

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

ADDRESS (number and street) 8400 Westpark Drive

Check if different than previously reported. (ACC) 2nd Floor

McLean VA 22102-5116

2. **FEC IDENTIFICATION NUMBER ▼** C00168070 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

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 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day **PRE-Election** Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on M M M / D D D / Y Y Y Y Y Y in the State of

- (d) 30-Day **POST-Election** Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2011 through M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2011

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 Denise Clark

Signature of Treasurer Denise Clark *[Electronically Filed]* Date M M M / D D D / Y Y Y Y Y Y 01 / 26 / 2012

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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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>		21644.19
(b) Cash on Hand at Beginning of Reporting Period.....	13798.85	
(c) Total Receipts (from Line 19)	54389.82	69010.49
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	68188.67	90654.68
7. Total Disbursements (from Line 31).....	20000.00	42466.01
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	48188.67	48188.67
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: 07 / 01 / 2011 To: 12 / 31 / 2011

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		
(i) Itemized (use Schedule A).....	49335.04	60488.34
(ii) Unitemized	5034.57	7466.23
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	54369.61	67954.57
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	54369.61	67954.57
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	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	20.21	55.92
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 Transfers (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))..... ▶	54389.82	69010.49
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	54389.82	69010.49

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	0.00	966.01
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	966.01
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20000.00	41500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	20000.00	42466.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20000.00	42466.01

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	54369.61	67954.57
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	54369.61	67954.57
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	966.01
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	966.01

**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 OF 41
	<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. Chris Archulette
 Full Name (Last, First, Middle Initial)
 Mailing Address 4500 Willow View Lane NW
 City Albuquerque State NM Zip Code 87120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Superior Ambulance Service Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 30 / 2011
Transaction ID : SA11AI.8005
 Amount of Each Receipt this Period 1000.00
 Contribution

B. Steven Athey
 Full Name (Last, First, Middle Initial)
 Mailing Address 201 Morning Dove CT
 City Argyle State TX Zip Code 76226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Care Visions Occupation Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 30 / 2011
Transaction ID : SA11AI.8006
 Amount of Each Receipt this Period 300.00
 Contribution

C. Shawn Baird
 Full Name (Last, First, Middle Initial)
 Mailing Address 1346 SE Tenind St
 City Portland State OR Zip Code 97202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Woodbern Ambulance Occupation Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 09 / 01 / 2011
Transaction ID : SA11AI.7858
 Amount of Each Receipt this Period 125.00
 Contribution

SUBTOTAL of Receipts This Page (optional).....▶	1425.00
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 OF 41
	<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. Shawn Baird
Full Name (Last, First, Middle Initial)

Mailing Address 1346 SE Tenind St

City Portland State OR Zip Code 97202

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

Name of Employer Woodbern Ambulance Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2011
Transaction ID : SA11AI.7979

Amount of Each Receipt this Period
 125.00

Contribution

B. Dale Berry
Full Name (Last, First, Middle Initial)

Mailing Address 1200 State Circle

City Ann Arbor State MI Zip Code 48108

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

Name of Employer Huron Valley Ambulance Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2011
Transaction ID : SA11AI.7859

Amount of Each Receipt this Period
 250.00

Contribution

C. Dale Berry
Full Name (Last, First, Middle Initial)

Mailing Address 1200 State Circle

City Ann Arbor State MI Zip Code 48108

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

Name of Employer Huron Valley Ambulance Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 833.34

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2011
Transaction ID : SA11AI.7980

Amount of Each Receipt this Period
 83.34

Contribution

SUBTOTAL of Receipts This Page (optional).....▶	458.34
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 8 OF 41
	<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. Janice Carbonneau
Full Name (Last, First, Middle Initial)
Mailing Address 54 Ridgewood Drive

City Atkinson	State NH	Zip Code 03811
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FEC ID number of contributing federal political committee. **C**

Name of Employer New Britain EMS	Occupation Assistant CEO
-------------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	01	/	2011

Transaction ID : SA11AI.7857

Amount of Each Receipt this Period
75.00

Contribution

B. Janice Carbonneau
Full Name (Last, First, Middle Initial)
Mailing Address 54 Ridgewood Drive

City Atkinson	State NH	Zip Code 03811
------------------	-------------	-------------------

