

# 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 01 29 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 .....	34014.40									
(c) Total Receipts (from Line 19) .....	51795.00	85875.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	85809.40	100449.64								
7. Total Disbursements (from Line 31) .....	23408.17	38048.41								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	62401.23	62401.23								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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	12000.00
(c) Other Political Committees (such as PACs) .....	51795.00	85875.00
(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	85875.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	51795.00	85875.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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	0.00
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	38048.41
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	23408.17	38048.41

**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	85875.00
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	85875.00
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)

**A.** Full Name (Last, First, Middle Initial)  
Jim Adkins  
Mailing Address 3338 Commerce Drive  
City Augusta State GA Zip Code 30909  
FEC ID number of contributing federal political committee. **C**  
Name of Employer South Star Ambulance Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 09 / 07 / 2007  
Transaction ID: SA11AI.6288  
Amount of Each Receipt this Period 300.00

**B.** Full Name (Last, First, Middle Initial)  
Tony Anteau  
Mailing Address 745 Medcorp Drive  
City Toledo State OH Zip Code 43608  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Medcorp EMS Toledo Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 08 / 01 / 2007  
Transaction ID: SA11AI.6247  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Chris Archuleta  
Mailing Address 5604 Still Brook Avenue NW  
City Albuquerque State NM Zip Code 87120  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Superior Ambulance Service Occupation Executive Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 08 / 01 / 2007  
Transaction ID: SA11AI.6249  
Amount of Each Receipt this Period 300.00

**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)  
 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)  
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: PAGE 8 / 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)**

<p><b>A.</b> Full Name (Last, First, Middle Initial) Cindy Elbert</p> <p>Mailing Address 6508 W Crocus Dr</p> <p>City State Zip Code  <b>Obendale AZ 85306</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Cindy Elbert Insurance</p> <p>Occupation President</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">300.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">08 / 01 / 2007</span></p> <p><b>Transaction ID: SA11AI.6250</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">300.00</span></p>
--	--

<p><b>B.</b> Full Name (Last, First, Middle Initial) James Finger</p> <p>Mailing Address 18 Central Avenue</p> <p>City State Zip Code  <b>Rutland VT 05707</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Regional Ambulance Service, Inc.</p> <p>Occupation Administration</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">11 / 13 / 2007</span></p> <p><b>Transaction ID: SA11AI.6407</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">100.00</span></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) James Finger</p> <p>Mailing Address 18 Central Avenue</p> <p>City State Zip Code  <b>Rutland VT 05707</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Regional Ambulance Service, Inc.</p> <p>Occupation Administration</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">350.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">11 / 13 / 2007</span></p> <p><b>Transaction ID: SA11AI.6422</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">100.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">500.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>



# 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		Date of Receipt MM / DD / YYYY 09 / 25 / 2007
Mailing Address 9240 NW Groveland		<b>Transaction ID:</b> SA11AI.6305
City Hillsboro	State OR	Zip Code 97124
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2500.00
Name of Employer Metro West	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

**B.**

Full Name (Last, First, Middle Initial) Ill David B. Hill		Date of Receipt MM / DD / YYYY 10 / 31 / 2007
Mailing Address 395 West Lake Street		<b>Transaction ID:</b> SA11AI.6384
City Elmhurst	State IL	Zip Code 60126
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation Owner/Operator	
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) Russell Honeycutt		Date of Receipt MM / DD / YYYY 10 / 31 / 2007
Mailing Address 223 Pebblebrook Lane		<b>Transaction ID:</b> SA11AI.6372
City Macon	State GA	Zip Code 31220
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Hinson Systems/National Reimbu	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>7600.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 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

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

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

M M / D D / Y Y Y Y  
0 8 / 0 1 / 2 0 0 7

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

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

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
							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)

<b>A.</b>	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	<b>Transaction ID:</b> 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>B.</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	<b>Transaction ID:</b> 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"/>

<b>C.</b>	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	<b>Transaction ID:</b> 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"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="550.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 13 / 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)  
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: (check only one)	PAGE 14 / 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)  
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 **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 **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 **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  
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  
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  
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)

<b>A.</b>	Full Name (Last, First, Middle Initial) David Miller		Date of Receipt
	Mailing Address 1220 Cyclone		<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 1 2 / 1 4 / 2 0 0 7
	City	State	Zip Code
	Harlan	IA	51537
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.6436
Name of Employer Medivac Comp.		Occupation	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"/> 500.00
		<input type="text"/> 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Jenny Norton		Date of Receipt
	Mailing Address 12 E. Commodore Place		<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 1 0 / 3 1 / 2 0 0 7
	City	State	Zip Code
	Tempe	AZ	85282
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.6373
Name of Employer		Occupation	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"/> 5000.00
		<input type="text"/> 5000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Jamie Pafford-Gresham		Date of Receipt
	Mailing Address 3317 W 16		<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 0 8 / 0 1 / 2 0 0 7
	City	State	Zip Code
	Hope	AR	71801
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.6266
Name of Employer Pafford EMS		Occupation Owner/Operator	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"/> 0.00
		<input type="text"/> 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 5500.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



