10/12/2006 12:29

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## FEC FORM 3X

Only

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC) 8201 Greensboro Drive ADDRESS (number and street) Suite 300 Check if different than previously VA 22102 McLean reported. (ACC) FEC IDENTIFICATION NUMBER STATE. CITY A ZIPCODE A IS THIS **AMENDED** NEW C00168070 Х REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 07 0 1 2006 09 30 2006 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Mr. Tristan North Type or Print Name of Treasurer Mr. Tristan North Electronically Filed by 10 12 2006 Signature of Treasurer Date 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 **FEC FORM 3X** Use (Rev. 02/2003)

## SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

F	eport Covering the Period: From:	01 2006	To: 0 9 3 0 2 0 0 6
	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 Y2006		29998.45
	(b) Cash on Hand at Begining of Reporting Period	24748.32	
	(c) Total Receipts (from Line 19)	5189.99	11756.79
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	29938.31	41755.24
7.	Total Disbursements (from Line 31)	11882.70	23699.63
3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	18055.61	18055.61
9.	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0.	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

### 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

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

0 1 3<sup>D</sup>0 м м 0 7 м м 0 9 2006 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 3689.99 8183.31 (i) Itemized (use Schedule A) .......... 1500.00 2801.66 (ii) Unitemized ..... (iii) TOTAL (add 5189.99 10984.97 Lines 11(a)(i) and (ii) ...... 0.00 0.00 (b) Political Party Committees ..... Other Political Committees 0.00 0.00 (such as PACs) ..... Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 5189.99 10984.97 Totals to Line 33, page 5) ...... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees ..... 17. Other Federal Receipts 0.00 771.82 (Dividends, Interest, etc.) ..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (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)). 19. Total Receipts (add Lines 11(d), 5189.99 11756.79 12, 13, 14, 15, 16, 17, and 18(c)) ..... 20. Total Federal Receipts 5189.99 11756.79 (subtract Line 18(c) from Line 19) .....

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4

II	I. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. Opera	ating Expenditures: Shared Federal/Non-Federal		
` '	Activity (from Schedule H4) (i) Federal Share	0.00	0.00
	(") New Federal Observ	0.00	0.00
	(ii) Non-Federal Share Other Federal Operating	0.00	0.00
	Expenditures	182.70	669.63
	Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	182.70	669.63
	sfers to Affiliated/Other Party		
Comr	mittees	0.00	0.00
Fede	ributions to ral Candidates/Committees Other Political Committees	11700.00	22950.00
-	pendent Expenditure	0.00	0.00
(use S	Schedule E)dinated Expenditures Made by Party	0.00	0.00
Comr	mittees (2 U.S.C. 441a(d)) Schedule F)	0.00	0.00
. Loan	Repayments Made	0.00	0.00
	s Made	0.00	0.00
(a) I	nds of Contributions To: Individuals/Persons Other Than Political Committees	0.00	80.00
		0.00	0.00
	Political Party Committees Other Political Committees	0.00	0.00
` '	(such as PACs)	0.00	0.00
` '	Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	80.00
). Other	r Disbursements	0.00	0.00
Codo	aval Floation Activity (2.11.5.C. 421(20))		
	eral Election Activity (2 U.S.C 431(20)) Shared Federal Election Activity		
,	from Schedule H6)	0.00	0.00
(	(i) Federal Share		
	(ii) "Levin" Share	0.00	0.00
	Federal Election Activity Paid Entirely  With Federal Funds	0.00	0.00
(c) T	Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
. Total	Disbursements (add Lines 21(c), 22,		
23, 2	24, 25, 26, 27, 28(d), 29 and 30(c))	11882.70	23699.63
2. Tota	al Federal Disbursements		
	tract Line 21(a)(ii) from Line 30(a)(ii)		
(Sub		11882.70	23699.63

## **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contribu Expendit		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (oth from Line 11(d), page 3	′	5189.99	10984.97
34. Total Contribution Refu (from Line 28(d))		0.00	80.00
35. Net Contributions (othe (subtract Line 34 from	, , , , , , , , , , , , , , , , , , ,	5189.99	10904.97
36. Total Federal Operating (add Line 21(a)(i) and L	´ '	182.70	669.63
37. Offsets to Operating E. (from Line 15, page 3)	·	0.00	0.00
38. Net Operating Expendit (subtract Line 37 from		182.70	669.63

