

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) 8400 Westpark Drive
2nd Floor
 Check if different than previously reported. (ACC)
McLean VA 22102-5116

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 07 10 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**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	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	20014.40									
(c) Total Receipts (from Line 19)	51795.00	78875.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	71809.40	93449.64								
7. Total Disbursements (from Line 31)	23408.17	45048.41								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	48401.23	48401.23								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	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	41000.00	64775.00
(i) Itemized (use Schedule A)	7795.00	9100.00
(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	5000.00
(c) Other Political Committees (such as PACs)	51795.00	78875.00
(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	78875.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	51795.00	78875.00

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	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	7000.00
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	45048.41
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	23408.17	45048.41

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	78875.00
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	78875.00
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: (check only one)	PAGE 6 / 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

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

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

C.	Full Name (Last, First, Middle Initial) Chris Archuleta	Date of Receipt MM / DD / YYYY 08 / 01 / 2007
	Mailing Address 5604 Still Brook Avenue NW	Transaction ID: SA11AI.6249
	City State Zip Code Albuquerque NM 87120	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Superior Ambulance Service Executive Director	
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)	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 / 34
(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)
Cary Coker

Mailing Address 3053 Monument Road

City Jasper State GA Zip Code 30143

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

Name of Employer Central EMS Occupation Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 31 / 2007
Transaction ID: SA11AI.6363
Amount of Each Receipt this Period: 500.00

B.

Full Name (Last, First, Middle Initial)
Robert A Dionne

Mailing Address 29 Raymond Road

City Salem State MA Zip Code 01970

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

Name of Employer Northshore Ambulance, Inc. Occupation President and CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt: 11 / 13 / 2007
Transaction ID: SA11AI.6398
Amount of Each Receipt this Period: 425.00

C.

Full Name (Last, First, Middle Initial)
Cindy Elbert

Mailing Address 6508 W Crocus Dr

City Obendale State AZ Zip Code 85306

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

Name of Employer Cindy Elbert Insurance Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 08 / 01 / 2007
Transaction ID: SA11AI.6250
Amount of Each Receipt this Period: 300.00

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: PAGE 8 / 34
(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)
James Finger
Mailing Address 18 Central Avenue
City Rutland State VT Zip Code 05707
FEC ID number of contributing federal political committee. **C**
Name of Employer Regional Ambulance Service, Inc. Occupation Administration
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 11 / 13 / 2007
Transaction ID: SA11AI.6407
Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
James Finger
Mailing Address 18 Central Avenue
City Rutland State VT Zip Code 05707
FEC ID number of contributing federal political committee. **C**
Name of Employer Regional Ambulance Service, Inc. Occupation Administration
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00
Date of Receipt 11 / 13 / 2007
Transaction ID: SA11AI.6422
Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
James D. Fuiten
Mailing Address 9240 NW Groveland
City Hillsboro State OR Zip Code 97124
FEC ID number of contributing federal political committee. **C**
Name of Employer Metro West Occupation Owner
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00
Date of Receipt 09 / 25 / 2007
Transaction ID: SA11AI.6305
Amount of Each Receipt this Period 2500.00

SUBTOTAL of Receipts This Page (optional) ► 2700.00
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 9 / 34
	<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) David B. Hill	Date of Receipt MM / DD / YYYY 10 / 31 / 2007
	Mailing Address 395 West Lake Street	Transaction ID: SA11AI.6384
	City State Zip Code Elmhurst IL 60126	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Superior Air-Ground Ambulance Occupation Owner/Operator 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) Jon Howell	Date of Receipt MM / DD / YYYY 08 / 01 / 2007
	Mailing Address 112 Cheyenne Trail	Transaction ID: SA11AI.6260
	City State Zip Code Huntsville AL 35806	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Huntsville EMS Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00

C.	Full Name (Last, First, Middle Initial) James S. Johnson	Date of Receipt MM / DD / YYYY 11 / 13 / 2007
	Mailing Address 1801 Mockingbird Lane	Transaction ID: SA11AI.6417
	City State Zip Code Enid OK 73703	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Life EMS Occupation President 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)	5600.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 34
(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)
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

