

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 McLean VA 22102 Check if different than previously reported. (ACC)

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, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 07 01 2006 through 09 30 2006

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 10 12 2006

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		29998.45
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning 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								
8. 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									
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	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	3689.99	8183.31
(i) Itemized (use Schedule A)	1500.00	2801.66
(ii) Unitemized	5189.99	10984.97
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	5189.99	10984.97
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	771.82
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))	5189.99	11756.79
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	5189.99	11756.79

DETAILED SUMMARY PAGE

of Disbursements

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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.....	182.70	669.63
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	182.70	669.63
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11700.00	22950.00
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	80.00
(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	80.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	11882.70	23699.63
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	11882.70	23699.63

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)	5189.99	10984.97
34. Total Contribution Refunds (from Line 28(d))	0.00	80.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5189.99	10904.97
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	182.70	669.63
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	182.70	669.63

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 19
	<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	

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) A. Dale Berry		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2006	
Mailing Address 1200 State Circle		Transaction ID: SA11A1.5892	
City State Zip Code Ann Arbor MI 48108		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Occupation Huron Valley Ambulance President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. Dale Berry		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2006	
Mailing Address 1200 State Circle		Transaction ID: SA11A1.5936	
City State Zip Code Ann Arbor MI 48108		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Occupation Huron Valley Ambulance President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 850.00	

Full Name (Last, First, Middle Initial) C. Bob Garner		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006	
Mailing Address 7255 Northwest 18th Street, NW Suite C		Transaction ID: SA11A1.5933	
City State Zip Code Miami FL 33126		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Occupation American Medical Response Owner/Operator			
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) ▶	600.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 19
	<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)

Full Name (Last, First, Middle Initial) A. Debora Mary Gault		Date of Receipt MM / DD / YYYY 09 / 07 / 2006
Mailing Address 5502 North West Highway		Transaction ID: SA11A1.5927
City Waterford	State WI	Zip Code 53185
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 125.00
Name of Employer AMR	Occupation VP Federal Reimbursements	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mr. Ben Hinson		Date of Receipt MM / DD / YYYY 07 / 27 / 2006
Mailing Address 675 Sioux Drive		Transaction ID: SA11A1.5885
City Macon	State GA	Zip Code 31210
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 83.33
Name of Employer Mid Georgia Ambulance	Occupation President/Owner	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98	

Full Name (Last, First, Middle Initial) C. Mr. Ben Hinson		Date of Receipt MM / DD / YYYY 08 / 10 / 2006
Mailing Address 675 Sioux Drive		Transaction ID: SA11A1.5912
City Macon	State GA	Zip Code 31210
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 83.33
Name of Employer Mid Georgia Ambulance	Occupation President/Owner	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 583.31	

SUBTOTAL of Receipts This Page (optional)	▶	291.66
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 19
	<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)

Full Name (Last, First, Middle Initial) A. Mr. Ben Hinson		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006	
Mailing Address 675 Sioux Drive		Transaction ID: SA11A1.5923	
City State Zip Code Macon GA 31210	Amount of Each Receipt this Period 83.33		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Mid Georgia Ambulance	Occupation President/Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.64		

Full Name (Last, First, Middle Initial) B. Charles Kelley		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006	
Mailing Address 803 Hillcrest		Transaction ID: SA11A1.5935	
City State Zip Code Sparta IL 62286	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer MedStar Ambulance	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Kurt M. Krumperman		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2006	
Mailing Address 2120 E. Golf Avenue		Transaction ID: SA11A1.5899	
City State Zip Code Tempe AZ 85282	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Rural/Metro	Occupation Group President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

SUBTOTAL of Receipts This Page (optional) ▶	433.33
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 19
	<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)

Full Name (Last, First, Middle Initial) A. Kurt M. Krumperman		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006	
Mailing Address 2120 E. Golf Avenue		Transaction ID: SA11A1.5934	
City State Zip Code Tempe AZ 85282	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Rural/Metro Occupation Group President	Aggregate Year-to-Date ▼ 350.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Brian Lovellette		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006	
Mailing Address 701 Britten Avenue		Transaction ID: SA11A1.5932	
City State Zip Code Lansing MI 48910-1321	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Association Services of Michigan Occupation President	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Thomas McEntee		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2006	
Mailing Address 2 Joseph Prince Lane		Transaction ID: SA11A1.5901	
City State Zip Code Amherst NH 03031	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Rockingham Ambulance Service Occupation Director, Operations	Aggregate Year-to-Date ▼ 420.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	275.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 19
	<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)