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUM		
ITEMIZED RECEIPTS		or each category of the	(check only one)		
••	EMIZED REGEN 10		Detailed Summary Page		1b   11c   12
Λ	we information against from a righ Departs and Ct	tomonto mo	, not be cold or used by one norse		4 15 16 17
or	y information copied from such Reports and Sta for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions	s from such committee.
	NAME OF COMMITTEE (In Full)				
$ \rangle$	AMERICAN AMBULANCE ASSOCIATION	ON FEDER	AL PAC (AKA AMBU-PAC)		
			,		
	Full Name (Last, First, Middle Initial)			5	
Α.	Dale Berry			Date of Rece	<u> </u>
	Mailing Address 1200 State Circle			0.7	26 2006
	City	State	Zip Code		ID: SA11A1.5892
	Ann Arbor	MI	48108		ach Receipt this Period
	FEC ID number of contributing			7 5 2	· · · · · · · · · · · · · · · · · · ·
	federal political committee.	C			100.00
	Name of European	10		Contribution	
	Name of Employer Huron Valley Ambulance	Occupation President			
	Receipt For:	1	Year-to-Date ▼		
	Primary General	7.99.094.0			
	Other (specify) ▼	l	600.00		
	Full Name (Last, First, Middle Initial)				
В.	Dale Berry			Date of Rece	<u> </u>
	Mailing Address 1200 State Circle			0 9	28 2006
	City	State	Zip Code		ID: SA11A1.5936
	Ann Arbor	MI	48108		ach Receipt this Period
	FEC ID number of contributing			7 tilloditt of Et	· · · · · · · · · · · · · · · · · · ·
	federal political committee.	C			250.00
	V (5.1	10		Contribution	
	Name of Employer Huron Valley Ambulance	Occupation President			
	Receipt For:	1	e Year-to-Date ▼		
	Primary General	7 1991 09410	Tour to Buto V		
	Other (specify) ▼		850.00		
_	Full Name (Last, First, Middle Initial)				
C.	Bob Garner			Date of Rece	<u> </u>
	Mailing Address 7255 Northwest 18th St Suite C	reet, NW		0 9	07 2006
	City	State	Zip Code		ID: SA11A1.5933
	Miami	FL	33126		ach Receipt this Period
	FEC ID number of contributing				· · · · · · · · · · · · · · · · · · ·
	federal political committee.	C			250.00
	Name of Employer_	Occupation	2	Contribution	
	American Medical Response	Occupation Owner/O			
	Receipt For:		Year-to-Date ▼		
	Primary General	7.99.094.0	1 1 1 1 1 1 1 1		
	Other (specify) ▼	l	750.00		
				<u> </u>	
					200.00
s	UBTOTAL of Receipts This Page (optional)				600.00
T	OTAL This Period (last page this line number o	nly)	<b></b>		

9	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 7 / 19	
	· ·		Use separate schedule(s)	(check only one)	
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12	
			Detailed Suffilliary Fage	13 14 15 16 17	
Ar	ny information copied from such Reports and St	atements may	not be sold or used by any person	on for the purpose of soliciting contributions	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.	
$\setminus$	NAME OF COMMITTEE (In Full)				
$\rangle$	AMERICAN AMBULANCE ASSOCIATI	ON FEDER	RAL PAC (AKA AMBU-PAC)		
Α.	Full Name (Last, First, Middle Initial) Debora Mary Gault			Date of Receipt	
	Mailing Address 5502 North West Highw	vay		09 07 2006	
	City	State	Zip Code	Transaction ID: SA11A1.5927	
	Waterford	WI	53185	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		125.00	
	Name of Employer AMR	Occupation VP Feder	n ral Reimbursements	Contribution	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		250.00		
	Curior (opcomy)	1		1	
— В.	Full Name (Last, First, Middle Initial) Mr. Ben Hinson			Date of Receipt	
	Mailing Address 675 Sioux Drive			07 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: SA11A1.5885	
	Macon	GA	31210	Amount of Each Receipt this Period	
	FEC ID number of contributing		1 1 1 1 1 1		
	federal political committee.	C		83.33	
	Name of Employer	Occupation	 n	Contribution	
	Name of Employer Mid Georgia Ambulance	Presiden			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		100.00	1	
	Other (specify) ▼		499.98		
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Ben Hinson			Date of Receipt	
	Mailing Address 675 Sioux Drive			M M / D D / Y Y Y Y	
	C:h.	Ctoto	7in Cada	08 10 2006	
	City Macon	State GA	Zip Code	Transaction ID: SA11A1.5912	
		GA	31210	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		83.33	
	Name of Employer Mid Georgia Ambulance	Occupation President		Contribution	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		500.04	1	
	Other (specify)		583.31		
s	UBTOTAL of Receipts This Page (optional)			291.66	
$\vdash$	,			_	