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

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

FOR LINE NUMBER: PAGE 17 / 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)  
Jamie Pafford-Gresham  
Mailing Address 3317 W 16

City Hope State AR Zip Code 71801

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

Name of Employer Pafford EMS Occupation Owner/Operator

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 08 / 02 / 2007  
**Transaction ID: SA11AI.6283**  
 Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
Jamie Pafford-Gresham  
Mailing Address 3317 W 16

City Hope State AR Zip Code 71801

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

Name of Employer Pafford EMS Occupation Owner/Operator

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 6000.00

Date of Receipt: 09 / 07 / 2007  
**Transaction ID: SA11AI.6287**  
 Amount of Each Receipt this Period: 5000.00

**C.** Full Name (Last, First, Middle Initial)  
Jamie Pafford-Gresham  
Mailing Address 3317 W 16

City Hope State AR Zip Code 71801

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

Name of Employer Pafford EMS Occupation Owner/Operator

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 7800.00

Date of Receipt: 12 / 14 / 2007  
**Transaction ID: SA11AI.6433**  
 Amount of Each Receipt this Period: 1800.00

**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  
MM / DD / YYYY  
11 / 01 / 2007

**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  
MM / DD / YYYY  
11 / 13 / 2007

**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  
MM / DD / YYYY  
11 / 13 / 2007

**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: PAGE 20 / 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)  
Greg Shore

Mailing Address 417 Holly Ridge Drive

City Anderson State SC Zip Code 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 ▼ 1650.00

Date of Receipt: 09 / 14 / 2007  
**Transaction ID:** SA11AI.6295  
 Amount of Each Receipt this Period: 1000.00

**B.**

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

Mailing Address 417 Holly Ridge Drive

City Anderson State SC Zip Code 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 ▼ 1750.00

Date of Receipt: 10 / 31 / 2007  
**Transaction ID:** SA11AI.6371  
 Amount of Each Receipt this Period: 100.00

**C.**

Full Name (Last, First, Middle Initial)  
Kary Ann Singer

Mailing Address 8208 Glenside Lane

City Tulsa State OK Zip Code 74131

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

Name of Employer EMSA Occupation Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 11 / 13 / 2007  
**Transaction ID:** SA11AI.6394  
 Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1200.00

**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 21 / 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)  
Brenda Staffan  
 Mailing Address 3236 Old Coach Way  
 City State Zip Code  
 Reno NV 89511  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 01 / 2007  
**Transaction ID:** SA11AI.6274  
 Amount of Each Receipt this Period  
 300.00  
 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

**B.** Full Name (Last, First, Middle Initial)  
Brenda Staffan  
 Mailing Address 3236 Old Coach Way  
 City State Zip Code  
 Reno NV 89511  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 13 / 2007  
**Transaction ID:** SA11AI.6400  
 Amount of Each Receipt this Period  
 100.00  
 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

**C.** Full Name (Last, First, Middle Initial)  
Ronald Thackery  
 Mailing Address 9922 S. Silver Maple Road  
 City State Zip Code  
 Highlands Ranch CO 80129  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 14 / 2007  
**Transaction ID:** SA11AI.6302  
 Amount of Each Receipt this Period  
 250.00  
 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

**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 22 / 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)  
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:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	5	/	2	0	0	7

**Transaction ID:** SA11AI.6309

Amount of Each Receipt this Period  
250.00

**B.** 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:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      750.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	0	7

**Transaction ID:** SA11AI.6313

Amount of Each Receipt this Period  
250.00

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

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	4	/	2	0	0	7

**Transaction ID:** SA11AI.6435

Amount of Each Receipt this Period  
250.00

**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 23 / 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)  
Larry Wiersch  
 Mailing Address 4846 Five Point Road  
 City State Zip Code  
 New Tripoli PA 18066  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 14 / 2007  
**Transaction ID:** SA11AI.6303  
 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: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

**B.** Full Name (Last, First, Middle Initial)  
Larry Wiersch  
 Mailing Address 4846 Five Point Road  
 City State Zip Code  
 New Tripoli PA 18066  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 25 / 2007  
**Transaction ID:** SA11AI.6308  
 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: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00