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 ▼ 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

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 ▼ 1400.00
Date of Receipt M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 7
Transaction ID: SA11AI.6337
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ► 1400.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 34
(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)
Kurt M. Krumperman

Mailing Address 2120 E. Golf Avenue

City State Zip Code
Tempe AZ 85282

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

Name of Employer Rural/Metro Occupation Group President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
08 / 01 / 2007

Transaction ID: SA11AI.6262

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
Kurt M. Krumperman

Mailing Address 2120 E. Golf Avenue

City State Zip Code
Tempe AZ 85282

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

Name of Employer Rural/Metro Occupation Group President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
11 / 13 / 2007

Transaction ID: SA11AI.6424

Amount of Each Receipt this Period
150.00

C.

Full Name (Last, First, Middle Initial)
Kevin Lyons

Mailing Address 38 Ledgewood Drive

City State Zip Code
Danvers MA 01923

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

Name of Employer Lyons Ambulance Service Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2007

Transaction ID: SA11AI.6378

Amount of Each Receipt this Period
325.00

SUBTOTAL of Receipts This Page (optional) ▶ **775.00**

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 / 34
	<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 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

B. 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

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 ▼ 1500.00

Date of Receipt: 10 / 15 / 2007

Transaction ID: SA11AI.6311

Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 1400.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 34
(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)
 Louis Meyer
 Mailing Address 10644 N. Oakwilde Avenue
 City State Zip Code
 Stockton CA 95212
 Date of Receipt
 M M / D D / Y Y Y Y
 09 / 14 / 2007
Transaction ID: SA11AI.6294
 Amount of Each Receipt this Period
 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Medical Response Occupation CEO - Regional
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

B. Full Name (Last, First, Middle Initial)
 Louis Meyer
 Mailing Address 10644 N. Oakwilde Avenue
 City State Zip Code
 Stockton CA 95212
 Date of Receipt
 M M / D D / Y Y Y Y
 09 / 25 / 2007
Transaction ID: SA11AI.6306
 Amount of Each Receipt this Period
 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Medical Response Occupation CEO - Regional
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

C. Full Name (Last, First, Middle Initial)
 Louis Meyer
 Mailing Address 10644 N. Oakwilde Avenue
 City State Zip Code
 Stockton CA 95212
 Date of Receipt
 M M / D D / Y Y Y Y
 10 / 15 / 2007
Transaction ID: SA11AI.6312
 Amount of Each Receipt this Period
 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Medical Response Occupation CEO - Regional
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

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 14 / 34
(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

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) Louis Meyer		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 4 / 2 0 0 7
Mailing Address 10644 N. Oakwilde Avenue		Transaction ID: SA11AI.6434
City State Zip Code Stockton CA 95212	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer American Medical Response	Occupation CEO - Regional	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

B.

Full Name (Last, First, Middle Initial) David Miller		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 4 / 2 0 0 7
Mailing Address 1220 Cyclone		Transaction ID: SA11AI.6296
City State Zip Code Harlan IA 51537	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer Medivac Comp.	Occupation Paramedic Specialist/Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) David Miller		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 4 / 2 0 0 7
Mailing Address 1220 Cyclone		Transaction ID: SA11AI.6436
City State Zip Code Harlan IA 51537	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer Medivac Comp.	Occupation Paramedic Specialist/Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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 / 34
(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)
Jamie Pafford-Gresham

Mailing Address 3317 W 16

City State Zip Code
Hope AR 71801

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

Name of Employer Occupation
Pafford EMS Owner/Operator

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

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

Transaction ID: SA11AI.6266

Amount of Each Receipt this Period

0.00

B.

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

Mailing Address 3317 W 16

City State Zip Code
Hope AR 71801

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

Name of Employer Occupation
Pafford EMS Owner/Operator

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

Date of Receipt

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

Transaction ID: SA11AI.6283

Amount of Each Receipt this Period

500.00

C.