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

Name of Employer New Britain EMS	Occupation Assistant CEO
-------------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	01	/	2011

Transaction ID : SA11AI.7981

Amount of Each Receipt this Period
125.00

Contribution

C. Kate Carroll
Full Name (Last, First, Middle Initial)
Mailing Address 3720 Corley

City Beaumont	State TX	Zip Code 77701
------------------	-------------	-------------------

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

Name of Employer Acadian Ambulance	Occupation Director
---------------------------------------	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	01	/	2011

Transaction ID : SA11AI.7982

Amount of Each Receipt this Period
250.00

Contribution

SUBTOTAL of Receipts This Page (optional).....▶	450.00
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 OF 41
<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)

Full Name (Last, First, Middle Initial) A. Gerard Donahue		Date of Receipt
Mailing Address 931 N. Webster Ave		<input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2011"/>
City Scranton	State PA	Zip Code 18510
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.7862
Name of Employer Self Employer		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Occupation Business owner		Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) B. Gerard Donahue		Date of Receipt
Mailing Address 931 N. Webster Ave		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City Scranton	State PA	Zip Code 18510
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.7909
Name of Employer Self Employer		Amount of Each Receipt this Period <input type="text" value="500.00"/>
Occupation Business owner		Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="800.00"/>	

Full Name (Last, First, Middle Initial) C. Howard Enloe		Date of Receipt
Mailing Address 103 Palonma Megd		<input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2011"/>
City Anthony	State NM	Zip Code 88021
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.7870
Name of Employer Life Ambulance Service, Inc.		Amount of Each Receipt this Period <input type="text" value="375.00"/>
Occupation Owner/Operator		Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1125.00"/>	

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="975.00"/>
TOTAL This Period (last page this line number only).....	<input type="text" value=""/>

**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 OF 41
	<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)

Full Name (Last, First, Middle Initial) A. Howard Enloe		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2011
Mailing Address 5720 Trowbridge NW		Transaction ID : SA11AI.8016
City El Paso	State TX	Zip Code 79925
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 1000.00
Name of Employer Life Ambulance	Occupation CEO	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. James Finger		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2011
Mailing Address 18 Central Avenue		Transaction ID : SA11AI.8015
City Rutland	State VT	Zip Code 05707
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 300.00
Name of Employer Regional Ambulance Service, Inc.	Occupation Administration	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. James D. Fuiten		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2011
Mailing Address 9240 NW Groveland		Transaction ID : SA11AI.8018
City Hillsboro	State OR	Zip Code 97124
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 2500.00
Name of Employer Metro West	Occupation Owner	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional).....▶	3800.00
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 OF 41
	<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)

Full Name (Last, First, Middle Initial) A. Robert Garner		Date of Receipt
Mailing Address 157 Paloma Drive		<input type="text" value="12"/> / <input type="text" value="01"/> / <input type="text" value="2011"/>
City	State	Zip Code
Coral Gables	FL	33143
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
AMR-FL	SVP	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	
		Transaction ID : SA11AI.7991
		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
		Contribution

Full Name (Last, First, Middle Initial) B. Harvey L. Hall		Date of Receipt
Mailing Address 1001 - 21st Street		<input type="text" value="07"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
City	State	Zip Code
Bakersfield	CA	93301
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Hall Ambulance Service	CEO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1750.00"/>	
		Transaction ID : SA11AI.7818
		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
		Contribution

Full Name (Last, First, Middle Initial) C. Harvey L. Hall		Date of Receipt
Mailing Address 1001 - 21st Street		<input type="text" value="08"/> / <input type="text" value="04"/> / <input type="text" value="2011"/>
City	State	Zip Code
Bakersfield	CA	93301
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Hall Ambulance Service	CEO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2000.00"/>	
		Transaction ID : SA11AI.7850
		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
		Contribution

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1000.00"/>
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 12 OF 41
<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)