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

S	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 / 19
ıт	EMIZED RECEIPTS	or each category of the	(check only one)
••	LIMIZED RECEIL 13	Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Ar	y information copied from such Reports and Statements ma	y not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the name and ad	dress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	AMERICAN AMBULANCE ASSOCIATION FEDER	RAL PAC (AKA AMBU-PAC)	
^	Full Name (Last, First, Middle Initial) Mr. Ben Hinson		Date of Resoirt
Α.	Mailing Address 675 Sioux Drive		Date of Receipt
			09 07 2006
	City State	Zip Code	Transaction ID: SA11A1.5923
	Macon GA	31210	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		83.33
	Name of Employer Occupation	n	Contribution
	Name of Employer Mid Georgia Ambulance  Occupation Presider		
	Receipt For: Aggregat	e Year-to-Date ▼	
	Primary General	666.64	1
	Other (specify) ▼	000.04	
<u> </u>	Full Name (Last, First, Middle Initial) Charles Kelley		Date of Receipt
	Mailing Address 803 Hillcrest		09 07 YYYY 2006
	City State	Zip Code	Transaction ID: SA11A1.5935
	<u>Sparta</u> IL	62286	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer Occupation MedStar Ambulance	n	Contribution
	Presider		
		e Year-to-Date ▼	
	Primary General Other (specify) ▼	500.00	
	Ctrici (specify)		1
C	Full Name (Last, First, Middle Initial) Kurt M. Krumperman		Date of Receipt
•	Mailing Address 2120 E. Golf Avenue		M M / D D / Y Y Y Y
		7. 0. 1	07 26 2006
	City State Tempe AZ	Zip Code 85282	Transaction ID: SA11A1.5899  Amount of Each Receipt this Period
		00202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		100.00
	Name of Employer Rural/Metro Occupation		Contribution
	Group P		
	Receipt For: Aggregat Primary General	e Year-to-Date ▼	-
	Other (specify)	225.00	
_		<u> </u>	1
٩	UBTOTAL of Receipts This Page (optional)		433.33
$\vdash$	CETAL OF HOOSIPES THIS Fage (optional)		
lτ	OTAL This Period (last page this line number only)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 9 / 19
	EMIZED RECEIPTS		or each category of the	(check only one)
•••	EWIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
Ar or	ly information copied from such Reports and Sta for commercial purposes, other than using the n	itements may lame and add	ont be sold or used by any persolates of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
$\rangle$	AMERICAN AMBULANCE ASSOCIATION	ON FEDER	AL PAC (AKA AMBU-PAC)	
Α.				Date of Receipt
	Mailing Address 2120 E. Golf Avenue			09 07 2006
	City	State	Zip Code	Transaction ID: SA11A1.5934
	Tempe	AZ	85282	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Rural/Metro	Occupation Group Pr		Contribution
	Receipt For:	<del></del>	e Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼	0 0	350.00	
В.	Full Name (Last, First, Middle Initial) Brian Lovellette			Date of Receipt
	Mailing Address 701 Britten Avenue			09 07 YYYY 2006
	City	State	Zip Code	Transaction ID: SA11A1.5932
	Lansing	MI	48910-1321	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Association Services of	Occupation		Contribution
	Michigan	President		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Thomas McEntee			Date of Receipt
	Mailing Address 2 Joseph Prince Lane			07 26 2006
	City	State	Zip Code	Transaction ID: SA11A1.5901
	Amherst	NH	03031	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Rockingham Ambulance Serv-	Occupation Director.	n Operations	Contribution
	ice Receipt For:	+	Year-to-Date ▼	1
	Primary General	00 0		7
	Other (specify) ▼	0 0	420.00	
s	UBTOTAL of Receipts This Page (optional)			275.00
	OTAL This Period (last page this line number o	nlv)		

