

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 2008 through 09 30 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Mr. Tristan North

Signature of Treasurer Electronically Filed by Mr. Tristan North Date 10 07 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									
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FEC FORM 3X
(Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		48401.23
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	22731.70									
(c) Total Receipts (from Line 19)	14045.50	32195.50								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	36777.20	80596.73								
7. Total Disbursements (from Line 31)	11104.25	54923.78								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	25672.95	25672.95								
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	8

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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	10200.00	24750.00
(i) Itemized (use Schedule A)	1800.00	2400.00
(ii) Unitemized	12000.00	27150.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	2000.00	5000.00
(c) Other Political Committees (such as PACs)	14000.00	32150.00
(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.)	45.50	45.50
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))	14045.50	32195.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	14045.50	32195.50

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.....	704.25	1023.78
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	704.25	1023.78
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7500.00	51000.00
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	2900.00	2900.00
(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))	2900.00	2900.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	11104.25	54923.78
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11104.25	54923.78

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)	14000.00	32150.00
34. Total Contribution Refunds (from Line 28(d))	2900.00	2900.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11100.00	29250.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	704.25	1023.78
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	704.25	1023.78

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 17
(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)

<p>A. Full Name (Last, First, Middle Initial) Chris Archuleta</p> <p>Mailing Address 5604 Still Brook Avenue NW</p> <p>City State Zip Code Albuquerque NM 87120</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Superior Ambulance Service Occupation Executive Director</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 400.00</p>	<p>Date of Receipt 08 / 26 / 2008</p> <p>Transaction ID: SA11AI.6688</p> <p>Amount of Each Receipt this Period 400.00</p> <p>Carinals Game Contribution</p>
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<p>B. Full Name (Last, First, Middle Initial) Terry Arnold</p> <p>Mailing Address 105 Iodent Way</p> <p>City State Zip Code Elizabethton TN 37643</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Carter County Rescue Squad Occupation Director</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 600.00</p>	<p>Date of Receipt 08 / 26 / 2008</p> <p>Transaction ID: SA11AI.6689</p> <p>Amount of Each Receipt this Period 600.00</p> <p>Carinals Game Contribution</p>
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<p>C. Full Name (Last, First, Middle Initial) Rod Carroll</p> <p>Mailing Address 2681 S. Pine Island Road</p> <p>City State Zip Code Beaumont TX 77713</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Stat Care EMS Occupation President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 400.00</p>	<p>Date of Receipt 07 / 09 / 2008</p> <p>Transaction ID: SA11AI.6655</p> <p>Amount of Each Receipt this Period 400.00</p> <p>Contribution</p>
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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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 17
	<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) John Diddle		Date of Receipt
	Mailing Address 231 Webber Way		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 18 / 2008
	City	State	Zip Code
	East Liverpool	OH	43920
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6713
Name of Employer Tri County Amb. Service		Occupation Owner	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"/> 250.00
			Contribution

B.	Full Name (Last, First, Middle Initial) Brian Dolan		Date of Receipt
	Mailing Address 8400 W 183rd Place		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 26 / 2008
	City	State	Zip Code
	Tinley Park	IL	60487
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6692
Name of Employer AMB Trn Group		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"/> 1200.00
			Carinals Game Contribution

C.	Full Name (Last, First, Middle Initial) Cindy Elbert		Date of Receipt
	Mailing Address 6508 W Crocus Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 14 / 2008
	City	State	Zip Code
	Obendale	AZ	85306
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6684
Name of Employer Cindy Elbert Insurance		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"/> 400.00
			Carinals Game Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1850.00
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: (check only one)	PAGE 8 / 17
	<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) Harvey L. Hall		Date of Receipt
	Mailing Address 1001 21st Street		<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
	Bakersfield	CA	93301
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.6657
		Amount of Each Receipt this Period	<input type="text"/>
			250.00
Name of Employer Hall Ambulance Service In-c.		Occupation 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) Harvey L. Hall		Date of Receipt
	Mailing Address 1001 21st Street		<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
	Bakersfield	CA	93301
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.6679
		Amount of Each Receipt this Period	<input type="text"/>
			250.00
Name of Employer Hall Ambulance Service In-c.		Occupation CEO	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
			1250.00