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

Mailing Address 3317 W 16

City State Zip Code
Hope AR 71801

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

Name of Employer Occupation
Pafford EMS Owner/Operator

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 6000.00

Date of Receipt

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

Transaction ID: SA11AI.6287

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

5500.00

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 16 / 34
(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)
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

B.

Full Name (Last, First, Middle Initial)
Mark Pharr

Mailing Address 101 Bonner

City Lafayette State LA Zip Code 70508

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

Name of Employer Jackson EMS Occupation Lawyer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 11 / 01 / 2007

Transaction ID: SA11AI.6383

Amount of Each Receipt this Period 650.00

C.

Full Name (Last, First, Middle Initial)
Tyron Picard

Mailing Address 2005 W Saint Mary Blvd

City Lafayette State LA Zip Code 70506

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

Name of Employer Acadian Ambulance Occupation Exec VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5100.00

Date of Receipt 11 / 13 / 2007

Transaction ID: SA11AI.6387

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ► 2550.00

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 17 / 34
	<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) Darryl Quigley		Date of Receipt MM / DD / YYYY 11 / 13 / 2007		
	Mailing Address 10515 Hound Dog Trail		Transaction ID: SA11AI.6429		
	City Willis Point	State TX	Zip Code 75169	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Texas Lifeline Corp	Occupation President/CEO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

B.	Full Name (Last, First, Middle Initial) Bob Ramsey		Date of Receipt MM / DD / YYYY 10 / 31 / 2007		
	Mailing Address 12 E. Commodore Place		Transaction ID: SA11AI.6551		
	City Tempe	State AZ	Zip Code 85282	Amount of Each Receipt this Period 5000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer LifeStar EMS	Occupation President			
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) Larry Selditz		Date of Receipt MM / DD / YYYY 08 / 01 / 2007		
	Mailing Address 3251 Grande Vista		Transaction ID: SA11AI.6267		
	City Thousand Oaks	State CA	Zip Code 91320	Amount of Each Receipt this Period 1500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Road Safety International	Occupation President/CEO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1500.00			

SUBTOTAL of Receipts This Page (optional)	▶	7500.00
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 / 34
(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)
Kimberly Shank

Mailing Address 39 North Street

City State Zip Code
Indiana PA 15701

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

Name of Employer: AmbCoach, Inc. Occupation: President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 08 / 01 / 2007
Transaction ID: SA11AI.6269
Amount of Each Receipt this Period: 300.00

B. 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: 08 / 01 / 2007
Transaction ID: SA11AI.6271
Amount of Each Receipt this Period: 150.00

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 ▼ 1650.00

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

SUBTOTAL of Receipts This Page (optional) ► 1450.00

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 19 / 34
	<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		Date of Receipt
	Mailing Address 417 Holly Ridge Drive		<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
	City	State	Zip Code
	Anderson	SC	29621
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6371
Name of Employer MedShore Ambulance		Occupation President	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"/>
		<input type="text"/> 1750.00	<input type="text"/> 100.00

B.	Full Name (Last, First, Middle Initial) Kary Ann Singer		Date of Receipt
	Mailing Address 8208 Glenside Lane		<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
	City	State	Zip Code
	Tulsa	OK	74131
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6394
Name of Employer EMSA		Occupation Administrator	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"/>
		<input type="text"/> 250.00	<input type="text"/> 100.00

C.	Full Name (Last, First, Middle Initial) Brenda Staffan		Date of Receipt
	Mailing Address 3236 Old Coach Way		<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
	City	State	Zip Code
	Reno	NV	89511
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6274
Name of Employer Rural/Metro Corporation		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"/>
		<input type="text"/> 300.00	<input type="text"/> 300.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 500.00
TOTAL 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 20 / 34
(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)
Brenda Staffan

Mailing Address 3236 Old Coach Way

City State Zip Code
Reno NV 89511

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

Name of Employer Occupation
Rural/Metro Corporation Owner/Operator

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.6400

Amount of Each Receipt this Period

100.00

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 Occupation
American Medical Response VP Risk Management