S	SCHEDULE A (FEC Form 3X)  Use separate		Use separate schedule(s)		GE 10/19
	EMIZED RECEIPTS		or each category of the	(check only one)	
••	EMIZED RECEIL 10		Detailed Summary Page	X 11a 11b 11c 15	12 16   17
Δr	ny information copied from such Reports and St	atomonte may	y not be sold or used by any perso		
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such c	ommittee.
	NAME OF COMMITTEE (In Full)				
$\rangle$	AMERICAN AMBULANCE ASSOCIATI	ON FEDER	AL PAC (AKA AMBU-PAC)		
_	Full Name (Last, First, Middle Initial)				
Α.	Thomas McEntee			Date of Receipt	
	Mailing Address 2 Joseph Prince Lane			07 27	2006
	City	State	Zip Code	Transaction ID: SA11A1	
	Amherst	NH	03031	Amount of Each Receipt th	
	FEC ID number of contributing federal political committee.	С			80.00
				Contribution	
	Name of Employer Rockingham Ambulance Serv-	Occupation	n Operations		
	ice Receipt For:		Year-to-Date <b>V</b>		
	Primary General	Aggregate	Teal to Bate V		
	Other (specify) ▼		500.00		
В.	Full Name (Last, First, Middle Initial) Thomas McEntee			Date of Receipt	
	Mailing Address 2 Joseph Prince Lane			0 8 1 0 Y	2006
	City	State	Zip Code	Transaction ID: SA11A1	.5913
	Amherst	NH	03031	Amount of Each Receipt th	nis Period
	FEC ID number of contributing federal political committee.	C			80.00
	, (5 )	10		Contribution	
	Name of Employer Rockingham Ambulance Serv-	Occupation	n Operations		
	ice Receipt For:		Year-to-Date <b>V</b>		
	Primary General	7.99.094.0			
	Other (specify) ▼		580.00		
<u> </u>	Full Name (Last, First, Middle Initial) Thomas McEntee			Date of Receipt	
	Mailing Address 2 Joseph Prince Lane			M M / D D / Y	YYY
	<u> </u>			09 07	2006
	City	State	Zip Code	Transaction ID: SA11A1	
	Amherst	NH	03031	Amount of Each Receipt th	nis Period
	FEC ID number of contributing federal political committee.	C			80.00
	Name of Employer	Occupation	1	Contribution	
	Rockingham Ambulance Service	Director,	Operations		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General	' '	660.00		
	Other (specify) ▼	0 0			
					040.00
s	UBTOTAL of Receipts This Page (optional)		······		240.00
Г					
T	OTAL This Period (last page this line number of	nly)			

S	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 / 19
	EMIZED RECEIPTS	or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Statemer for commercial purposes, other than using the name a	nts may not be sold or used by any person and address of any political committee to so	for the purpose of soliciting contributions
<u> </u>	NAME OF COMMITTEE (In Full)	, , , , , , , , , , , , , , , , , ,	
$\rangle$	AMERICAN AMBULANCE ASSOCIATION F	EDERAL PAC (AKA AMBU-PAC)	
۹.	Full Name (Last, First, Middle Initial) James McPartlon		Date of Receipt
	Mailing Address 1015 DiBella Dr		07 26 2006
	•	tate Zip Code	Transaction ID: SA11A1.5906
	Schenectady N	Y 12303	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		400.00
	Name of Employer Mohawk Ambulance Services  Occ VP	cupation	Contribution
	Receipt For: Age	gregate Year-to-Date ▼	
	Primary General Other (specify) ▼	400.00	
3.	Full Name (Last, First, Middle Initial) Louis Meyer		Date of Receipt
	Mailing Address 10644 N. Oakwilde Avenue		09 07 2006
		tate Zip Code	Transaction ID: SA11A1.5925
	Stockton C.	A 95212	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	AMR ' '	cupation	Contribution
	· · · · · · · · · · · · · · · · · · ·	O - Regional gregate Year-to-Date ▼	
	Primary General		
	Other (specify) ▼	750.00	
<b>.</b> C.	Full Name (Last, First, Middle Initial) Steve Murphy		Date of Receipt
	Mailing Address 100 S Birch Rd #901		07 26 2006
	,	tate Zip Code	Transaction ID: SA11A1.5902
	Ft Lauderdale FI	L 33316	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		100.00
	AMD ' '	cupation e VP	Contribution
		gregate Year-to-Date ▼	
	Primary General Other (specify) ▼	600.00	
s	UBTOTAL of Receipts This Page (optional)		750.00
_	OTAL This Period (last page this line number only)		
- 17	LILAL THE PARIOR (19ST DOOD THIS LINA HUMBAR ANIV)	•	

