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### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC) 8201 Greensboro Drive ADDRESS (number and street) Suite 300 Check if different than previously ٧A 22102 McLean reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00168070 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Χ Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 07 0 1 2007 12 3 1 2007 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Mr. Tristan North Type or Print Name of Treasurer Electronically Filed by Mr. Tristan North 0 1 29 2008 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC) D D 12 0.7 0 1 2007 3 1 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand Ž007 14574.64 January 1 (b) Cash on Hand at 34014.40 Begining of Reporting Period ..... 51795.00 85875.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 85809.40 100449.64 6(a) and 6(c) for Column B) ..... 23408.17 38048.41 7. Total Disbursements (from Line 31) ...... Cash on Hand at Close of Reporting Period 62401.23 62401.23 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 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

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

0 1 3<sup>D</sup>1 м м 0 7 м м 1 2 2007 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 67025.00 43250.00 (i) Itemized (use Schedule A) .......... 5545.00 6850.00 (ii) Unitemized ..... (iii) TOTAL (add 48795.00 73875.00 Lines 11(a)(i) and (ii) ...... 0.00 0.00 (b) Political Party Committees ..... Other Political Committees 3000.00 12000.00 (such as PACs) ..... Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 51795.00 85875.00 Totals to Line 33, page 5) ..... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees ..... 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) ..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) ..... 0.00 0.00 (b) Levin Funds (from Schedule H5) ...... 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 51795.00 85875.00 12, 13, 14, 15, 16, 17, and 18(c)) ..... 20. Total Federal Receipts 51795.00 85875.00 (subtract Line 18(c) from Line 19) .....

### **DETAILED SUMMARY PAGE**

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

II. DISBU	JRSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. Operating Expo	enditures: — ederal/Non-Federal —	Į.	
	om Schedule H4)	0.00	0.00
(i) Fede	ral Share	0.00	0.00
(ii) Non-	Federal Share	0.00	0.00
` '	leral Operating res	908.17	1367.91
•	rating Expenditures		
	)(i), (a)(ii) and (b))	908.17	1367.91
Committees		0.00	0.00
<ol><li>Contributions t Federal Candid</li></ol>	lates/Committees	22500.00	36500.00
and Other Polit 4. Independent E	ical Committees xpenditure		
(use Schedule	E) penditures Made by Party	0.00	0.00
Committees (2 (use Schedule	U.S.C. 441a(d)) F)	0.00	0.00
	ents Made	0.00	0.00
		0.00	0.00
	ntributions 10: s/Persons Other tical Committees	0.00	0.00
(b) Political P	arty Committees	0.00	0.00
(c) Other Pol	tical Committees	0.00	0.00
`	PACs)tribution Refunds	0.00	0.00
` '	s 28(a), (b), and (c))	0.00	0.00
9. Other Disburse	ements	0.00	180.50
Federal Election	on Activity (2 U.S.C 431(20))		
(a) Shared Fe	deral Election Activity		
(from School)	′	0.00	0.00
(i) redera	I Share		
	" Share	0.00	0.00
	ection Activity Paid Entirely ral Funds	0.00	0.00
	eral Election Activity (add (a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disburse	ements (add Lines 21(c), 22,		
23, 24, 25, 26	, 27, 28(d), 29 and 30(c))	23408.17	38048.41
2. Total Federal	Disbursements		
	21(a)(ii) and Line 30(a)(ii)	22400 17	20040 44
from Line 31).		23408.17	38048.41

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures		
Total Contributions (other than loans) from Line 11(d), page 3)	51795.00	85875.00
Total Contribution Refunds (from Line 28(d))	0.00	0.00
Net Contributions (other than loans) (subtract Line 34 from Line 33)	51795.00	85875.00
Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	908.17	1367.91
Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
Net Operating Expenditures (subtract Line 37 from Line 36)	908.17	1367.91