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: SA11AI.6302

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 Occupation
American Medical Response VP Risk Management

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 / 2 5 / 2 0 0 7

Transaction ID: SA11AI.6309

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ▶

600.00

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

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

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

FOR LINE NUMBER: PAGE 21 / 34
(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) ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.6313

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) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 4 / 2 0 0 7

Transaction ID: SA11AI.6435

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Larry Wiersch

Mailing Address 4846 Five Point Road

City State Zip Code
New Tripoli PA 18066

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

Name of Employer Cetronia Ambulance Occupation Administrator

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: SA11AI.6303

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 22 / 34
(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

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

Name of Employer Occupation
Cetronia Ambulance Administrator

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

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

B. Full Name (Last, First, Middle Initial)
Larry Wiersch
Mailing Address 4846 Five Point Road

City State Zip Code
New Tripoli PA 18066

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

Name of Employer Occupation
Cetronia Ambulance Administrator

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00

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

C. Full Name (Last, First, Middle Initial)
Larry Wiersch
Mailing Address 4846 Five Point Road

City State Zip Code
New Tripoli PA 18066

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

Name of Employer Occupation
Cetronia Ambulance Administrator

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 850.00

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 13 / 2007

Transaction ID: SA11AI.6427
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ► 600.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 34
(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 Wiersch

Mailing Address 4846 Five Point Road

City State Zip Code
New Tripoli PA 18066

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

Name of Employer Cetrionia Ambulance
Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
MM / DD / YYYY
12 / 14 / 2007

Transaction ID: SA11AI.6437

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Michelle Willette

Mailing Address P.O. Box 1399

City State Zip Code
Meredith NH 03253

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

Name of Employer Stewart's Ambulance Service
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
08 / 01 / 2007

Transaction ID: SA11AI.6275

Amount of Each Receipt this Period
300.00

C.

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
MM / DD / YYYY
09 / 14 / 2007

Transaction ID: SA11AI.6301

Amount of Each Receipt this Period
1500.00

SUBTOTAL of Receipts This Page (optional) ► **2050.00**

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 / 34
(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 ▼
3500.00

Date of Receipt
MM / DD / YYYY
11 / 13 / 2007

Transaction ID: SA11AI.6408

Amount of Each Receipt this Period
1500.00

B.

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
MM / DD / YYYY
08 / 01 / 2007

Transaction ID: SA11AI.6277

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Gerald Zapolnik

Mailing Address 1116 Rathfan Circle

City State Zip Code
Saline MI 48176

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

Name of Employer
Huron Valley Ambulance

Occupation
VP Support Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
08 / 01 / 2007

Transaction ID: SA11AI.6278

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 25 / 34
(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)
Gerald Zapolnik

Mailing Address 1116 Rathfan Circle

City State Zip Code
Saline MI 48176

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

Name of Employer Occupation
Huron Valley Ambulance VP Support Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
11 / 13 / 2007

Transaction ID: SA11AI.6428

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Gerald Zapolnki

Mailing Address 1200 State

City State Zip Code
Ann Arbor MI 48108

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

Name of Employer Occupation
Huron Valley Ambulance VP Support Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
11 / 28 / 2007

Transaction ID: SA11AI.6385

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional) ► 600.00

TOTAL This Period (last page this line number only) ► 41000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 34
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
ACADIAN AMBULANCE SERVICE INC. EMPLOYEE PAC

Mailing Address P.O. BOX 98000

City State Zip Code
LAFAYETTE LA 70509

FEC ID number of contributing federal political committee. **C** C00335570

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y 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 PAC

Mailing Address P.O. BOX 98000

City State Zip Code
LAFAYETTE LA 70509

FEC ID number of contributing federal political committee. **C** C00335570

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y 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 PAC

