02/17/2010 15:07

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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) 8400 Westpark Drive ADDRESS (number and street) 2nd Floor Check if different than previously ٧A McLean 22102 5116 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** CITY A ZIPCODE A IS THIS **AMENDED** NEW 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) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year Х (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 0 1 0 1 2009 06 30 2009 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. Denise Clark Type or Print Name of Treasurer Electronically Filed by Denise Clark 02 17 2010 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

2/19

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC) D [®]D 0 1 0 1 2009 0.6 3 0 2009 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2009° 26025.95 January 1 (b) Cash on Hand at 26025.95 Begining of Reporting Period 12490.37 12490.37 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 38516.32 38516.32 6(a) and 6(c) for Column B) 27816.77 27816.77 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 10699.55 10699.55 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00

10. Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D)

Schedule C and/or Schedule D)

 0 0	-	-		U	
0.00					

X 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) 3 / 19

Write or Type Committee Name

AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	8666.68	8666.68
(ii) Unitemized	379.18	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	9045.86	9045.86
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	3333.32	3333.32
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	12379.18	12379.18
Transfers From Affiliated/Other Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
to Federal candidates and Other Political Committees	0.00	0.00
7. Other Federal Receipts (Dividends, Interest, etc.)	111.19	111.19
3. 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
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	12490.37	12490.37
Total Federal Receipts (subtract Line 18(c) from Line 19)	12490.37	12490.37

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4/19

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Shared Federal/Non-Federal		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	016.77	216.77
Expenditures	316.77	316.77
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	316.77	316.77
Transfers to Affiliated/Other Party	310.77	310.77
Committees	0.00	0.00
Contributions to		
Federal Candidates/Committeesand Other Political Committees	27500.00	27500.00
Independent Expenditure	0.00	0.00
(use Schedule E) Coordinated Expenditures Made by Party	0.00	0.00
Coordinated Experiorities Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
(use Schedule F)		5.30
Loan Repayments Made	0.00	0.00
-19		
Loans Made	0.00	0.00
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
Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity		
(from Schedule H6)		
(i) Federal Share	0.00	0.00
	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely	0.00	0.00
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
. Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	27816.77	27816.77
. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	27816.77	27816.77
from Line 31)		- リ/U1に / /

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 19

	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)	12379.18	12379.18
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	12379.18	12379.18
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	316.77	316.77
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	316.77	316.77

FE6AN026

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 19 (check only one) X 11a			
	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contribution or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such commit NAME OF COMMITTEE (In Full)						
	AMERICAN AMBULANCE ASSOCIA	TION FEDEF	RAL PAC (AKA AMBU-PAC)				
	Full Name (Last, First, Middle Initial) Dale Berry			Date of Receipt			
	Mailing Address 1200 State Circle			03 18 2009			
	City	State	Zip Code	Transaction ID: SA11Al.6952			
	Ann Arbor	MI	48108	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer Huron Valley Ambulance	Occupatio Presiden		Contribution			
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00				
_	Full Name (Last, First, Middle Initial) Dale Berry	Date of Receipt					
	Mailing Address 1200 State Circle			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: SA11Al.6973			
	Ann Arbor	MI	48108	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.			250.00			
	Name of Employer Huron Valley Ambulance	Occupatio Presiden		Contribution			
	Receipt For:	Aggregate	e Year-to-Date 🔻				
	Primary General Other (specify) ▼	0 0	500.00				
	Full Name (Last, First, Middle Initial) Harvey L. Hall			Date of Receipt			
	Mailing Address 1001 - 21st Street	01 21 2009					
	City	State	Zip Code	Transaction ID: SA11AI.6887			
	Bakersfield	CA	93301	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee. Name of Employer Hall Ambulance Service Occupation CEO			250.00			
			n	Contribution			
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00				
	SUBTOTAL of Receipts This Page (optional) .	1		750.00			