FE6AN026

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 35 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
Ar	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN AMBULANCE ASSOCIA	ne name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
. <u>/</u> a.	Full Name (Last, First, Middle Initial) Jim Adkins	THONTEDER	TAL FAO (ARA AIVIBO-FAO)	Date of Receipt
••	Mailing Address 3338 Commerce Driv			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Augusta	State GA	Zip Code 30909	Transaction ID: SA11AI.6288  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer South Star Ambulance	Occupatio	n	
	Receipt For:  Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
	Full Name (Last, First, Middle Initial) Tony Anteau			Date of Receipt
	Mailing Address 745 Medcorp Drive			08 01 2007
	City	State OH	Zip Code	Transaction ID: SA11AI.6247
	Toledo  FEC ID number of contributing federal political committee.	C	43608	Amount of Each Receipt this Period  250.00
	Name of Employer Medcorp EMS Toledo	Occupatio	n	7
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Chris Archuleta			Date of Receipt
	Mailing Address 5604 Still Brook Aver	nue		0 8 0 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Albuquerque	State NM	Zip Code 87120	Transaction ID: SA11AI.6249  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Superior Ambulance Service	Occupatio Executive	n e Director	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
	UBTOTAL of Receipts This Page (optional)			850.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/35 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any per name and address of any political committee.	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE ASSOCIA	TION FEDERAL PAC (AKA AMBU-PA	AC)
Full Name (Last, First, Middle Initial) Cash Cash from 2007 Raffle		Date of Receipt
Mailing Address 8201 Greensboro Dri Suite 300	ve	10 31 2007
City	State Zip Code	Transaction ID: SA11Al.6375
McLean FEC ID number of contributing federal political committee.	VA 22102	Amount of Each Receipt this Period 1950.00
Name of Employer	Occupation	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Cary Coker		Date of Receipt
Mailing Address 3053 Monument Roa	d	10 31 2007
City	State Zip Code	Transaction ID: SA11AI.6363
Jasper	GA 30143	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Central EMS	Occupation	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Robert A Dionne		Date of Receipt
Mailing Address 29 Raymond Road		M M / D D / Y Y Y Y Y Y Y 1 1 1 1 1 3 2 0 0 7
City	State Zip Code	Transaction ID: SA11AI.6398
Salem	MA 01970	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	425.00
Name of Employer Northshore Ambulance, Inc.	Occupation	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	
		2875.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 35 (check only one)  X 11a 11b 11c 12  13 14 15 16
or for commercial purposes, other than usin  NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any person the name and address of any political committee to CIATION FEDERAL PAC (AKA AMBU-PAC)	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Cindy Elbert Mailing Address 6508 W Crocus Dr		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Obendale	State Zip Code AZ 85306	Transaction ID: SA11AI.6250  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	[C]	300.00
Name of Employer Cindy Elbert Insurance  Receipt For:  Primary General  Other (specify) ▼	Occupation President  Aggregate Year-to-Date   300.00	
Full Name (Last, First, Middle Initial) James Finger Mailing Address 18 Central Avenue		Date of Receipt  1 1 1 3 2 0 0 7
City	State Zip Code	Transaction ID: SA11AI.6407
Rutland	VT 05707	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Regional Ambulance Servic- e, Inc.	Occupation Administration	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) James Finger		Date of Receipt
Mailing Address 18 Central Avenue		11 1 13 2007
City Rutland	State Zip Code VT 05707	Transaction ID: SA11AI.6422
FEC ID number of contributing federal political committee.	C 05707	Amount of Each Receipt this Period
Name of Employer Regional Ambulance Servic- e, Inc.	Occupation Administration	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
SURTOTAL of Receipts This Page (option	al)	500.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 35 (check only one)    X
0	ny information copied from such Reports and r for commercial purposes, other than using the	Statements may	y not be sold or used by any persol dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  AMERICAN AMBULANCE ASSOCIA	TION FEDEF	RAL PAC (AKA AMBU-PAC)	
۷.	Full Name (Last, First, Middle Initial) James D. Fuiten			Date of Receipt
	Mailing Address 9240 NW Groveland			09 25 7 2007
	City Hillsboro	State OR	Zip Code 97124	Transaction ID: SA11AI.6305  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		2500.00
	Name of Employer Metro West	Occupation Owner	n	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00	
- 3.	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address 395 West Lake Stree	t		10 31 2007
	City	State	Zip Code	Transaction ID: SA11AI.6384
	Elmhurst  FEC ID number of contributing federal political committee.	C	60126	Amount of Each Receipt this Period 5000.00
	Name of Employer	Occupation Owner/O		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00	
. –	Full Name (Last, First, Middle Initial) Russell Honeycutt			Date of Receipt
	Mailing Address 223 Pebblebrook Lan	ne		10 31 7 9 9 9
	City Macon	State GA	Zip Code 31220	Transaction ID: SA11AI.6372  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	01220	100.00
	Name of Employer Hinson Systems/National Reimbu	Occupation	n	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Γ	SUBTOTAL of Receipts This Page (optional)	1		7600.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 35 (check only one)    X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any persong the name and address of any political committee to CIATION FEDERAL PAC (AKA AMBU-PAC)	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Russell Honeycutt Mailing Address 223 Pebblebrook L  City Macon	ane State Zip Code GA 31220	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer Hinson Systems/National Reimbu  Receipt For:  Primary General Other (specify)	Occupation  Aggregate Year-to-Date   350.00	100.00
Full Name (Last, First, Middle Initial) Jon Howell Mailing Address 112 Cheyenne Trai  City Huntsville  FEC ID number of contributing federal political committee.	State Zip Code AL 35806	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: SA11AI.6260  Amount of Each Receipt this Period  300.00
Name of Employer  Receipt For:  Primary General  Other (specify) ▼	Occupation  Aggregate Year-to-Date ▼  300.00	
Full Name (Last, First, Middle Initial) Jon Howell Mailing Address 112 Cheyenne Trai  City Huntsville  FEC ID number of contributing	State Zip Code AL 35806	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For:  Primary  Other (specify)	Occupation  Aggregate Year-to-Date ▼  400.00	
SUBTOTAL of Receipts This Page (optional	al)	500.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 35 (check only one)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers he name and address of any political committee to	on for the purpose of soliciting contributions
AMERICAN AMBULANCE ASSOCIA	ATION FEDERAL PAC (AKA AMBU-PAC)	
Full Name (Last, First, Middle Initial) James S. Johnson Mailing Address 1801 Mockingbird La		Date of Receipt
City	State Zip Code	1 1 3 2 0 0 7  Transaction ID: SA11Al.6417
Enid	OK 73703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Life EMS	Occupation President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Charles Kelley		Date of Receipt
Mailing Address 803 Hillcrest		0 8 0 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11Al.6261
<u>Sparta</u>	IL 62286	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer MedStar Ambulance	Occupation President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Charles Kelley	1	Date of Receipt
Mailing Address 803 Hillcrest		09 14 YYYYY 2007
City	State Zip Code	Transaction ID: SA11AI.6299
Sparta Sparta	IL 62286	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer MedStar Ambulance	Occupation President	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General  Other (specify) ▼	1300.00	
SUBTOTAL of Receipts This Page (optional)	1	1600.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12/35 (check only one)  X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers the name and address of any political committee to ATION FEDERAL PAC (AKA AMBU-PAC)	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Charles Kelley Mailing Address 803 Hillcrest  City Sparta  FEC ID number of contributing federal political committee.  Name of Employer MedStar Ambulance  Receipt For: Primary General Other (specify)	State Zip Code IL 62286  C Occupation President Aggregate Year-to-Date  1400.00	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
Full Name (Last, First, Middle Initial) Kurt M. Krumperman  Mailing Address 2120 E. Golf Avenue  City  Tempe  FEC ID number of contributing federal political committee.  Name of Employer Rural/Metro  Receipt For:  Primary General Other (specify)	State Zip Code AZ 85282  C  Occupation Group President  Aggregate Year-to-Date   600.00	Date of Receipt  M M / D D / Y Y Y Y Y  O 8 / O 1 / 2 0 0 7  Transaction ID: SA11AI.6262  Amount of Each Receipt this Period  300.00
Full Name (Last, First, Middle Initial) Kurt M. Krumperman  Mailing Address 2120 E. Golf Avenue  City Tempe  FEC ID number of contributing federal political committee.  Name of Employer Rural/Metro  Receipt For: Primary General Other (specify)	State Zip Code AZ 85282  C Occupation Group President Aggregate Year-to-Date ▼	Date of Receipt    M M
SUBTOTAL of Receipts This Page (optional	)	550.00