Full Name (Last, First, Middle Initial) A. Harvey L. Hall		Date of Receipt MM / DD / YYYY 09 / 12 / 2011 Transaction ID : SA11AI.7855
Mailing Address 1001 - 21st Street		Amount of Each Receipt this Period 250.00
City Bakersfield	State CA	Zip Code 93301
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Hall Ambulance Service	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00	

Full Name (Last, First, Middle Initial) B. Harvey L. Hall		Date of Receipt MM / DD / YYYY 10 / 11 / 2011 Transaction ID : SA11AI.7890
Mailing Address 1001 - 21st Street		Amount of Each Receipt this Period 250.00
City Bakersfield	State CA	Zip Code 93301
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Hall Ambulance Service	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) C. Harvey L. Hall		Date of Receipt MM / DD / YYYY 11 / 09 / 2011 Transaction ID : SA11AI.7906
Mailing Address 1001 - 21st Street		Amount of Each Receipt this Period 250.00
City Bakersfield	State CA	Zip Code 93301
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Hall Ambulance Service	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	

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: (check only one)	PAGE 13 OF 41
<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)

Full Name (Last, First, Middle Initial) A. Harvey L. Hall		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 22 / 2011
Mailing Address 1001 - 21st Street		Transaction ID : SA11AI.7973
City Bakersfield	State CA	Zip Code 93301
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Hall Ambulance Service	Occupation CEO	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) B. Rachel Harracksingh		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 01 / 2011
Mailing Address 10633 Vista Alegre		Transaction ID : SA11AI.7984
City El Paso	State TX	Zip Code 79935
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Life Ambulance Service	Occupation Vice President	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. III David B. Hill		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2011
Mailing Address 395 West Lake Street		Transaction ID : SA11AI.8026
City Elmhurst	State IL	Zip Code 60126
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2500.00	
Name of Employer Superior Air-Ground Ambulance	Occupation Owner/Operator	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Mr. Ben Hinson		Date of Receipt MM / DD / YYYY 07 / 05 / 2011 Transaction ID : SA11Al.7815
Mailing Address 2025 Vineville Ave		Amount of Each Receipt this Period 100.00
City Macon	State GA	Zip Code 31204
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Mid Georgia Ambulance	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) B. Mr. Ben Hinson		Date of Receipt MM / DD / YYYY 08 / 01 / 2011 Transaction ID : SA11Al.7844
Mailing Address 2025 Vineville Ave		Amount of Each Receipt this Period 100.00
City Macon	State GA	Zip Code 31204
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Mid Georgia Ambulance	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) C. Mr. Ben Hinson		Date of Receipt MM / DD / YYYY 09 / 01 / 2011 Transaction ID : SA11Al.7868
Mailing Address 2025 Vineville Ave		Amount of Each Receipt this Period 100.00
City Macon	State GA	Zip Code 31204
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Mid Georgia Ambulance	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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 15 OF 41
	<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. Mr. Ben Hinson
Full Name (Last, First, Middle Initial)

Mailing Address 2025 Vineville Ave

City Macon State GA Zip Code 31204

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

Name of Employer Mid Georgia Ambulance Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2011
Transaction ID : SA11Al.7897

Amount of Each Receipt this Period
 100.00

Contribution

B. Russell Honeycutt
Full Name (Last, First, Middle Initial)

Mailing Address 223 Pebblebrook Lane

City Macon State GA Zip Code 31220

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

Name of Employer Hinson Systems/National Reimbu Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2011
Transaction ID : SA11Al.7811

Amount of Each Receipt this Period
 200.00

Contribution

C. Russell Honeycutt
Full Name (Last, First, Middle Initial)

Mailing Address 223 Pebblebrook Lane

City Macon State GA Zip Code 31220

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

Name of Employer Hinson Systems/National Reimbu Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2011
Transaction ID : SA11Al.7847

Amount of Each Receipt this Period
 200.00

Contribution

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 41
<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)

Full Name (Last, First, Middle Initial) A. Russell Honeycutt		Date of Receipt MM / DD / YYYY 09 / 01 / 2011 Transaction ID : SA11Al.7864
Mailing Address 223 Pebblebrook Lane		Amount of Each Receipt this Period 200.00
City Macon	State GA	Zip Code 31220
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Hinson Systems/National Reimbu	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