				_
S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 12 / 19
ıт	EMIZED RECEIPTS		or each category of the	(check only one)
• •	LIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
abla	NAME OF COMMITTEE (In Full)			
$\rangle$	AMERICAN AMBULANCE ASSOCIATIO	N FEDER	AL PAC (AKA AMBU-PAC)	
Α.	Full Name (Last, First, Middle Initial) Steve Murphy			Date of Receipt
	Mailing Address 100 S Birch Rd #901			09 28 2006
	City	State	Zip Code	Transaction ID: SA11A1.5937
	<u>Ft Lauderdale</u>	FL	33316	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer AMR	Occupation Exe VP	n	Contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 850.00	
— В.	Full Name (Last, First, Middle Initial) Jamie Pafford-Gresham			Date of Receipt
	Mailing Address 3317 W 16			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.5931
	Hope	AR	71801	Amount of Each Receipt this Period
		7111	71001	Amount of Each receipt this renou
	FEC ID number of contributing federal political committee.	C		250.00 Contribution
	Pafford FMS	Occupation Owner/O		Contribution
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		750.00	
<u> </u>	Full Name (Last, First, Middle Initial) Greg Shore			Date of Receipt
	Mailing Address 417 Holly Ridge Drive			07 26 2006
	City	State	Zip Code	Transaction ID: SA11A1.5890
	Anderson	SC	29621	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer MedShore Ambulance	Occupation Presiden		Contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00	
s	UBTOTAL of Receipts This Page (optional)			600.00
<u></u>	,			

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

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 13 / 19
ITEMIZED RECEIPTS			or each category of the	(check only one)
••	LIMIZED HEOLII 13		Detailed Summary Page	X 11a 11b 11c 12
Δ.	ny information copied from such Reports and St.	otomonto mov	, not be cold or used by any nore	13 14 15 16 17
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	AMERICAN AMBULANCE ASSOCIATI	ON FEDER	AL PAC (AKA AMBU-PAC)	
A.	Full Name (Last, First, Middle Initial) Trace Skeen			Date of Receipt
	Mailing Address 6200 Syracuse Way #2	00		09 07 2006
	City	State	Zip Code	Transaction ID: SA11A1.5930
	Greenwood Village	CO	80111	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer AMR	Occupation	1	Contribution
	Receipt For:	1	Year-to-Date <b>V</b>	
	Primary General	199.09		1
	Other (specify) ▼	0 0	375.00	
В.	Full Name (Last, First, Middle Initial) Ronald Thackery			Date of Receipt
	Mailing Address 6200 Syracuse Way #2	00		09 07 2006
	City	State	Zip Code	Transaction ID: SA11A1.5929
	Greenwood Village	CO	80111	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer AMR	Occupation VP	1	Contribution
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		375.00	
<u> </u>	Full Name (Last, First, Middle Initial) Kurt Williams			Date of Receipt
	Mailing Address 2122 Willow Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.5926
	San Diego	CA	92106	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer American Medical Response	Occupation Vice Pres		Contribution
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	375.00	]
s	UBTOTAL of Receipts This Page (optional)			375.00
Т	OTAL This Period (last page this line number of	only)		