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)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN AMBULANCE ASSOCIATION	e name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Kevin Lyons  Mailing Address 38 Ledgewood Drive  City Danvers  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General	State MA  C  Occupatio  Aggregate	e Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y  1 1 1 0 5 2 0 0 7  Transaction ID: SA11AI.6378  Amount of Each Receipt this Period  325.00
Full Name (Last, First, Middle Initial) James McNeal, Jr. Mailing Address 414 W. EIm  City Burbank  FEC ID number of contributing federal political committee.  Name of Employer Schaefer Ambulance Service	State CA C Occupatio CEO	Zip Code 91506	Date of Receipt  M M M / D D / Y Y Y Y  1 0 3 1 2 0 0 7  Transaction ID: SA11AI.6360  Amount of Each Receipt this Period  400.00
Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) James McPartlon Mailing Address 1015 DiBella Dr  City Schenectady  FEC ID number of contributing federal political committee.	State NY	Pyear-to-Date ▼  1400.00  Zip Code 12303	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: SA11Al.6307  Amount of Each Receipt this Period  500.00
Name of Employer Mohawk Ambulance Services  Receipt For:  Primary General Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number		Year-to-Date ▼ 1000.00	1225.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 35 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN AMBULANCE ASSOCIATION	Statements may not be sold or used by any perename and address of any political committee	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) James McPartlon  Mailing Address 1015 DiBella Dr  City Schenectady  FEC ID number of contributing federal political committee.  Name of Employer Mohawk Ambulance Services  Receipt For: Primary General Other (specify)	State Zip Code NY 12303  C  Occupation VP  Aggregate Year-to-Date ▼	Date of Receipt    M   M   D   D   Z   Z   D   Z   Z   D   Z
Full Name (Last, First, Middle Initial) Louis Meyer  Mailing Address 10644 N. Oakwilde Av  City  Stockton  FEC ID number of contributing federal political committee.  Name of Employer AMR  Receipt For:  Primary  General  Other (specify)	Venue  State Zip Code CA 95212  C  Occupation CEO - Regional  Aggregate Year-to-Date ▼	Date of Receipt  M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Louis Meyer  Mailing Address 10644 N. Oakwilde Av  City  Stockton  FEC ID number of contributing federal political committee.  Name of Employer AMR  Receipt For:  Primary  General  Other (specify)	Venue  State Zip Code CA 95212  C  Occupation CEO - Regional  Aggregate Year-to-Date ▼	Date of Receipt  M M J D D J Y Y Y Y Y Y  Transaction ID: SA11Al.6306  Amount of Each Receipt this Period  500.00
SUBTOTAL of Receipts This Page (optional) .		1500.00

	LE A (FEC Form 3X) RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER (check only one)  X 11a 11b 11b 13	R: PAGE 15/35
or for commerc	ial purposes, other than using t COMMITTEE (In Full)	he name and ad	y not be sold or used by any personal p	on for the purpose of so	liciting contributions
Full Name (I Louis Meyer Mailing Add  City Stockton  FEC ID num	Last, First, Middle Initial)		Zip Code 95212	Transaction ID:	5 2007
Name of Em AMR  Receipt For: Primal Other	:	Occupatio CEO - R Aggregate			
Full Name (I Louis Meyer Mailing Add	Last, First, Middle Initial) ress 10644 N. Oakwilde A	Avenue			D / Y Y Y Y Y Y Y 4 2007
City		State	Zip Code	Transaction ID:	
Stockton		CA	95212	Amount of Each	Receipt this Period
	FEC ID number of contributing federal political committee.				500.00
Name of En AMR	nployer	Occupatio CEO - R			
Receipt For: Prima Other		Aggregate	e Year-to-Date ▼ 2000.00		
Full Name (I David Miller	Last, First, Middle Initial)	<u>'</u>		Date of Receipt	
Mailing Add	ress 1220 Cyclone				4 2007
City		State	Zip Code	Transaction ID:	
	nber of contributing cal committee.	C	51537	Amount of Each	Receipt this Period 500.00
Name of Em Medivec Co	nployer mp.	Occupatio	n	1	
Receipt For		Aggregate	e Year-to-Date ▼ 500.00		
SUBTOTAL o	f Receipts This Page (optional)	1			1500.00
TOTAL This F	Period (last page this line numb	er only)			

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule for each category of the Detailed Summary Pag	(criccit offiny offic)
NAME OF COMMITTEE (In Full)		y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
AMERICAN AMBULANCE ASSOCIA	ATION FEDERAL PAC (AKA AMBU-	PAC)
Full Name (Last, First, Middle Initial)  A. David Miller		Date of Receipt
Mailing Address 1220 Cyclone		12 14 2007
City <u>Ha</u> rlan	State Zip Code IA 51537	Transaction ID: SA11AI.6436  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 31337	500.00
Name of Employer Medivec Comp.	Occupation	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.0	00
Full Name (Last, First, Middle Initial) Jenny Norton		Date of Receipt
Mailing Address 12 E. Commodore F	10 31 YYYY 2007	
City	State Zip Code	Transaction ID: SA11AI.6373
Tempe	AZ 85282	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5000.00
Name of Employer	Occupation	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.0	00
Full Name (Last, First, Middle Initial) Jamie Pafford-Gresham		Date of Receipt
Mailing Address 3317 W 16		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.6266
Hope FEC ID number of contributing federal political committee.	AR 71801	Amount of Each Receipt this Period  0.00
Name of Employer Pafford EMS	Occupation Owner/Operator	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.0	00
SUBTOTAL of Receipts This Page (optional)	1	5500.00
TOTAL This Period (last page this line numb		