Full Name (Last, First, Middle Initial) B. Russell Honeycutt		Date of Receipt MM / DD / YYYY 10 / 01 / 2011 Transaction ID : SA11Al.7891
Mailing Address 223 Pebblebrook Lane		Amount of Each Receipt this Period 200.00
City Macon	State GA	Zip Code 31220
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Hinson Systems/National Reimbu	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Russell Honeycutt		Date of Receipt MM / DD / YYYY 12 / 01 / 2011 Transaction ID : SA11Al.7976
Mailing Address 223 Pebblebrook Lane		Amount of Each Receipt this Period 100.00
City Macon	State GA	Zip Code 31220
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Hinson Systems/National Reimbu	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2100.00	

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 41
	<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)

Full Name (Last, First, Middle Initial) A. Russell Honeycutt		Date of Receipt MM / DD / YYYY 12 / 15 / 2011
Mailing Address 223 Pebblebrook Lane		Transaction ID : SA11AI.7972
City Macon	State GA	Zip Code 31220
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer Hinson Systems/National Reimbu	Occupation Vice President	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2200.00	

Full Name (Last, First, Middle Initial) B. Jon Howell		Date of Receipt MM / DD / YYYY 09 / 01 / 2011
Mailing Address 251 Bishop Farm Way		Transaction ID : SA11AI.7866
City Huntsville	State AL	Zip Code 35806
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 150.00	
Name of Employer HEMSI	Occupation CEO	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) C. Jon Howell		Date of Receipt MM / DD / YYYY 12 / 01 / 2011
Mailing Address 251 Bishop Farm Way		Transaction ID : SA11AI.7985
City Huntsville	State AL	Zip Code 35806
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 150.00	
Name of Employer HEMSI	Occupation CEO	Contribution
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).....▶	400.00
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 18 OF 41
	<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. James S. Johnson
Full Name (Last, First, Middle Initial)

Mailing Address 1801 Mockingbird Lane

City Enid State OK Zip Code 73703

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

Name of Employer Life EMS Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
11 / 30 / 2011
Transaction ID : SA11AI.7911

Amount of Each Receipt this Period
1000.00

Contribution

B. Wayne Jurecki
Full Name (Last, First, Middle Initial)

Mailing Address 1111 N Marchall St #1002

City Mulwaukee State WI Zip Code 53202

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

Name of Employer Bell Ambulance Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
11 / 30 / 2011
Transaction ID : SA11AI.8028

Amount of Each Receipt this Period
2500.00

Contribution

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

Mailing Address 3 Carter Lane

City Danvers State MA Zip Code 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 ▼
2500.00

Date of Receipt
11 / 30 / 2011
Transaction ID : SA11AI.8033

Amount of Each Receipt this Period
2500.00

Contribution

SUBTOTAL of Receipts This Page (optional).....▶	6000.00
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 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Thomas McEntee
 Full Name (Last, First, Middle Initial)
 Mailing Address 8489 Sunshine Ln
 City Riverside State CA Zip Code 92508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AMR - Riverside County Occupation Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2011
Transaction ID : SA11AI.7809
 Amount of Each Receipt this Period 85.00
 Contribution

B. Thomas McEntee
 Full Name (Last, First, Middle Initial)
 Mailing Address 8489 Sunshine Ln
 City Riverside State CA Zip Code 92508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AMR - Riverside County Occupation Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2011
Transaction ID : SA11AI.7849
 Amount of Each Receipt this Period 85.00
 Contribution

C. Thomas McEntee
 Full Name (Last, First, Middle Initial)
 Mailing Address 8489 Sunshine Ln
 City Riverside State CA Zip Code 92508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AMR - Riverside County Occupation Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2011
Transaction ID : SA11AI.7863
 Amount of Each Receipt this Period 85.00
 Contribution

SUBTOTAL of Receipts This Page (optional).....▶	255.00
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 20 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Thomas McEntee
 Full Name (Last, First, Middle Initial)
 Mailing Address 8489 Sunshine Ln
 City Riverside State CA Zip Code 92508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AMR - Riverside County Occupation Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **850.00**