Full Name (Last, First, Middle Initial) A. Thomas McEntee		Date of Receipt M M / D D / Y Y Y Y 07 / 27 / 2006	
Mailing Address 2 Joseph Prince Lane		Transaction ID: SA11A1.5886	
City Amherst	State NH	Zip Code 03031	Amount of Each Receipt this Period 80.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Rockingham Ambulance Service	Occupation Director, Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Thomas McEntee		Date of Receipt M M / D D / Y Y Y Y 08 / 10 / 2006	
Mailing Address 2 Joseph Prince Lane		Transaction ID: SA11A1.5913	
City Amherst	State NH	Zip Code 03031	Amount of Each Receipt this Period 80.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Rockingham Ambulance Service	Occupation Director, Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 580.00		

Full Name (Last, First, Middle Initial) C. Thomas McEntee		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006	
Mailing Address 2 Joseph Prince Lane		Transaction ID: SA11A1.5924	
City Amherst	State NH	Zip Code 03031	Amount of Each Receipt this Period 80.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Rockingham Ambulance Service	Occupation Director, Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00		

SUBTOTAL of Receipts This Page (optional)	240.00
TOTAL This Period (last page this line number only)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 19
	<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)
 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 ▼
 400.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 26 / 2006

Transaction ID: SA11A1.5906

Amount of Each Receipt this Period
 400.00

Contribution

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 ▼
 750.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 07 / 2006

Transaction ID: SA11A1.5925

Amount of Each Receipt this Period
 250.00

Contribution

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

Mailing Address 100 S Birch Rd #901

City State Zip Code
 Ft Lauderdale FL 33316

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

Name of Employer Occupation
 AMR Exe VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 26 / 2006

Transaction ID: SA11A1.5902

Amount of Each Receipt this Period
 100.00

Contribution

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 19
	<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)
Steve Murphy

Mailing Address 100 S Birch Rd #901

City State Zip Code
Ft Lauderdale FL 33316

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

Name of Employer Occupation
AMR Exe VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 28 / 2006

Transaction ID: SA11A1.5937

Amount of Each Receipt this Period
250.00

Contribution

B. Full Name (Last, First, Middle Initial)
Jamie Pafford-Gresham

Mailing Address 3317 W 16

City State Zip Code
Hope AR 71801

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

Name of Employer Occupation
Pafford EMS Owner/Operator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 07 / 2006

Transaction ID: SA11A1.5931

Amount of Each Receipt this Period
250.00

Contribution

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 Occupation
MedShore Ambulance President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 26 / 2006

Transaction ID: SA11A1.5890

Amount of Each Receipt this Period
100.00

Contribution

SUBTOTAL of Receipts This Page (optional)	▶	600.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 19
	<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)

Full Name (Last, First, Middle Initial) A. Trace Skeen		Date of Receipt MM / DD / YYYY 09 / 07 / 2006
Mailing Address 6200 Syracuse Way #200		Transaction ID: SA11A1.5930
City Greenwood Village	State CO	Zip Code 80111
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer AMR	Occupation VP	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) B. Ronald Thackery		Date of Receipt MM / DD / YYYY 09 / 07 / 2006
Mailing Address 6200 Syracuse Way #200		Transaction ID: SA11A1.5929
City Greenwood Village	State CO	Zip Code 80111
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer AMR	Occupation VP	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) C. Kurt Williams		Date of Receipt MM / DD / YYYY 09 / 07 / 2006
Mailing Address 2122 Willow Street		Transaction ID: SA11A1.5926
City San Diego	State CA	Zip Code 92106
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer American Medical Response	Occupation Vice President	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

SUBTOTAL of Receipts This Page (optional)	▶	375.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 14 / 19	
	(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)
 Gerald Zapolnik

Mailing Address 1116 Rathfan Circle

City State Zip Code
 Saline MI 48176

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

Name of Employer Occupation
 Huron Valley Ambulance VP Support Operations

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 07 / 2006

Transaction ID: SA11A1.5928

Amount of Each Receipt this Period
 125.00

Contribution

SUBTOTAL of Receipts This Page (optional)	▶	125.00
TOTAL This Period (last page this line number only)	▶	3689.99

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 15 / 19

<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)