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

FOR LINE NUMBER: PAGE 14/19 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c Detailed Summary Page 13 14 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) Full Name (Last, First, Middle Initial) Gerald Zapolnik Date of Receipt Mailing Address 1116 Rathfan Circle 09 07 2006 City State Zip Code Transaction ID: SA11A1.5928 Saline MI 48176 Amount of Each Receipt this Period FEC ID number of contributing C 125.00 federal political committee. Contribution Name of Employer Huron Valley Ambulance Occupation VP Support Operations Aggregate Year-to-Date ▼ Receipt For: Primary General 375.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	125.00
TOTAL This Period (last page this line number only)	<b>•</b>	3689.99

S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)		INE NUMBER: PAGE 15 / 19									
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		(check only 21b 27	22 [ 28a	23 28b	24		25 29	26 30k			
	y Information copied from such Reports and Statem for commercial purposes, other than using the name												
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE ASSOCIATION	, · ·			Cit Contin			TI COMMINE					
_	Full Name (Last, First, Middle Initial)				Transa	action ID:	SB21	B.5916					
Α.	American Express					f Disburse		W W	V * .	V.			
	Mailing Address PO Box 53852				0 <sup>M</sup> 8	0	<b>1</b> /	20	δ6				
		State         Zip Code           AZ         85072-3852			Amour	nt of Each	Disbur	sement ti	his Pe	eriod			
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	Mailing Address PO Box 53852				0 9	0	1 /	y žo	δ6	Y			
	,	State Zip Code AZ 85072-3852			Amour	nt of Each	Disbur	sement th		-			
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C.	Full Name (Last, First, Middle Initial) Nova Information Systems				Date o	action ID: f Disburse	ement			_			
	Mailing Address 7300 Chapman Highway				0 7	0	3	y žo	ŏ6	Y			
		State Zip Code TN 37920			Amour	nt of Each	Disbur	sement tl	his Pe	eriod			
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SI	CHEDULE B (FEC Form 3X)		1 -	2D I INI	- AU IMPED	DAGE	40/4							
	•	Use seperate schedule(s)		DR LINE heck on	IE NUMBER: PAGE 16 / 19 nly one)									
11	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X		22 23 28b	24 28c	25 29	26 30b						
	y Information copied from such Reports and Statem for commercial purposes, other than using the name							5						
	NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE ASSOCIATION	FEDERAL PAC (AKA A	MBU-F	PAC)										
Α.	Full Name (Last, First, Middle Initial) Nova Information Systems				Transaction ID: SE	ent		Υ						
	Mailing Address 7300 Chapman Highway				08 01	2	0 Ď 6							
		State Zip Code TN 37920			Amount of Each Dis	sbursement	this P	eriod						
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		State Zip Code TN 37920			Amount of Each Dis	sbursement	this P	eriod						
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	Candidate Name		Cate Typ											
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SUBTOTAL of Disbursements This Page (optional)	•	57.42
TOTAL This Period (last page this line number only)	<b>—</b>	133.01

District:

State:

# SCHEDULE B (FEC Form 3X)

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NAME OF COMMITTEE (In Full)	and address of any political co	OHIIII	ilee io s	SOIICIT CC	iiiibu	110115 110	JIII SUCII	COITIII	iiilee		_
AMERICAN AMBULANCE ASSOCIATION	FEDERAL PAC (AKA AMI	BU-I	PAC)								
Full Name (Last, First, Middle Initial)				1			SB23.5	5949			
FRIENDS OF BENNIE THOMPSON					e of L	)isburse	ement 8	ү <u>ү</u>	Y .	Υ	
Mailing Address P.O. BOX 100				0	9	2	8	2	0 Ď 6		
	State Zip Code MS 39041			Am	ount o	of Each	Disburse	ement	this P	eriod	1
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Contribution Candidate Name	I	0° Cate									
Robert Byrd		Ту									
Office Sought: X House Disburser Senate	nent For: 2006 Primary X General										
President	Other (specify) ▼										
State: MS District:											_
Full Name (Last, First, Middle Initial)  Nancy Johnson				1		i <b>ion ID:</b> Disburse	SB23.5 ement	5911			
Mailing Address P O BOX 1986				0	7 <sup>M</sup>	/ DO	<sup>D</sup> /	Y Y 2	0 Ď 6	Y	
- P O BOX 1900					-	-					
,	State Zip Code CT 06050			Am	ount o	of Each	Disburse	ement	this P	eriod	
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NANCY L JOHNSON		Ту									
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State: District: Full Name (Last, First, Middle Initial)				+_			2022				_
Nancy Johnson				-		i <b>on ID:</b> Disburse	SB23.5 ement	944			
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	7:- O-d-					( =	D'. I		u D		_
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Candidate Name			gory/								
NANCY L JOHNSON  Office Sought: X House Disburser	nent For: 2006	Ту	ре	4							
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President State: CT District:	Other (specify) ▼										
State. O1 DISTINCT.											_ 1
SUBTOTAL of Disbursements This Page (optional)				L				47	700.0	0	
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# SCHEDULE B (FEC Form 3X)