Date of Receipt **10 / 01 / 2011**
Transaction ID : SA11Al.7894
 Amount of Each Receipt this Period **850.00**
 Contribution

B. Thomas McEntee
 Full Name (Last, First, Middle Initial)
 Mailing Address 8489 Sunshine Ln
 City Riverside State CA Zip Code 92508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AMR - Riverside County Occupation Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **933.34**

Date of Receipt **12 / 01 / 2011**
Transaction ID : SA11Al.7977
 Amount of Each Receipt this Period **83.34**
 Contribution

C. Thomas McEntee
 Full Name (Last, First, Middle Initial)
 Mailing Address 8489 Sunshine Ln
 City Riverside State CA Zip Code 92508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AMR - Riverside County Occupation Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1016.68**

Date of Receipt **12 / 15 / 2011**
Transaction ID : SA11Al.7968
 Amount of Each Receipt this Period **83.34**
 Contribution

SUBTOTAL of Receipts This Page (optional).....	251.68
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 21 OF 41
	<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. James McNeal Jr.
Full Name (Last, First, Middle Initial)

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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2011
Transaction ID : SA11AI.7974

Amount of Each Receipt this Period
 1000.00

Contribution

B. James McPartlon
Full Name (Last, First, Middle Initial)

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 ▼ 1166.62

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2011
Transaction ID : SA11AI.7813

Amount of Each Receipt this Period
 166.66

Contribution

C. James McPartlon
Full Name (Last, First, Middle Initial)

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 ▼ 2166.62

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2011
Transaction ID : SA11AI.8034

Amount of Each Receipt this Period
 1000.00

Contribution

SUBTOTAL of Receipts This Page (optional).....▶	2166.66
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 22 OF 41
<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. Mr. Mark Meijer
Full Name (Last, First, Middle Initial)

Mailing Address 1275 Cedar Street, NE

City Grand Rapids State IL Zip Code 49503

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

Name of Employer Life EMS, Inc. Occupation Paramedic/Business Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2011
Transaction ID : SA11AI.7912

Amount of Each Receipt this Period
 2000.00

Contribution

B. Louis Meyer
Full Name (Last, First, Middle Initial)

Mailing Address 10644 N. Oakwilde Avenue

City Stockton State CA Zip Code 95212

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

Name of Employer AMR Occupation CEO - Regional

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2011
Transaction ID : SA11AI.7814

Amount of Each Receipt this Period
 200.00

Contribution

C. Louis Meyer
Full Name (Last, First, Middle Initial)

Mailing Address 10644 N. Oakwilde Avenue

City Stockton State CA Zip Code 95212

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

Name of Employer AMR Occupation CEO - Regional

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2011
Transaction ID : SA11AI.7846

Amount of Each Receipt this Period
 200.00

Contribution

SUBTOTAL of Receipts This Page (optional).....▶	2400.00
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 23 OF 41
	<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. Louis Meyer
Full Name (Last, First, Middle Initial)

Mailing Address 10644 N. Oakwilde Avenue

City Stockton State CA Zip Code 95212

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

Name of Employer AMR Occupation CEO - Regional

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1800.00**

Date of Receipt **09 / 01 / 2011**

Transaction ID : SA11AI.7865

Amount of Each Receipt this Period **200.00**

Contribution

B. Louis Meyer
Full Name (Last, First, Middle Initial)

Mailing Address 10644 N. Oakwilde Avenue

City Stockton State CA Zip Code 95212

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

Name of Employer AMR Occupation CEO - Regional

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt **10 / 01 / 2011**

Transaction ID : SA11AI.7893

Amount of Each Receipt this Period **200.00**

Contribution

C. Asbel Montes
Full Name (Last, First, Middle Initial)

Mailing Address 305 Rue Bordeaux

City Carencro State LA Zip Code 70520

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

Name of Employer Acadian Companies Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **11 / 30 / 2011**

Transaction ID : SA11AI.8035

Amount of Each Receipt this Period **250.00**

Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ **650.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 41
	<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)