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 35 (check only one)    X
Any information copied from such Repor or for commercial purposes, other than u	ts and Statements may not be sold or used by any persising the name and address of any political committee to	
NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE ASS	OCIATION FEDERAL PAC (AKA AMBU-PAC)	
Full Name (Last, First, Middle Initial) Jamie Pafford-Gresham		Date of Receipt
Mailing Address 3317 W 16		08 / 02 / 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
City	State Zip Code AR 71801	Transaction ID: SA11AI.6283
Hope FEC ID number of contributing federal political committee.	AR 71801	Amount of Each Receipt this Period 500.00
Name of Employer Pafford EMS	Occupation Owner/Operator	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1000.00	
Full Name (Last, First, Middle Initial) Jamie Pafford-Gresham		Date of Receipt
Mailing Address 3317 W 16		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: SA11AI.6287
Hope	AR 71801	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5000.00
Name of Employer Pafford EMS	Occupation Owner/Operator	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	6000.00	
Full Name (Last, First, Middle Initial) Jamie Pafford-Gresham		Date of Receipt
Mailing Address 3317 W 16		12 14 2007
City	State Zip Code	Transaction ID: SA11Al.6433
Hope	AR 71801	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1800.00
Name of Employer Pafford EMS	Occupation Owner/Operator	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 7800.00	
SUBTOTAL of Receipts This Page (on	tional)	7300.00

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)  X 11a 11b 11c 12  13 14 15 16 17
or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers the name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mark R. Pharr, III Mailing Address 101 Bonner  City Lafayette  FEC ID number of contributing federal political committee.  Name of Employer Jackson EMS  Receipt For: Primary General Other (specify)	State Zip Code LA 70508  C  Occupation  Aggregate Year-to-Date  650.00	Date of Receipt  M M M O 1 2007  Transaction ID: SA11AI.6383  Amount of Each Receipt this Period  650.00
Full Name (Last, First, Middle Initial)  Tyron Picard  Mailing Address 2005 W Saint Mary  City  Lafayette  FEC ID number of contributing federal political committee.  Name of Employer Acadian Ambulance  Receipt For:  Primary General  Other (specify)	State Zip Code LA 70506  C  Occupation Exec VP  Aggregate Year-to-Date ▼  5100.00	Date of Receipt  M M M J D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Darryl Quigley Mailing Address 10515 Hound Dog 7  City Wills Point  FEC ID number of contributing federal political committee.  Name of Employer Texas Lifeline Corp  Receipt For: Primary General Other (specify)	State Zip Code TX 75169  C  Occupation  Aggregate Year-to-Date ▼	Date of Receipt  M M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional TOTAL This Period (last page this line number)		1750.00

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)  X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	
Full Name (Last, First, Middle Initial) Larry Selditz  Mailing Address 3251 Grande Vista  City Thousand Oaks  FEC ID number of contributing federal political committee.  Name of Employer Road Safety International  Receipt For: Primary General Other (specify)	State Zip Code CA 91320  C  Occupation  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: SA11AI.6267  Amount of Each Receipt this Period  1500.00
Full Name (Last, First, Middle Initial) Kimberly Shank Mailing Address 39 North 7th Street  City Indiana  FEC ID number of contributing federal political committee.	State Zip Code PA 15701	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: SA11Al.6269  Amount of Each Receipt this Period  300.00
Name of Employer AmbCoach, Inc.  Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial) Greg Shore	Occupation  Aggregate Year-to-Date ▼  300.00	Date of Receipt
Mailing Address 417 Holly Ridge Driv  City  Anderson  FEC ID number of contributing federal political committee.  Name of Employer MedShore Ambulance  Receipt For:  Primary General	State Zip Code SC 29621  C  Occupation President  Aggregate Year-to-Date   650.00	Transaction ID: SA11AI.6271  Amount of Each Receipt this Period  150.00
Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)	0 0 0 0 0 0 0 0	1950.00

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)    X   11a
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pers he name and address of any political committee to ATION FEDERAL PAC (AKA AMBU-PAC)	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Greg Shore Mailing Address 417 Holly Ridge Driv City Anderson FEC ID number of contributing federal political committee.  Name of Employer MedShore Ambulance  Receipt For: Primary General Other (specify)	, , , , , , , , , , , , , , , , , , ,	Date of Receipt  M M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Greg Shore Mailing Address 417 Holly Ridge Drive City Anderson FEC ID number of contributing federal political committee.  Name of Employer MedShore Ambulance  Receipt For: Primary General Other (specify)	e  State Zip Code SC 29621  C  Occupation President  Aggregate Year-to-Date   1750.00	Date of Receipt  M M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Kary Ann Singer Mailing Address 8208 Glenside Lane City Tulsa FEC ID number of contributing federal political committee.  Name of Employer EMSA  Receipt For: Primary General Other (specify)	State Zip Code OK 74131  C  Occupation Administrator  Aggregate Year-to-Date ▼  250.00	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		1200.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>A</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 21 / 35   (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE ASSOC	CIATION FEDER	AL PAC (AKA AMBU-PAC)	
Full Name (Last, First, Middle Initial) Brenda Staffan			Date of Receipt
Mailing Address 3236 Old Coach W	/ay		M M / D D / Y Y Y Y Y O D O O O O O O O O O O O O O
City	State	Zip Code	Transaction ID: SA11Al.6274
Reno FEC ID number of contributing federal political committee.	C	89511	Amount of Each Receipt this Period  300.00
Name of Employer Rural/Metro Corporation	Occupation Owner/O		
Receipt For:  Primary General  Other (specify) ▼	<del></del>	Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Brenda Staffan			Date of Receipt
Mailing Address 3236 Old Coach W	/ay		1 1 1 3 2 0 0 7
City Reno	State NV	Zip Code 89511	Transaction ID: SA11AI.6400
FEC ID number of contributing federal political committee.	C	09311	Amount of Each Receipt this Period  100.00
Name of Employer Rural/Metro Corporation	Occupation Owner/O		
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Ronald Thackery			Date of Receipt
Mailing Address 9922 S. Silver Map	ole Road		0 9 1 4 2 0 0 7
City	State CO	Zip Code	Transaction ID: SA11AI.6302
Highlands Ranch FEC ID number of contributing federal political committee.	C	80129	Amount of Each Receipt this Period 250.00
Name of Employer American Medical Response	Occupation VP Risk	n Management	
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (options	al)		650.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 35 (check only one)    X
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)  AMERICAN AMBULANCE ASSO	ng the name and addres	s of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ronald Thackery			Date of Receipt
Mailing Address 9922 S. Silver Ma  City	State	Zip Code	0 9 2 5 2 0 0 7  Transaction ID: SA11Al.6309
Highlands Ranch FEC ID number of contributing federal political committee.	C	80129	Amount of Each Receipt this Period  250.00
Name of Employer American Medical Response  Receipt For:  Primary  General	Occupation VP Risk Mai Aggregate Yea		
Other (specify)  Full Name (Last, First, Middle Initial)		500.00	
Ronald Thackery  Mailing Address 9922 S. Silver Ma	ple Road		Date of Receipt  1 0 1 5 2 0 0 7
City	State	Zip Code	Transaction ID: SA11AI.6313
Highlands Ranch	CO	80129	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer American Medical Response	Occupation VP Risk Mar		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 750.00	]
Full Name (Last, First, Middle Initial) Ronald Thackery			Date of Receipt
Mailing Address 9922 S. Silver Ma	ple Road		12 14 2007
City	State	Zip Code	Transaction ID: SA11Al.6435
Highlands Ranch	CO	80129	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer American Medical Response	Occupation VP Risk Mai		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (option	nal)		750.00