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: SB21B.5916	
Mailing Address PO Box 53852		Date of Disbursement MM / DD / YYYY 08 / 01 / 2006	
City Phoenix	State AZ	Zip Code 85072-3852	Amount of Each Disbursement this Period 14.42
Purpose of Disbursement Merchant Fees		<input type="text" value="001"/>	
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: SB21B.5939	
Mailing Address PO Box 53852		Date of Disbursement MM / DD / YYYY 09 / 01 / 2006	
City Phoenix	State AZ	Zip Code 85072-3852	Amount of Each Disbursement this Period 7.42
Purpose of Disbursement Merchant Fees		<input type="text" value="001"/>	
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Nova Information Systems		Transaction ID: SB21B.5908	
Mailing Address 7300 Chapman Highway		Date of Disbursement MM / DD / YYYY 07 / 03 / 2006	
City Knoxville	State TN	Zip Code 37920	Amount of Each Disbursement this Period 53.75
Purpose of Disbursement Merchant Fees		<input type="text" value="001"/>	
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	75.59
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 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)

Full Name (Last, First, Middle Initial) A. Nova Information Systems		Transaction ID: SB21B.5914 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 7300 Chapman Highway		Amount of Each Disbursement this Period 53.55
City Knoxville State TN Zip Code 37920	Purpose of Disbursement Merchant Fees Candidate Name 001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Nova Information Systems		Transaction ID: SB21B.5938 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 6
Mailing Address 7300 Chapman Highway		Amount of Each Disbursement this Period 3.87
City Knoxville State TN Zip Code 37920	Purpose of Disbursement Merchant Fees Candidate Name 001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

57.42

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

133.01

**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)

Full Name (Last, First, Middle Initial) A. FRIENDS OF BENNIE THOMPSON		Transaction ID: SB23.5949 Date of Disbursement
Mailing Address P.O. BOX 100		<input type="text" value="09"/> / <input type="text" value="28"/> / <input type="text" value="2006"/>
City BOLTON	State MS	Zip Code 39041
Purpose of Disbursement Contribution	<input type="text" value="011"/> Category/ Type	
Candidate Name Robert Byrd		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MS	District:	

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) B. Nancy Johnson		Transaction ID: SB23.5911 Date of Disbursement
Mailing Address P O BOX 1986		<input type="text" value="07"/> / <input type="text" value="03"/> / <input type="text" value="2006"/>
City NEW BRITIAN	State CT	Zip Code 06050
Purpose of Disbursement Contribution	<input type="text" value="011"/> Category/ Type	
Candidate Name NANCY L JOHNSON		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) C. Nancy Johnson		Transaction ID: SB23.5944 Date of Disbursement
Mailing Address P O BOX 1986		<input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2006"/>
City New Britian	State CT	Zip Code
Purpose of Disbursement Contribution	<input type="text" value="011"/> Category/ Type	
Candidate Name NANCY L JOHNSON		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CT	District:	

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4700.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

Full Name (Last, First, Middle Initial) A. Nancy Johnson		Transaction ID: SB23.5945 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address P O BOX 1986		Amount of Each Disbursement this Period 2000.00
City New Britain State CT Zip Code	011 Category/ Type	
Purpose of Disbursement Contribution Candidate Name NANCY L JOHNSON		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Peter King		Transaction ID: SB23.5946 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6
Mailing Address P O Box 1428		Amount of Each Disbursement this Period 2000.00
City Seaford State NY Zip Code 11783	011 Category/ Type	
Purpose of Disbursement Contribution Candidate Name Peter King		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Robert Ryrd		Transaction ID: SB23.5918 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 6
Mailing Address P O Box 2572		Amount of Each Disbursement this Period 1000.00
City Charleston State WV Zip Code 25329	011 Category/ Type	
Purpose of Disbursement Contribution Candidate Name Robert Byrd		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WV District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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)

PAGE 19 / 19

<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)

Full Name (Last, First, Middle Initial) A. SCHWARZ FOR CONGRESS		Transaction ID: SB23.5922 Date of Disbursement
Mailing Address POST OFFICE BOX 2063		<input type="text" value="08"/> / <input type="text" value="16"/> / <input type="text" value="2006"/>
City BATTLE CREEK	State MI	Zip Code 49016
Purpose of Disbursement Contribution	<input type="text" value="011"/> Category/ Type	
Candidate Name SCHWARZ FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MI District: 07		
		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) B. Greg Walden		Transaction ID: SB23.5941 Date of Disbursement
Mailing Address P O Box 1091		<input type="text" value="09"/> / <input type="text" value="28"/> / <input type="text" value="2006"/>
City Hood River	State OR	Zip Code 97031
Purpose of Disbursement Contribution	<input type="text" value="011"/> Category/ Type	
Candidate Name Greg Walden		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

SUBTOTAL of Disbursements This Page (optional) ►

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