Full Name (Last, First, Middle Initial) A. Scott Moore			Date of Receipt MM / DD / YYYY 11 / 30 / 2011 Transaction ID : SA11AI.8037
Mailing Address 118 Main Street			Amount of Each Receipt this Period 500.00 Contribution
City Topsfield	State MA	Zip Code 01983	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00	
Name of Employer Northeast Regional Ambulance S		Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Steve Murphy			Date of Receipt MM / DD / YYYY 09 / 01 / 2011 Transaction ID : SA11AI.7861
Mailing Address 100 S Birch Rd #901			Amount of Each Receipt this Period 255.00 Contribution
City Ft Lauderdale	State FL	Zip Code 33316	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1020.00	
Name of Employer AMR		Occupation Exe VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) c. Steve Murphy			Date of Receipt MM / DD / YYYY 12 / 01 / 2011 Transaction ID : SA11AI.7987
Mailing Address 100 S Birch Rd #901			Amount of Each Receipt this Period 250.00 Contribution
City Ft Lauderdale	State FL	Zip Code 33316	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1270.00	
Name of Employer AMR		Occupation Exe VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	1005.00
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 25 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Jenny Norton
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 E. Commodore Place
 City Tempe State AZ Zip Code 85282
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FCI Occupation Clergy
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **5000.00**

Date of Receipt **07 / 12 / 2011**
Transaction ID : SA11AI.7821
 Amount of Each Receipt this Period **5000.00**
 Contribution

B. Bob Ramsey
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 E. Commodore Place
 City Tempe State AZ Zip Code 85282
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LifeStar EMS Occupation President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **5000.00**

Date of Receipt **07 / 12 / 2011**
Transaction ID : SA11AI.7819
 Amount of Each Receipt this Period **5000.00**
 Contribution

C. Aaron Reinert
 Full Name (Last, First, Middle Initial)
 Mailing Address 29251 Potassium St NW
 City Isanti State MN Zip Code 55040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lake Regions EMS Occupation Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **900.00**

Date of Receipt **09 / 01 / 2011**
Transaction ID : SA11AI.7871
 Amount of Each Receipt this Period **300.00**
 Contribution

SUBTOTAL of Receipts This Page (optional).....	10300.00
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 26 OF 41
	<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. Aaron Reinert
Full Name (Last, First, Middle Initial)

Mailing Address 29251 Potassium St NW

City Isanti State MN Zip Code 55040

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

Name of Employer Lake Regions EMS Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1525.00**

Date of Receipt **12 / 01 / 2011**

Transaction ID : SA11AI.7988

Amount of Each Receipt this Period **625.00**

Contribution

B. Julie Ann Rose
Full Name (Last, First, Middle Initial)

Mailing Address 1123 Chestnut Drive

City Ashtabula State OH Zip Code 44004

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

Name of Employer Community Care Ambulance Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.36**

Date of Receipt **10 / 18 / 2011**

Transaction ID : SA11AI.7899

Amount of Each Receipt this Period **166.68**

Contribution

C. Julie Ann Rose
Full Name (Last, First, Middle Initial)

Mailing Address 1123 Chestnut Drive

City Ashtabula State OH Zip Code 44004

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

Name of Employer Community Care Ambulance Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **416.70**

Date of Receipt **12 / 01 / 2011**

Transaction ID : SA11AI.7993

Amount of Each Receipt this Period **83.34**

Contribution

SUBTOTAL of Receipts This Page (optional)..... **875.02**

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 27 OF 41
	<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. Julie Ann Rose
Full Name (Last, First, Middle Initial)

Mailing Address 1123 Chestnut Drive

City Ashtabula State OH Zip Code 44004

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

Name of Employer Community Care Ambulance Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.04**

Date of Receipt **12 / 15 / 2011**

Transaction ID : SA11AI.7969

Amount of Each Receipt this Period **83.34**

Contribution

B. Lauren Rubinson
Full Name (Last, First, Middle Initial)

Mailing Address 123 Oakmont

City Deerfield State IL Zip Code 60015

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

Name of Employer MEA Service Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **11 / 30 / 2011**

Transaction ID : SA11AI.8042

Amount of Each Receipt this Period **1000.00**

Contribution

C. John Russell
Full Name (Last, First, Middle Initial)

Mailing Address 2034 Pamela

City Cape Girardeau State MO Zip Code 63701

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

Name of Employer Cape County Private Ambulance Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **11 / 30 / 2011**