SCHEDULE A (FEC For ITEMIZED RECEIPTS	m 3X)  Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 35 (check only one)    X
or for commercial purposes, other than NAME OF COMMITTEE (In Full)	ports and Statements may not be sold or used by any person using the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initia Larry Wiersch Mailing Address 4846 Five Po	int Road	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>New Tripoli</u>	State Zip Code PA 18066	Transaction ID: SA11AI.6303  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Cetronia Ambulance	Occupation Administrator	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initia Larry Wiersch Mailing Address 4846 Five Po	·	Date of Receipt  0 9 2 5 2 0 0 7
City	State Zip Code	Transaction ID: SA11Al.6308
New Tripoli	PA 18066	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Cetronia Ambulance	Occupation Administrator	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initia Larry Wiersch Mailing Address 4846 Five Po	<u> </u>	Date of Receipt
City	State Zip Code	1 0 1 5 2 0 0 7 Transaction ID: SA11AI.6314
New Tripoli	PA 18066	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Cetronia Ambulance	Occupation Administrator	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
OUDTOTAL (D TI: D	optional)	750.00

ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 35 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			
AMERICAN AMBULANCE ASSOCIATI	ION FEDER	AL PAC (AKA AMBU-PAC)	
Full Name (Last, First, Middle Initial) Larry Wiersch			Date of Receipt
Mailing Address 4846 Five Point Road			1 1 1 3 2 0 0 7
City	State	Zip Code	Transaction ID: SA11Al.6427
New Tripoli	PA	18066	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Cetronia Ambulance	Occupation Administra		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 850.00	
Full Name (Last, First, Middle Initial) Larry Wiersch			Date of Receipt
Mailing Address 4846 Five Point Road			M M / D D / Y Y Y Y Y Y 12 14 2007
City	State	Zip Code	Transaction ID: SA11AI.6437
New Tripoli	PA	18066	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Cetronia Ambulance	Occupation Administra		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Michelle Willette			Date of Receipt
Mailing Address P.O. Box 1399			M M / D D / Y Y Y Y Y Y O D D / 2007
City	State	Zip Code	Transaction ID: SA11Al.6275
Meredith	NH	03253	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Stewart's Ambulance Servi- ce	Occupation		
Receipt For: Primary General 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 3) ITEMIZED RECEIPTS	<b>(</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 25/35   (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  AMERICAN AMBULANCE ASSOC	IATION FEDEF	RAL PAC (AKA AMBU-PAC)	
Full Name (Last, First, Middle Initial) Michael Woronka			Date of Receipt
Mailing Address 50 Hill Street			M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Methuen	State MA	Zip Code 01844	Transaction ID: SA11AI.6301  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	01044	1500.00
Name of Employer Action Ambulance Service	Occupation		
Receipt For:  Primary General  Other (specify) ▼	1	e Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Michael Woronka	ı		Date of Receipt
Mailing Address 50 Hill Street			1 1 1 3 2 0 0 7
City Methuen	State MA	Zip Code 01844	Transaction ID: SA11AI.6408
FEC ID number of contributing federal political committee.	C	01044	Amount of Each Receipt this Period  1500.00
Name of Employer Action Ambulance Service	Occupation		
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 3500.00	
Full Name (Last, First, Middle Initial) Mike Worwonka			Date of Receipt
Mailing Address 844 Woburn St			0 8 0 1 2 0 0 7
City Wilmington	State MA	Zip Code 01887	Transaction ID: SA11AI.6277
FEC ID number of contributing federal political committee.	C	01007	Amount of Each Receipt this Period  300.00
Name of Employer Action Ambulance Service	Occupation	n	
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional	al)		3300.00

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)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN AMBULANCE ASSOCIA			on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Gerald Zapolnik Mailing Address 1116 Rathfan Circle  City Saline  FEC ID number of contributing federal political committee.  Name of Employer Huron Valley Ambulance  Receipt For: Primary General Other (specify)	<del>- '</del>	Zip Code 48176  on eort Operations e Year-to-Date ▼ 350.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Gerald Zapolnik  Mailing Address 1116 Rathfan Circle  City Saline  FEC ID number of contributing federal political committee.  Name of Employer Huron Valley Ambulance  Receipt For: Primary General Other (specify)		Zip Code 48176  on eort Operations e Year-to-Date ▼ 550.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Gerald Zapolnki  Mailing Address 1200 State  City Ann Arbor  FEC ID number of contributing federal political committee.  Name of Employer Huron Valley Ambulance  Receipt For: Primary General Other (specify)	State MI  C  Occupatio  Aggregate	Zip Code 48108  n e Year-to-Date ▼ 400.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y  1 1 1 2 8 2 0 0 7  Transaction ID: SA11AI.6385  Amount of Each Receipt this Period  400.00
SUBTOTAL of Receipts This Page (optional) .	1	)	750.00 43250.00