C.	Full Name (Last, First, Middle Initial) Harvey L. Hall		Date of Receipt
	Mailing Address 1001 21st Street		<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
	Bakersfield	CA	93301
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.6712
		Amount of Each Receipt this Period	<input type="text"/>
			250.00
Name of Employer Hall Ambulance Service In-c.		Occupation CEO	Contribution
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)	<input type="text"/>
	750.00
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 9 / 17
(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)

<p>A. Full Name (Last, First, Middle Initial) Sherman Hockenbury</p> <p>Mailing Address 420 Belgravia Court, apt 3</p> <p>City State Zip Code Louisville KY 40208</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Yellow Ambulance Service Executive Director</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 600.00</p>	<p>Date of Receipt 08 / 26 / 2008</p> <p>Transaction ID: SA11AI.6697</p> <p>Amount of Each Receipt this Period 600.00</p> <p>Carinals Game Contribution</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) Russell Honeycutt</p> <p>Mailing Address 223 Pebblebrook Lane</p> <p>City State Zip Code Macon GA 31220</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Hinson Systems/National Reimbu</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 400.00</p>	<p>Date of Receipt 08 / 26 / 2008</p> <p>Transaction ID: SA11AI.6699</p> <p>Amount of Each Receipt this Period 400.00</p> <p>Carinals Game Contribution</p>
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<p>C. Full Name (Last, First, Middle Initial) James McPartlon</p> <p>Mailing Address 1015 DiBella Dr</p> <p>City State Zip Code Schenectady NY 12303</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Mohawk Ambulance Services VP</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1200.00</p>	<p>Date of Receipt 08 / 26 / 2008</p> <p>Transaction ID: SA11AI.6700</p> <p>Amount of Each Receipt this Period 1200.00</p> <p>Carinals Game Contribution</p>
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SUBTOTAL of Receipts This Page (optional)	2200.00
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 10 / 17
	<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) Elbert Muncy	Date of Receipt MM / DD / YYYY 08 / 14 / 2008
	Mailing Address 831 W Main Street	Transaction ID: SA11AI.6680
	City State Zip Code Barstow CA 92311	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	Carinals Game Contribution
	Name of Employer Occupation Dersert Ambulance Service	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00		

B.	Full Name (Last, First, Middle Initial) Todd Porter	Date of Receipt MM / DD / YYYY 08 / 26 / 2008
	Mailing Address 704 6th Avenue, NE	Transaction ID: SA11AI.6701
	City State Zip Code Mandan ND 58554	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	Carinals Game Contribution
	Name of Employer Occupation Metro-Area Ambulance Director	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00		

C.	Full Name (Last, First, Middle Initial) Lauren Rubinson	Date of Receipt MM / DD / YYYY 08 / 26 / 2008
	Mailing Address 5650 West Howard	Transaction ID: SA11AI.6702
	City State Zip Code Skokie IL 60077	Amount of Each Receipt this Period 600.00
	FEC ID number of contributing federal political committee. C	Carinals Game Contribution
	Name of Employer Occupation Medical Express Ambulance President	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00		

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 17
	<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) John Russell		Date of Receipt MM / DD / YYYY 08 / 14 / 2008
	Mailing Address 2034 Pamela		Transaction ID: SA11AI.6686
	City Cape Girardeau	State MO	Zip Code 63701
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1400.00
	Name of Employer Cape County Private Ambulance Occupation President		Carinals Game Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1400.00	

B.	Full Name (Last, First, Middle Initial) David M. Werfel		Date of Receipt MM / DD / YYYY 08 / 26 / 2008
	Mailing Address 9 Durham Drive		Transaction ID: SA11AI.6704
	City Dix Hills	State NY	Zip Code 11746
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
	Name of Employer Self-employed Occupation		Carinals Game Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

C.	Full Name (Last, First, Middle Initial) Michael Woronka		Date of Receipt MM / DD / YYYY 07 / 14 / 2008
	Mailing Address 50 Hill Street		Transaction ID: SA11AI.6658
	City Methuen	State MA	Zip Code 01844
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
	Name of Employer Action Ambulance Service Occupation Paramedic		Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	▶	2200.00
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 12 / 17
(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) ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	6	/	2	0	0	8