**C.** Full Name (Last, First, Middle Initial)  
Larry Wiersch  
 Mailing Address 4846 Five Point Road  
 City State Zip Code  
 New Tripoli PA 18066  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 15 / 2007  
**Transaction ID:** SA11AI.6314  
 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: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 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"/> 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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Larry Wiersch		Date of Receipt																					
	Mailing Address 4846 Five Point Road		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	3		2	0	0	7
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1		1	3		2	0	0	7														
	City State Zip Code New Tripoli PA 18066		<b>Transaction ID:</b> SA11AI.6427																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00																						
Name of Employer Cetronia Ambulance		Occupation Administrator																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 850.00																						

<b>B.</b>	Full Name (Last, First, Middle Initial) Larry Wiersch		Date of Receipt																					
	Mailing Address 4846 Five Point Road		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	4		2	0	0	7
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	2		1	4		2	0	0	7														
	City State Zip Code New Tripoli PA 18066		<b>Transaction ID:</b> SA11AI.6437																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00																						
Name of Employer Cetronia Ambulance		Occupation Administrator																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1100.00																						

<b>C.</b>	Full Name (Last, First, Middle Initial) Michelle Willette		Date of Receipt																					
	Mailing Address P.O. Box 1399		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	1		2	0	0	7
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	8		0	1		2	0	0	7														
	City State Zip Code Meredith NH 03253		<b>Transaction ID:</b> SA11AI.6275																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00																						
Name of Employer Stewart's Ambulance Service		Occupation																						
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)

<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)  
Michael Woronka

Mailing Address 50 Hill Street

City State Zip Code  
Methuen MA 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  
M M / D D / Y Y Y Y Y  
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 State Zip Code  
Methuen MA 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  
M M / D D / Y Y Y Y Y  
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 State Zip Code  
Wilmington MA 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  
M M / D D / Y Y Y Y Y  
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

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)

**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 Zapolnki

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)  
 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 ▼  
3000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	1	/	2	0	0	7

**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 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	8	/	0	3	/	2	0	0	7

**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 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 ▼  
5000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	7	/	2	0	0	7

**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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> 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)

PAGE 29 / 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.6441 Date of Disbursement
	Mailing Address 1970 Chain Bridge Road 3rd Floor	<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2007"/>
	City McLean State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Service Charges	<input type="text" value="241.66"/>
	Candidate Name	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) ▼

B.	Full Name (Last, First, Middle Initial) Wachovia Bank, N.A.	Transaction ID: SB21B.6443 Date of Disbursement
	Mailing Address 1970 Chain Bridge Road 3rd Floor	<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City McLean State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Service Charges	<input type="text" value="291.49"/>
	Candidate Name	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) ▼

C.	Full Name (Last, First, Middle Initial) Wachovia Bank, N.A.	Transaction ID: SB21B.6444 Date of Disbursement
	Mailing Address 1970 Chain Bridge Road 3rd Floor	<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2007"/>
	City McLean State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Service Charges	<input type="text" value="72.60"/>
	Candidate Name	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="605.75"/>
<b>TOTAL</b> 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)

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	Transaction ID: SB23.6450 Date of Disbursement 07 / 05 / 2007
	Mailing Address PO Box 549 PO BOX 549	Amount of Each Disbursement this Period 1000.00
	City Napoleonville State LA Zip Code 70390	
	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) ▼

B.	Full Name (Last, First, Middle Initial) COMMITTEE FOR HISPANIC CAUSES/BUILDING OUR LEADERSHIP DIVERSITY PAC (CHC BOLD PAC)	Transaction ID: SB23.6471 Date of Disbursement 09 / 26 / 2007
	Mailing Address 1831 Bay Street SE	Amount of Each Disbursement this Period 1000.00
	City WASHINGTON State DC Zip Code 20003	
	Purpose of Disbursement Contribution Candidate Name	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) ▼

C.	Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS 2008	Transaction ID: SB23.6451 Date of Disbursement 07 / 09 / 2007
	Mailing Address 5915 EASTMAN AVE. SUITE 100 5915 EASTMAN AVE. SUITE 100	Amount of Each Disbursement this Period 1000.00
	City MIDLAND State MI Zip Code 48640	
	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3000.00
<b>TOTAL</b> 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><b>A.</b> 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><b>Transaction ID:</b> SB23.6465 <b>Date of Disbursement</b> 08 / 24 / 2007</p> <p><b>Amount of Each Disbursement this Period</b> 1000.00</p> <p>011 Category/ Type</p>
<p><b>B.</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><b>Transaction ID:</b> SB23.6470 <b>Date of Disbursement</b> 09 / 14 / 2007</p> <p><b>Amount of Each Disbursement this Period</b> 3000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> 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><b>Transaction ID:</b> SB23.6475 <b>Date of Disbursement</b> 11 / 16 / 2007</p> <p><b>Amount of Each Disbursement this Period</b> 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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2500.00
<b>TOTAL</b> 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	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	11000.00
<b>TOTAL</b> 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 35 / 35

<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

1000.00

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

1000.00

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

22500.00