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<ul> <li>NAME OF COMMITTEE (In Full)</li> </ul>	and address of any political co	minitiee to s	SOIIGIL GOITLITE	ulions 1101	ii Sucii CO	mmuee		
AMERICAN AMBULANCE ASSOCIATION	FEDERAL PAC (AKA AME	BU-PAC)						
Full Name (Last, First, Middle Initial)				ction ID: S		45		
Nancy Johnson				Disbursen		YY	Υ	
Mailing Address P O BOX 1986			0 9	<sup>/</sup> 29	9 ' [ '	ž 0 ŏ 6		
City New Britian	State Zip Code CT		Amoun	t of Each D	Disbursem		-	
Purpose of Disbursement Contribution		011	T L			2000.0	00	
Candidate Name NANCY L JOHNSON		Category/ Type						
	ment For: 2006	7E -						
Senate President	Primary X General Other (specify) ▼							
State: District:								
Full Name (Last, First, Middle Initial)				ction ID: S		46		
Peter King			Date of	Disburser		YY	Υ	
Mailing Address P O Box 1428			0 9	<sup>/</sup> 25	ِيِّ الْــَـٰ <u>اِ</u>	ž 0 ŏ 6		
City Seaford	State Zip Code NY 11783		Amoun	t of Each D	Disbursem	ent this P	eriod	
Purpose of Disbursement Contribution		011				2000.0	00	
Contribution  Candidate Name  Peter King		011 Category/						
	ment For: 2006	Туре						
Senate	Primary X General							
State: District:	Other (specify)							
Full Name (Last, First, Middle Initial)			Transa	ction ID: S	SB23 59	18		
C. Robert Ryrd			Date of	Disburser	nent		_	
Mailing Address P O Box 2572			0 8 0	<sup>/</sup> 1 (	D / Y	2006	Y	
City Charleston	State Zip Code WV 25329		Amoun	t of Each D	Disbursem	ent this P	eriod	
Purpose of Disbursement Contribution	Г	011	T L.			1000.0	00	
Candidate Name Robert Byrd	-	Category/ Type						
	ment For: 2006							
χ Senate President	Primary X General Other (specify) ▼							
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50	CHEDULE B (FEC Form 3	5X)	Use sep	erate schedule(s)	,			IE NUMBER: PAGE 19/19									
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	y Information copied from such Reports for commercial purposes, other than usir															IS	
Λ	NAME OF COMMITTEE (In Full)																
$\angle$	AMERICAN AMBULANCE ASSO	CIATION	FEDERA	L PAC (AKA A	MBL	J-P	AC)										
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Α.	SCHWARZ FOR CONGRESS								Date	of D	isburs	en	nent				
	Mailing Address POST OFFICE	BOX 2063	3						8 <sup>M</sup> 0	М	/ D	16	3 / Y	ž	οŏ	3 <sup>Y</sup>	
	City BATTLE CREEK		State MI	Zip Code 49016					Amou	nt o	f Eac	h D	isburse	men	t this	Peri	od
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	Candidate Name SCHWARZ FOR CONGRESS					teg Typ	ory/ e										
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	Full Name (Last, First, Middle Initial)								_								
В.	, , ,								Date		isburs	en			, V .	V	
	Mailing Address P O Box 1091								0 9	IVI		2 8		2	οŏ	3 '	
	City Hood River		State OR	Zip Code 97031					Amou	nt o	f Eac	h D	isburse				od
	Purpose of Disbursement Contribution						1	1000.00									
	Candidate Name Greg Walden					teg Typ	ory/ e										
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