Transaction ID: SA11AI.6705

Amount of Each Receipt this Period

400.00

Carinals Game Contribution

Aggregate Year-to-Date ▼

400.00

SUBTOTAL of Receipts This Page (optional)	▶	400.00
TOTAL This Period (last page this line number only)	▶	10200.00

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

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

FOR LINE NUMBER: PAGE 13 / 17
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
ACADIAN AMBULANCE SERVICE INC. EMPLOYEE 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 ▼ 3000.00
 Date of Receipt MM / DD / YYYY
 07 / 21 / 2008
Transaction ID: SA11C.6662
 Amount of Each Receipt this Period 1000.00
 Quarterly Contribution

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 ▼ 4000.00
 Date of Receipt MM / DD / YYYY
 08 / 06 / 2008
Transaction ID: SA11C.6678
 Amount of Each Receipt this Period 1000.00
 Quarterly Contribution

SUBTOTAL of Receipts This Page (optional) ► 2000.00
TOTAL This Period (last page this line number only) ► 2000.00

**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) Nova Information Systems	Transaction ID: SB21B.6710 Date of Disbursement
	Mailing Address 7300 Chapman Highway	<input type="text" value="07"/> <input type="text" value="01"/> / <input type="text" value="2008"/>
	City Knoxville State TN Zip Code 37920	Amount of Each Disbursement this Period
	Purpose of Disbursement Merchant Fee	<input type="text" value="5.00"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Nova Information Systems	Transaction ID: SB21B.6708 Date of Disbursement
	Mailing Address 7300 Chapman Highway	<input type="text" value="08"/> <input type="text" value="01"/> / <input type="text" value="2008"/>
	City Knoxville State TN Zip Code 37920	Amount of Each Disbursement this Period
	Purpose of Disbursement Merchant Fee	<input type="text" value="5.00"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Nova Information Systems	Transaction ID: SB21B.6719 Date of Disbursement
	Mailing Address 7300 Chapman Highway	<input type="text" value="09"/> <input type="text" value="10"/> / <input type="text" value="2008"/>
	City Knoxville State TN Zip Code 37920	Amount of Each Disbursement this Period
	Purpose of Disbursement NOVA Merchant Fees	<input type="text" value="437.39"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="447.39"/>
TOTAL This Period (last page this line number only)	<input type="text" value="447.39"/>

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

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

FOR LINE NUMBER:
(check only one)

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<input 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) PEOPLE FOR ENGLISH	Transaction ID: SB23.6715 Date of Disbursement
	Mailing Address PO BOX 1940	<input type="text" value="09"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City ERIE State PA Zip Code 16507	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="2000.00"/>
	Candidate Name PEOPLE FOR ENGLISH	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 03	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PETE KING FOR CONGRESS COMMITTEE	Transaction ID: SB23.6667 Date of Disbursement
	Mailing Address POST OFFICE BOX 1428	<input type="text" value="07"/> <input type="text" value="31"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City SEAFORD State NY Zip Code 11783	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution	<input type="text" value="2000.00"/>
	Candidate Name	<input type="text"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 03	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) RANGEL VICTORY FUND	Transaction ID: SB23.6671 Date of Disbursement
	Mailing Address 818 CONNECTICUT AVENUE NW STE 1100	<input type="text" value="07"/> <input type="text" value="31"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City WASHINGTON State DC Zip Code 20006	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution	<input type="text" value="2500.00"/>
	Candidate Name	<input type="text"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 15	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER:
(check only one)

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<input 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)

WALDEN FOR CONGRESS

Mailing Address PO Box 1091

City
Hood River

State
OR

Zip Code
97031

Purpose of Disbursement
Political Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: OR District: 02

Transaction ID: SB23.6669

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

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 17 / 17

<input 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 checked="" 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) Jamie Pafford-Gresham		Transaction ID: SB28A.6660	
	Mailing Address 3317 W 16		Date of Disbursement 07 / 09 / 2008	
	City Hope	State AR	Zip Code 71801	Amount of Each Disbursement this Period 2800.00
	Purpose of Disbursement Refund		Category/ Type	
	Candidate Name			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State:	District:		

SUBTOTAL of Disbursements This Page (optional)	2800.00
TOTAL This Period (last page this line number only)	2800.00