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedu for each category of t Detailed Summary Pa	he (check only one)
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE ASSOCIA	e name and address of any political com	any person for the purpose of soliciting contributions mittee to solicit contributions from such committee. J-PAC)
Full Name (Last, First, Middle Initial) Harvey L. Hall Mailing Address 1001 - 21st Street City Bakersfield FEC ID number of contributing federal political committee. Name of Employer Hall Ambulance Service Receipt For: Primary General Other (specify)	State Zip Code CA 93301 C Occupation CEO Aggregate Year-to-Date 500	Date of Receipt M M
Full Name (Last, First, Middle Initial) Harvey L. Hall Mailing Address 1001 - 21st Street City Bakersfield FEC ID number of contributing federal political committee. Name of Employer Hall Ambulance Service Receipt For: Primary General Other (specify)	State Zip Code CA 93301 C Occupation CEO Aggregate Year-to-Date ▼	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) Harvey L. Hall Mailing Address 1001 - 21st Street City Bakersfield FEC ID number of contributing federal political committee. Name of Employer Hall Ambulance Service Receipt For: Primary General Other (specify)	State Zip Code CA 93301 C Occupation CEO Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .	1	750.00

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 19 (check only one) X
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any persible name and address of any political committee to	on for the purpose of soliciting contributions
/	TION FEDERAL PAG (AKA AMBO-PAG)	
Full Name (Last, First, Middle Initial) Harvey L. Hall Mailing Address 1001 - 21st Street		Date of Receipt 0 6 0 5 2 0 0 9
City Bakersfield	State Zip Code CA 93301	Transaction ID: SA11AI.6966 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Hall Ambulance Service	Occupation CEO	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) Harvey L. Hall Mailing Address 1001 - 21st Street		Date of Receipt
	7'- 0 d	06 05 2009
City Bakersfield	State Zip Code CA 93301	Transaction ID: SA11AI.6967 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Hall Ambulance Service	Occupation CEO	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) III David B. Hill		Date of Receipt
Mailing Address 395 West Lake Street	et	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Elmhurst</u>	State Zip Code IL 60126	Transaction ID: SA11AI.6886 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5000.00
Name of Employer Superior Air-Ground Ambul- ance	Occupation Owner/Operator	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	5500.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedu for each category of t Detailed Summary Pa	he (crieck only only)
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE ASSOCIATION		any person for the purpose of soliciting contributions imittee 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 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) Julie Ann Rose Mailing Address 1123 Chestnut Drive City Ashtabula FEC ID number of contributing federal political committee. Name of Employer Community Care Ambulance Receipt For: Primary General Other (specify)	State Zip Code OH 44004 C Occupation Executive Director Aggregate Year-to-Date 250	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Julie Ann Rose Mailing Address 1123 Chestnut Drive City Ashtabula FEC ID number of contributing federal political committee. Name of Employer Community Care Ambulance Receipt For: Primary General Other (specify)	State Zip Code OH 44004 C Occupation Executive Director Aggregate Year-to-Date 333	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		666.68

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 19 (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	Statements may not be sold or used by any per e name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ronald Thackery Mailing Address 6200 Syracuse Way a City Greenwood Village FEC ID number of contributing federal political committee. Name of Employer AMR Receipt For: Primary General Other (specify)	State Zip Code CO 80111 C Occupation VP Aggregate Year-to-Date 250.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Ronald Thackery Mailing Address 6200 Syracuse Way a City Greenwood Village FEC ID number of contributing federal political committee. Name of Employer AMR Receipt For: Primary General Other (specify)	State Zip Code CO 80111 C Occupation VP Aggregate Year-to-Date 500.00	Date of Receipt M M D D 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)	State Zip Code MI 48176 C Occupation VP Support Operations Aggregate Year-to-Date 250.00	Date of Receipt M M 2 0 0 9
SUBTOTAL of Receipts This Page (optional)		750.00

A.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 19 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using t			
NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE ASSOCIA	ATION FEDEF	RAL PAC (AKA AMBU-PAC)	
Full Name (Last, First, Middle Initial) Gerald Zapolnik Mailing Address 1116 Rathfan Circle			Date of Receipt
City	State	Zip Code	06 30 2009
<u>Saline</u>	MI	48176	Transaction ID: SA11AI.6972 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Huron Valley Ambulance	Occupatio VP Supp	n ort Operations	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	•	250.00
TOTAL This Period (last page this line number only)	<u> </u>	8666.68