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

	LE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 35 (check only one)  11a 11b X 11c 12 13 14 15 16 17
Any information	on copied from such Reports and S rcial purposes, other than using the	tatements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\ \	COMMITTEE (In Full) AN AMBULANCE ASSOCIAT	ION FEDEF	RAL PAC (AKA AMBU-PAC)	
	(Last, First, Middle Initial) AMBULANCE SERVICE INC EMPLOY	/EE FEDERAL	POLITICAL ACTION COMMITTEE	Date of Receipt
	dress PO BOX 98000			08 01 2007
City LAFAYE	TTE	State LA	Zip Code 70509	Transaction ID: SA11C.6280  Amount of Each Receipt this Period
	umber of contributing itical committee.	C		1000.00
Name of E	mployer	Occupatio	n	
Receipt Fo		Aggregate	e Year-to-Date ▼ 3000.00	
B. ACADIAN	(Last, First, Middle Initial)  AMBULANCE SERVICE INC EMPLOY  dress PO BOX 98000	L /EE FEDERAL	POLITICAL ACTION COMMITTEE	Date of Receipt
	Uless FO BOX 98000		7.0.1	08 03 2007
City LAFAYE	TTE	State LA	Zip Code 70509	Transaction ID: SA11C.6281  Amount of Each Receipt this Period
FEC ID nu	Imber of contributing itical committee.	C	1 1 1 1 1	1000.00
Name of E	mployer	Occupatio	n	
Receipt Fo		Aggregate	e Year-to-Date ▼ 4000.00	
	(Last, First, Middle Initial)	/EE FEDERAL	POLITICAL ACTION COMMITTEE	Date of Receipt
Mailing Ad				M M / D D / Y Y Y Y Y O T
City LAFAYE	TTE	State LA	Zip Code 70509	Transaction ID: SA11C.6292
FEC ID nu	imber of contributing itical committee.	C	70009	Amount of Each Receipt this Period
Name of E	mployer	Occupatio	n	
Receipt Fo		Aggregate	e Year-to-Date ▼ 5000.00	
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 X 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full)  AMERICAN AMBULANCE ASSOCIAT	ION FEDERAL PAC (AKA AMBU-PAC)	
Full Name (Last, First, Middle Initial) ACADIAN AMBULANCE SERVICE INC EMPLOY Mailing Address PO BOX 98000  City	YEE FEDERAL POLITICAL ACTION COMMITTEE State Zip Code	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
LAFAYETTE  FEC ID number of contributing federal political committee.	LA 70509	Amount of Each Receipt this Period  0.00
Name of Employer  Receipt For:  Primary General  Other (specify) ▼	Occupation  Aggregate Year-to-Date ▼  4000.00	

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	0.00
TOTAL This Period (last page this line number only)	<b>•</b>	0.00

A.

В.

C.

	ate schedule(s)		INE NUI		:			РА	GE	29 /	35	
	tegory of the ummary Page	X 211 27		2 28a	_	3 8b	ш	24 28c		25 29	П	26 30b
Any Information copied from such Reports and Statements may not or for commercial purposes, other than using the name and address											S	
NAME OF COMMITTEE (In Full)												
AMERICAN AMBULANCE ASSOCIATION FEDERAL I	PAC (AKA AME	BU-PAC)	)									
Full Name (Last, First, Middle Initial) Wachovia Bank, N.A.			1	ransac ate of	Dist	ourse	emen					
Mailing Address 1970 Chain Bridge Road 3rd Floor				0 9		<sup>D</sup> 3	ŏ	/ L T	ž	οŏ	7	
	Zip Code 22102		A	mount	of E	Each	Disb	urse				d
Purpose of Disbursement Bank Service Charges			7 L	•				0	2	241.6	66	
Candidate Name		Category/ Type										
Office Sought: House Disbursement For: Senate Primary President Other (specif	General <b>▼</b>											
State: District:	· 											
Full Name (Last, First, Middle Initial) Wachovia Bank, N.A.			1	ransac ate of	Dist	ourse	emen				V	
Mailing Address 1970 Chain Bridge Road 3rd Floor				1 0	] ′	້3	1 1	Ĺ	2	οŏ	7 '	
	Zip Code 22102		A	mount	of E	Each	Disb	urse	ment	t this I	Perio	d
Purpose of Disbursement Bank Service Charges			7 4	-				0	2	291.4	9	
Candidate Name		Category/ Type										
Office Sought:    House   Disbursement For:     Senate   Primary     Other (specification)   State: District:	General <b>▼</b>											
Full Name (Last, First, Middle Initial) Wachovia Bank, N.A.				ransac					644	4		
Mailing Address 1970 Chain Bridge Road 3rd Floor				1 1	′	<sup>D</sup> 3	0	/ Y	ž	οŏ	7 <sup>Y</sup>	
City State 2	Zip Code 22102		A	mount	of E	Each	Disb	urse	ment	t this	Perio	d
	22102									72.6	0	
			7 L									
McLean VA Purpose of Disbursement		Category/ Type	]					•	•	•		
McLean VA  Purpose of Disbursement Bank Service Charges  Candidate Name  Office Sought: House Senate Primary President Other (specif	General	υ,						•				
McLean VA  Purpose of Disbursement Bank Service Charges  Candidate Name  Office Sought: House Disbursement For: Senate Primary President Other (specif	General fy) ▼	Type	- I	•	•				6	05.7	·5	

A.

