date of Disbursement 07 / 19 / 2007
	City Fremont State CA Zip Code 94537	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution Candidate Name	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 208" <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PRICE FOR CONGRESS COMMITTEE	Transaction ID: SB23.6461
	Mailing Address P. O. Box 1986	Date of Disbursement 07 / 31 / 2007
	City Raleigh State NC Zip Code 27602	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution Candidate Name	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

**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)

<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 AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

A.	Full Name (Last, First, Middle Initial) RANGEL FOR CONGRESS	Transaction ID: SB23.6463 Date of Disbursement 08 / 06 / 2007
	Mailing Address PO BOX 5577 MANHATTANVILLE STA	Amount of Each Disbursement this Period 5000.00
	City NEW YORK	State NY
	Zip Code 10027	
	Purpose of Disbursement Contribution	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) RANGEL FOR CONGRESS	Transaction ID: SB23.6464 Date of Disbursement 08 / 06 / 2007
	Mailing Address PO Box 5577 MANHATTANVILLE STA	Amount of Each Disbursement this Period 5000.00
	City New York	State NY
	Zip Code 10027	
	Purpose of Disbursement Contribution	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) REYNOLDS FOR CONGRESS	Transaction ID: SB23.6454 Date of Disbursement 07 / 03 / 2007
	Mailing Address PO Box 15388 PITTSFORD	Amount of Each Disbursement this Period 1000.00
	City Rochester	State NY
	Zip Code 14615	
	Purpose of Disbursement Contribution	011 Category/ Type
	Candidate Name Dennis Reynolds	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: NY District: 26	

SUBTOTAL of Disbursements This Page (optional)	▶	11000.00
TOTAL This Period (last page this line number only)	▶	

**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)

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<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 AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

A.

Full Name (Last, First, Middle Initial)
VOINOVICH FOR SENATE COMMITTEE

Mailing Address 865 MACON ALLEY

City State Zip Code
COLUMBUS OH 43206

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.6473

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)