Transaction ID : SA11AI.8043

Amount of Each Receipt this Period **1000.00**

Contribution

SUBTOTAL of Receipts This Page (optional).....	2083.34
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 28 OF 41
	<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)

Full Name (Last, First, Middle Initial) A. Alan Schwalberg		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2011
Mailing Address 23 Manitou Trail		Transaction ID : SA11AI.8046
City Kings Park State NY Zip Code 11754	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer Washko & Associates Occupation Consultant	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution
Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Greg L Shore		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2011
Mailing Address 115 Andrea Point		Transaction ID : SA11AI.8048
City Anderson State SC Zip Code 29621	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer MedShore Ambulance Occupation CEO	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution
Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Jon Smelley		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2011
Mailing Address 10303 House Bend Rd		Transaction ID : SA11AI.8049
City Northport State AL Zip Code 35475	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer Northstar EMS Occupation Corporate Officer	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution
Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
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 29 OF 41
	<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)

Full Name (Last, First, Middle Initial)
A. Casey Stowe

Mailing Address 301 E. Archer

City Tulsa State OK Zip Code 74120

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

Name of Employer Docvia LLC Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2011
Transaction ID : SA11AI.8052

Amount of Each Receipt this Period
 300.00

Contribution

Full Name (Last, First, Middle Initial)
B. Randy Stroyk

Mailing Address 9209 181 Street Avenue East

City Bonney Lake State WA Zip Code 98390

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

Name of Employer American Medical Response Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2011
Transaction ID : SA11AI.7808

Amount of Each Receipt this Period
 200.00

Contribution

Full Name (Last, First, Middle Initial)
C. Randy Stroyk

Mailing Address 9209 181 Street Avenue East

City Bonney Lake State WA Zip Code 98390

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

Name of Employer American Medical Response Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2011
Transaction ID : SA11AI.7842

Amount of Each Receipt this Period
 200.00

Contribution

SUBTOTAL of Receipts This Page (optional).....▶	700.00
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 30 OF 41
<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. Randy Strozyk
Full Name (Last, First, Middle Initial)

Mailing Address 9209 181 Street Avenue East

City Bonney Lake	State WA	Zip Code 98390
---------------------	-------------	-------------------

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

Name of Employer American Medical Response	Occupation Vice President
---	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	01	/	2011

Transaction ID : SA11Al.7856

Amount of Each Receipt this Period
200.00

Contribution

B. Randy Strozyk
Full Name (Last, First, Middle Initial)

Mailing Address 9209 181 Street Avenue East

City Bonney Lake	State WA	Zip Code 98390
---------------------	-------------	-------------------

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

Name of Employer American Medical Response	Occupation Vice President
---	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2011

Transaction ID : SA11Al.7892

Amount of Each Receipt this Period
200.00

Contribution

C. Ronald Thackery
Full Name (Last, First, Middle Initial)

Mailing Address 9922 S. Silver Maple Road

City Highlands Ranch	State CO	Zip Code 80129
-------------------------	-------------	-------------------

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

Name of Employer American Medical Response	Occupation VP Risk Management
---	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	28	/	2011

Transaction ID : SA11Al.7816

Amount of Each Receipt this Period
250.00

Contribution

SUBTOTAL of Receipts This Page (optional).....▶	650.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Ronald Thackery
 Full Name (Last, First, Middle Initial)
 Mailing Address 9922 S. Silver Maple Road
 City Highlands Ranch State CO Zip Code 80129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Medical Response Occupation VP Risk Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2011
Transaction ID : SA11AI.7860
 Amount of Each Receipt this Period
 250.00
 Contribution

B. Ronald Thackery
 Full Name (Last, First, Middle Initial)
 Mailing Address 9922 S. Silver Maple Road
 City Highlands Ranch State CO Zip Code 80129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Medical Response Occupation VP Risk Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2011
Transaction ID : SA11AI.7989
 Amount of Each Receipt this Period
 250.00
 Contribution