_	SUEDIUE DIEENE AV	·							
	CHEDULE B (FEC Form 3X	Use separate scriedule(s)	FOR LINE (check only	: NUMBER: y one)	30 / 35				
11	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 23 28b	24 28c	25 29	26 30b		
	y Information copied from such Reports and for commercial purposes, other than using t								
$\rangle$	NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE ASSOCIA	ATION FEDERAL PAC (AKA AME	BU-PAC)						
	Full Name (Last, First, Middle Initial) Wachovia Bank, N.A.			Transaction ID: S Date of Disburser	nent				
	Mailing Address 1970 Chain Bridge 3rd Floor	Road		12 31	2	0 0 7 Y			
	City McLean	State Zip Code VA 22102		Amount of Each D			iod		
	Purpose of Disbursement Bank Service Charges					217.99			
	Candidate Name		Category/ Type						
	Office Sought: House Senate President	isbursement For:  Primary General  Other (specify) ▼							
	State: District:								

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	217.99
TOTAL This Period (last page this line number only)	•	823.74

SCHEDULE B (FEC Form 3X)	Use separate schedule(s		NUMBER: PAGE 31/35
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(cneck only	y one) 
		27	28a 28b 28c 29 3
Any Information copied from such Reports and State or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)	, , , , , , , , , , , , , , , , , , ,		
AMERICAN AMBULANCE ASSOCIATION	N FEDERAL PAC (AKA	AMBU-PAC)	
Full Name (Last, First, Middle Initial) CHARLIE MELANCON CAMPAIGN COM	MMITTEE INC		Transaction ID: SB23.6450 Date of Disbursement
Mailing Address PO Box 549 PO BOX 549			$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 5 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$
City Napoleonville	State Zip Code LA 70390	_	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	1000.00
Candidate Name		011 Category/ Type	
Senate President	sement For: 2008  X Primary General Other (specify) ▼		
State: District: Full Name (Last, First, Middle Initial)			
COMMITTEE FOR HISPANIC CAUSES/ DIVERSITY PAC (CHC BOLD PAC)	BUILDING OUR LEADER	RSHIP	Transaction ID: SB23.6471 Date of Disbursement
Mailing Address 1831 Bay Street SE			$\begin{bmatrix} \begin{smallmatrix} M & 9 & M \\ 0 & 9 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 2 & 0 \\ 2 & 6 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$
City WASHINGTON	State Zip Code DC 20003		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution			1000.00
Candidate Name		Category/ Type	
- I	xement For: 2008  X Primary General  Other (specify) ▼		
Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS 2008			Transaction ID: SB23.6451 Date of Disbursement
Mailing Address 5915 EASTMAN AVE. 5915 EASTMAN AVE.			$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 9 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$
City MIDLAND	State Zip Code MI 48640		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	1000.00
Candidate Name		Category/ Type	
	xsement For: 2008  X Primary General Other (specify)		
<del></del>			
State: District:			
State: District:  SUBTOTAL of Disbursements This Page (optional	l)	<b>&gt;</b>	3000.00