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s)	FOR LINE NUMBER: PAGE 12 / 19	
			for each category of the	(check only one) 11a 11b X 11c 12	
			Detailed Summary Page	13 14 15 16 17	
	Any information copied from such Reports and S or for commercial purposes, other than using the	n for the purpose of soliciting contributions solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full)				
	AMERICAN AMBULANCE ASSOCIAT	ION FEDER	(AKA AMBU-PAC)		
Α.	Full Name (Last, First, Middle Initial) ACADIAN AMBULANCE SERVICE INC. EMPLO	Date of Receipt			
	Mailing Address P.O. BOX 98000	0 2 1 1 2 0 0 9			
	City	State	Zip Code	Transaction ID: SA11C.6924	
	LAFAYETTE	LA	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		1666.66	
	Name of Employer	Occupation	n	Contribution	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1666.66		
В.	Full Name (Last, First, Middle Initial) ACADIAN AMBULANCE SERVICE INC. EMPLO	Date of Receipt			
	Mailing Address P.O. BOX 98000	05 05 YYYYY 2009			
	City	State	Zip Code	Transaction ID: SA11C.6963	
	LAFAYETTE	LA	70509	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		1666.66	
	Name of Employer	Occupation	n	Contribution	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 3333.32		

SUBTOTAL of Receipts This Page (optional)	<u> </u>	3333.32
TOTAL This Period (last page this line number only)	•	3333.32

В.

C.

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 13 / 19
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	y one)
	Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30
Any Information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)	o and address of any pointed		ion continuation from cach committee
AMERICAN AMBULANCE ASSOCIATION	FEDERAL PAC (AKA AN	MBU-PAC)	
Full Name (Last, First, Middle Initial) SunTrust Bank			Transaction ID: SB21B.6906
			Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P.O. Box 622227			01 12 2009
City Orlando	State Zip Code FL 32862-2227		Amount of Each Disbursement this Period
Purpose of Disbursement	16 02002-2221		205.18
Suntrust Merchant Fees Candidate Name		001 Category/	
Cardidate Name		Type	
Office Sought: House Disburse Senate	ement For: Primary General		
President	Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) SunTrust Bank			Transaction ID: SB21B.6934 Date of Disbursement
Mailing Address P.O. Box 622227			02 10 2 2009
City Orlando	State Zip Code FL 32862-2227		Amount of Each Disbursement this Period
Purpose of Disbursement		004	2.71
Merchant Fees Candidate Name		001 Category/	
		Туре	
Office Sought: House Disburse Senate	ement For: Primary General		
President State: District:	Other (specify) ▼		
State: District: Full Name (Last, First, Middle Initial)			Transaction ID: SB21B.6958
SunTrust Bank			Date of Disbursement
Mailing Address P.O. Box 622227			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ I & 0 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ I & I & 0 \end{smallmatrix} \end{bmatrix} $
City Orlando	State Zip Code FL 32862-2227		Amount of Each Disbursement this Period
Purpose of Disbursement		· ·	2.32
Merchant Fees Candidate Name		001 Category/	
		Type	
Office Sought: House Disburse Senate	ement For: Primary General		
President	Other (specify)		
State: District:			
SUBTOTAL of Disbursements This Page (optional)			210.21

TOTAL This Period (last page this line number only)

A.

В.

SCHEDULE B (FEC Form 3X)

President

District:

FOR LINE NUMBER: PAGE 14/19 Use separate schedule(s) (check only one) **ITEMIZED DISBURSEMENTS** for each category of the 21b 22 23 25 26 **Detailed Summary Page** 27 28a 28b 28c 29 30b 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) Transaction ID: SB21B.6962 SunTrust Bank Date of Disbursement 10 o[™] 4 2009 Mailing Address P.O. Box 622227 City State Zip Code Amount of Each Disbursement this Period Orlando FL 32862-2227 21.23 Purpose of Disbursement Merchant Fees 001 Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) State: District: Full Name (Last, First, Middle Initial) Transaction ID: SB21B.6965 SunTrust Bank Date of Disbursement 0 5 2009 Mailing Address P.O. Box 622227 City State Zip Code Amount of Each Disbursement this Period 32862-2227 Orlando FL 2.46 Purpose of Disbursement Merchant Fees 001 Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General

SUBTOTAL of Disbursements This Page (optional)	•	23.69
TOTAL This Period (last page this line number only)	•	233.90

Other (specify)

State:

S	CHEDULE B (FEC Form 3X)	Use separate schedule(s	3)	FOR LINE		PA	GE 15/19)
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page (check of page 21b)			one) 22 X 23	25	7 2	
_	16	, ,		27	28a 28		29	3
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam							
\setminus	NAME OF COMMITTEE (In Full)							
\mathbb{Z}	AMERICAN AMBULANCE ASSOCIATION	N FEDERAL PAC (AKA /	АМВ	U-PAC)				
	Full Name (Last, First, Middle Initial) CANTOR FOR CONGRESS				Transaction Date of Disbu		6944	
	Mailing Address P. O. Box 17813				02 /	18 / Y	2009	
	City Richmond	State Zip Code VA 23226			Amount of Ea	ach Disburse		eriod
	Purpose of Disbursement		Г				1000.00	
	Contribution Candidate Name		- L	011 Category/				
	ERIC CANTOR			Туре				
		ement For: 2010 Primary General Other (specify)						
	State: VA District: 07							
	Full Name (Last, First, Middle Initial)				Transaction		6901	
	DAN 10				Date of Disbu		YYY	7
	Mailing Address 1088 BISHOP STREET		0 1	^D 21 / Y	2009			
	City HONOLULU	State Zip Code HI 96813			Amount of Ea	ach Disburse	ment this Pe	eriod
	Purpose of Disbursement Contribution			011			2000.00	-0
	Candidate Name DANIEL K INOUYE		7	Category/ Type				
		ement For: 2010 Primary General Other (specify)						
	State: HI District: 00							
	Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS 2010				Transaction Date of Disbu	ırsement		
	Mailing Address 5915 Eastman Avenue Suite 100				06 /	^D 1 2 / Y	ž 0 ŏ 9 `	
	City Midland	State Zip Code MI 48640			Amount of Ea	ach Disburse		erioc
	Purpose of Disbursement Contribution		011			1000.00		
	Candidate Name DAVID CAMP		7	Category/ Type				
	ů X	ement For: 2010 Primary General Other (specify)	1	71: -				
	State: MI District: 04							
s	UBTOTAL of Disbursements This Page (optional)			<u> </u>			4000.00	
_	OTAL This Period (last page this line number only							
ட்	The Triber office (last page this line humber offly	/						_

	JLE B (FEC Fo ED DISBURSEN	' Us	e separate schedule each category of the	(check on	<u> </u>
		De	tailed Summary Pag	e 21b 27	22 X 23 24 25 28a 28b 28c 29
					for the purpose of soliciting contributions plicit contributions from such committee
NAME C	F COMMITTEE (In Full CAN AMBULANCE A)			
	e (Last, First, Middle Init OS OF BLANCHE LIN	•			Transaction ID: SB23.6939 Date of Disbursement
Mailing A	address PO BOX 3	3197			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City LITTLE	ROCK	State AR	Zip Code 72203		Amount of Each Disbursement this Perio
Contribu				011	1000.00
	HE L LINCOLN			Category/ Type	
Office So	bught: House X Senate President	Disbursement Prim Othe		al	
State: A	R District: 00 le (Last, First, Middle Init	tial)			
	DS OF JOHN TANNE	•			Transaction ID: SB23.6937 Date of Disbursement
Mailing A	address Post Office	e Box 1994			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
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NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE ASSOCIATI													
Full Name (Last, First, Middle Initial) A. IMPACT					Date	of D	isbu	rse		3.6			-
Mailing Address 509 Madison Ave. Suite 1902					0 ^M 2	М	/ [2	3	Y	ž 0 (Ď9Ť	
City New York	State Zip Code NY 10022				Amou	ınt o	f Ea	ch	Disbur				riod
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Full Name (Last, First, Middle Initial) B. LATOURETTE FOR CONGRESS CON	IMITTEE				Trans Date		-	rse		3.6	979		
Mailing Address 320 Kenarden Dr.	Mailing Address 320 Kenarden Dr.						/ [1	^D /	Y	ž 0	Ď9 [°]	
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State: OH District: 14													
C. MIKE CRAPO FOR US SENATE	Full Name (Last, First, Middle Initial) MIKE CRAPO FOR US SENATE						isbu		SB2 ment	3.6			
Mailing Address P.O. BOX 1948	Mailing Address P.O. BOX 1948									Ľ	ž 0 (9 '	
City BOISE	State Zip Code ID 83701				Amou	ınt o	f Ea	ch	Disbur				riod
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\rangle	NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE ASSOC	IATION FEDERAL I	PAC (AKA AM	IBU-PAC)									
	Full Name (Last, First, Middle Initial) HARRY REID Mailing Address PO BOX 19163				Transaction ID Date of Disburs	ement	0 0 0 9 °						
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