Mailing Address P.O. BOX 98000

City State Zip Code
LAFAYETTE LA 70509

FEC ID number of contributing federal political committee. **C** C00335570

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y 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 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 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 09 / 30 / 2007
	Mailing Address 1970 Chain Bridge Road 3rd Floor	Amount of Each Disbursement this Period 241.66
	City McLean State VA Zip Code 22102	
	Purpose of Disbursement Bank Service Charges 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 10 / 31 / 2007
	Mailing Address 1970 Chain Bridge Road 3rd Floor	Amount of Each Disbursement this Period 291.49
	City McLean State VA Zip Code 22102	
	Purpose of Disbursement Bank Service Charges 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 11 / 30 / 2007
	Mailing Address 1970 Chain Bridge Road 3rd Floor	Amount of Each Disbursement this Period 72.60
	City McLean State VA Zip Code 22102	
	Purpose of Disbursement Bank Service Charges 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) ▼

SUBTOTAL of Disbursements This Page (optional)	605.75
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 28 / 34

<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.

Mailing Address 1970 Chain Bridge Road
3rd Floor

City McLean State VA Zip Code 22102

Purpose of Disbursement
Bank Service Charges

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.6445

Date of Disbursement

12 / 31 / 2007

Amount of Each Disbursement this Period

217.99

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)

PAGE 29 / 34

<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 M M / D D / Y Y Y Y 0 7 / 0 5 / 2 0 0 7
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		Category/Type 011
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) COMMITTEE FOR HISPANIC CAUSES/BUILDING OUR LEADERSHIP DIVERSITY PAC (CHC BOLD PAC)		Transaction ID: SB23.6471 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 7
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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

C. Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS 2008		Transaction ID: SB23.6451 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 9 / 2 0 0 7
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		Category/Type 011
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:		

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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) FRIENDS OF FARR	Transaction ID: SB23.6465 Date of Disbursement
	Mailing Address 555 Capitol Mall Suite 1425	<input type="text" value="08"/> / <input type="text" value="24"/> / <input type="text" value="2007"/>
	City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name FRIENDS OF FARR	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 17	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends of Max Baucus	Transaction ID: SB23.6470 Date of Disbursement
	Mailing Address 3206 6th Avenue North	<input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2007"/>
	City Billings State MT Zip Code 59101	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="3000.00"/>
	Candidate Name	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF SHERROD BROWN	Transaction ID: SB23.6475 Date of Disbursement
	Mailing Address PO BOX 76187 Suite 800	<input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2007"/>
	City WASHINGTON State DC Zip Code 20013	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name	<input type="text" value=""/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value=""/>

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>A. Full Name (Last, First, Middle Initial) JOHN SHADEGG FOR CONGRESS</p> <p>Mailing Address P.O. Box 45444</p> <p>City Phoenix State AZ Zip Code 85064</p> <p>Purpose of Disbursement Contribution Candidate Name JOHN B. SHADEGG</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.6457 Date of Disbursement 07 / 02 / 2007</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) PETE STARK RE-ELECTION COMMITTEE</p> <p>Mailing Address P.O. Box 8331</p> <p>City Fremont State CA Zip Code 94537</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 13</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.6459 Date of Disbursement 07 / 19 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) PRICE FOR CONGRESS COMMITTEE</p> <p>Mailing Address P. O. Box 1986</p> <p>City Raleigh State NC Zip Code 27602</p> <p>Purpose of Disbursement Contribution Candidate Name PRICE FOR CONGRESS COMMITTEE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 04</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.6461 Date of Disbursement 07 / 31 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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) 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 RANGEL FOR CONGRESS	
	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 RANGEL FOR CONGRESS	
	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 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:	

SUBTOTAL of Disbursements This Page (optional)	▶	11000.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 33 / 34

<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: OH District: 00

Transaction ID: SB23.6473

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

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

Image# 28991390251

Form/Schedule: **F3XA**
Transaction ID:

Regarding the Cash from 2007 Raffle, all contributions received were under the \$100.00 limit for cash received and from individuals who did not exceed the \$200.00 limit for contributions for 2007.