Transaction ID: SB23,645  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)  FRIENDS OF FARR  Mailing Address 555 Capitol Mall Suite 1425  City Sacramento Candidate Name  Office Sought:  Full Name (Last, First, Middle Initial)  Friends of Max Baucus  Mailing Address 3206 6th Avenue North  City Billings MT 59101  Purpose of Disbursement Candidate Name  Office Sought:  House Senate President State:  District:  Full Name (Last, First, Middle Initial)  Friends of Max Baucus  Disbursement Candidate Name  Office Sought:  House Senate President State:  Disbursement Category/ Type  Office Sought:  House Senate President State:  Disbursement Category/ Type  Office Sought:  House President State:  Disbursement Category/ Type  Office Sought:  House President State:  Disbursement Category/ Type  Office Sought:  House President Senate President State:  Disbursement Category/ Type  Other (specify)  Transaction ID: SB23,6475  Amount of Each Disbursement this Pe  Amount of Each Disbursement this Pe  Amount of Each Disbursement this Pe  Disbursement Other (specify) Type  Office Sought:  House President State:  District:  Full Name (Last, First, Middle Initial)  Transaction ID: SB23,6475		ENTER DISPURSEMENTS	Use separate schedule(s)			OR LINE neck only	NUMBE y one)	H:		[ P.	AGE	32 / 3	55
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)  FRIENDS OF FARR  Mailing Address 555 Capitol Mall Suite 1425  City Sacramento Candidate Name  Office Sought: House Disbursement For: 2008 Amount of Each Disbursement this Pe Corribution Candidate Name  Office Sought: House Disbursement For: 2008 MIT 59101  Purpose of Disbursement Contribution Candidate Name  Office Sought: House Senate President Disbursement For: 2008 MIT 59101  Full Name (Last, First, Middle Initial) Friends of Max Baucus  Mailing Address 3206 6th Avenue North  Category' Type  Transaction ID: SB23.6470 Date of Disbursement this Pe Disbursement For: 2008 MIT 59101  Purpose of Disbursement Contribution Candidate Name  Office Sought: House Senate President State: District:  District:  District:  Transaction ID: SB23.6475 Date of Disbursement Init Pe Date of Disbursement Type  Transaction ID: SB23.6475 Date of Disbursement Init Pe Date of Disbursement Type  Transaction ID: SB23.6475 Date of Disbursement Type  Transaction ID: SB23.6475 Date of Disbursement Init Pe Date of Disbursement Type  Transaction ID: SB23.6475 Date of Disbursement Type  Type  Office Sought: House Senate Type Initially Type  Type  Office S					À	21b 27	22 28a		28b	28c		29	26
FRIENDS OF FARR  Mailing Address 555 Capitol Mall Suite 1425  City Sacramento CA 95814  Purpose of Disbursement Contribution  Candidate Name  Office Sought: House President State: District:  Full Name (t.ast, First, Middle Initial)  Friends of Max Baucus  Mailing Address 3206 6th Avenue North  City Billings MT 59101  Purpose of Disbursement Contribution  Cardidate Name  Office Sought: House President Senate President Senate President Senate President Other (specify) ▼  Transaction ID: SB23.6470  Date of Disbursement ID: SB23.6475  Date of Disbursement ID: SB23.64		for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full)	e and address of any politica	l com	mitt	ee to so							
Sacramento CA 95814  Purpose of Disbursement Contribution Candidate Name  Office Sought:	<b>∠_</b> <b>A</b> .	FRIENDS OF FARR					Date o	of Dis	bursen	nent			Y
Office Sought:		Sacramento Purpose of Disbursement Contribution		Ca	ateg	ory/	Amou	nt of	Each D	Disburse	-		
Friends of Max Baucus  Mailing Address 3206 6th Avenue North  City Billings Purpose of Disbursement Contribution Candidate Name  Office Sought: House Senate Primary General President State: District:  Full Name (Last, First, Middle Initial) FRIENDS OF SHERROD BROWN  Mailing Address PO BOX 76187 Suite 800  City WASHINGTON Candidate Name  Office Sought: House State Zip Code WASHINGTON DC 20013  Purpose of Disbursement For: 2008  Senate Primary General Other (specify) ▼  Amount of Each Disbursement this Pe  Transaction ID: SB23.6475 Date of Disbursement  Mailing Address PO BOX 76187 Suite 800  City WASHINGTON DC 20013  Amount of Each Disbursement  Transaction ID: SB23.6475 Date of Disbursement  Mailing Address PO BOX 76187 Suite 800  City Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  Office Sought: House Senate Primary General Other (specify) ▼  Office Sought: Office Sought: Office Sought: Office Senate President  Disbursement For: 2008 Senate Primary General Other (specify) ▼		Senate X President State: District:	Primary General		Тур	e							
Billings MT 59101  Purpose of Disbursement Contribution Candidate Name  Office Sought: House Senate Primary X General President Other (specify) ▼  Full Name (Last, First, Middle Initial) FRIENDS OF SHERROD BROWN  Mailing Address PO BOX 76187 Suite 800  City WASHINGTON DC 20013  Purpose of Disbursement Contribution Candidate Name  Office Sought: House Senate Primary X General Other (specify) ▼  Transaction ID: SB23.6475 Date of Disbursement    M	3.	Friends of Max Baucus					Date o	of Dis	bursen	nent			Y
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Mailing Address PO BOX 76187 Suite 800  City State Zip Code WASHINGTON DC 20013  Purpose of Disbursement Contribution Candidate Name  Office Sought: House Senate President  Disbursement For: 2008 Senate President  Disbursement For: 2008 Senate O Disbursement Type  Amount of Each Disbursement this Permander Type  Category/ Type  Office Sought: Other (specify) ▼		President State: District: Full Name (Last, First, Middle Initial)	· · ·				Trans	actio	on ID: S	SB23.6	6475		
WASHINGTON  Purpose of Disbursement Contribution  Candidate Name  Office Sought:    Disbursement For: 2008   Senate   President   Other (specify)   Type    Disbursement For: 2008   Category/ Type   Category/ Ty	j.	Mailing Address PO BOX 76187 Suite 800					1 1	M /	16	8 /			
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	y Information copied from such Reports and Stater for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)  AMERICAN AMBULANCE ASSOCIATION	e and address of any politication	al com	nmitt	tee to sol								
	Full Name (Last, First, Middle Initial) JOHN SHADEGG FOR CONGRESS  Mailing Address P.O. Box 45444					Trans Date	of Di	sburs	_			) Ď Į̃	Y
	City Phoenix	State Zip Code AZ 85064				Amou	int o	Each	Disb	urser		his Pe	-
	Purpose of Disbursement Contribution Candidate Name JOHN B. SHADEGG		Ca	01 ateg Typ	ory/		•	•		•	50	00.00	•
		ement For: 2008 Primary General Other (specify)	1	- 71-									
	Full Name (Last, First, Middle Initial) PETE STARK RE-ELECTION COMMITTE  Mailing Address P.O. Box 8331	E						on ID sburs				) Ŏ Ţ Ì	Y
	City Fremont Purpose of Disbursement Contribution Candidate Name	State Zip Code CA 94537	-	01	1 lory/	Amou	int o	Each	Disb	ourser		his Pe	
		ement For: 208" Primary General Other (specify)		Тур	e								
	Full Name (Last, First, Middle Initial) PRICE FOR CONGRESS COMMITTEE					Trans Date	of Di	sburs	emen				_
	Mailing Address P. O. Box 1986					0 <sup>M</sup> 7	M	D 3	3 <b>1</b>	/ L	ž 0	) Ď 7	Y
	City Raleigh	State Zip Code NC 27602				Amou	int o	Each	Disb	urser		his Pe	
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TELLES DISPUSSED TO THE SKY	Use separate schedule(s)	(check only one)
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 22 X 23 24 25 27 28a 28b 28c 29
	name and address of any political com	any person for the purpose of soliciting contributions imittee to solicit contributions from such committee  J-PAC)
Full Name (Last, First, Middle Initial) RANGEL FOR CONGRESS  Mailing Address PO BOX 5577 MANHATTANVILLE S  City NEW YORK  Purpose of Disbursement Contribution Candidate Name	State Zip Code NY 10027	Transaction ID: SB23.6463 Date of Disbursement  M M / D D D / Y Y Y O Y Y  Amount of Each Disbursement this Perior  5000.00
Office Sought: House District: District:		ategory/ Type
Full Name (Last, First, Middle Initial) RANGEL FOR CONGRESS  Mailing Address PO Box 5577 MANHATTANVILLE S	STA	Transaction ID: SB23.6464 Date of Disbursement  M M M / D D D / Y Y Y O Y 7
Senate President		Amount of Each Disbursement this Perio  5000.00  11  ategory/ Type
State: District:  Full Name (Last, First, Middle Initial) REYNOLDS FOR CONGRESS  Mailing Address PO Box 15388 PITTSFORD  City	State Zip Code	Transaction ID: SB23.6454 Date of Disbursement  M 7 M / D 3 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Rochester  Purpose of Disbursement Contribution Candidate Name Dennis Reynolds	NY 14615	011 ategory/ Type
Office Sought:    X   House   Disburce     Senate   President     State: NY   District: 26	ursement For: 2008  X Primary General  Other (specify) ▼	
SUBTOTAL of Disbursements This Page (option	nal)	11000.00

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$\Big >$	NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE ASSOC	IATION FEDERAL	L PAC (AKA AM	IBU-PAC)	
	Full Name (Last, First, Middle Initial) VOINOVICH FOR SENATE COMM Mailing Address 865 MACON ALL				Transaction ID: SB23.6473 Date of Disbursement    M   M   M
	City COLUMBUS Purpose of Disbursement Contribution Candidate Name	State OH	Zip Code 43206	Category/ Type	Amount of Each Disbursement this Period 1000.00
	Office Sought:  Senate President  State:  District:	Disbursement For:  X Primary Other (spe	2008 General	31.	

SUBTOTAL of Disbursements This Page (optional)	•	1000.00
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