C. Jonathan Washko
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 Pocket CT
 City Northport State NY Zip Code 11768
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Washko and Associates Occupation Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2011
Transaction ID : SA11AI.8056
 Amount of Each Receipt this Period
 500.00
 Contribution

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
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 32 OF 41
	<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. Kurt Williams
Full Name (Last, First, Middle Initial)
Mailing Address 2122 Willow Street

City San Diego	State CA	Zip Code 92106
-------------------	-------------	-------------------

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

Name of Employer American Medical Response	Occupation CEO
---	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
595.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2011

Transaction ID : SA11Al.7812

Amount of Each Receipt this Period
85.00

Contribution

B. Kurt Williams
Full Name (Last, First, Middle Initial)
Mailing Address 2122 Willow Street

City San Diego	State CA	Zip Code 92106
-------------------	-------------	-------------------

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

Name of Employer American Medical Response	Occupation CEO
---	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
680.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2011

Transaction ID : SA11Al.7845

Amount of Each Receipt this Period
85.00

Contribution

C. Kurt Williams
Full Name (Last, First, Middle Initial)
Mailing Address 2122 Willow Street

City San Diego	State CA	Zip Code 92106
-------------------	-------------	-------------------

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

Name of Employer American Medical Response	Occupation CEO
---	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
765.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2011

Transaction ID : SA11Al.7869

Amount of Each Receipt this Period
85.00

Contribution

SUBTOTAL of Receipts This Page (optional).....▶	255.00
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 33 OF 41
	<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. Kurt Williams
Full Name (Last, First, Middle Initial)

Mailing Address 2122 Willow Street

City San Diego	State CA	Zip Code 92106
-------------------	-------------	-------------------

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

Name of Employer American Medical Response	Occupation CEO
---	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2011

Transaction ID : SA11AI.7895

Amount of Each Receipt this Period
850.00

Contribution

B. Michael Woronka
Full Name (Last, First, Middle Initial)

Mailing Address 50 Hill Street

City Methuen	State MA	Zip Code 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 ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2011

Transaction ID : SA11AI.8058

Amount of Each Receipt this Period
1500.00

Contribution

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

Mailing Address 1116 Rathfan Circle

City Saline	State MI	Zip Code 48176
----------------	-------------	-------------------

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

Name of Employer Huron Valley Ambulance	Occupation VP Support Operations
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	01	/	2011

Transaction ID : SA11AI.7810

Amount of Each Receipt this Period
100.00

Contribution

SUBTOTAL of Receipts This Page (optional).....▶	1685.00
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 34 OF 41
<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)

Full Name (Last, First, Middle Initial) A. Gerald Zapolnik		Date of Receipt
Mailing Address 1116 Rathfan Circle		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2011"/>
City Saline State MI Zip Code 48176		Transaction ID : SA11AI.7843
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Huron Valley Ambulance Occupation VP Support Operations		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Contribution
Aggregate Year-to-Date ▼ <input type="text" value="800.00"/>		

Full Name (Last, First, Middle Initial) B. Gerald Zapolnik		Date of Receipt
Mailing Address 1116 Rathfan Circle		<input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2011"/>
City Saline State MI Zip Code 48176		Transaction ID : SA11AI.7867
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Huron Valley Ambulance Occupation VP Support Operations		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Contribution
Aggregate Year-to-Date ▼ <input type="text" value="900.00"/>		

Full Name (Last, First, Middle Initial) C. Gerald Zapolnik		Date of Receipt
Mailing Address 1116 Rathfan Circle		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2011"/>
City Saline State MI Zip Code 48176		Transaction ID : SA11AI.7896
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Huron Valley Ambulance Occupation VP Support Operations		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Contribution
Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
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 35 OF 41
	<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)

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

Mailing Address 1116 Rathfan Circle

City Saline	State MI	Zip Code 48176
----------------	-------------	-------------------

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

Name of Employer Huron Valley Ambulance	Occupation VP Support Operations
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	01	/	2011

Transaction ID : SA11AI.7978

Amount of Each Receipt this Period
100.00

Contribution

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

Mailing Address 1116 Rathfan Circle

City Saline	State MI	Zip Code 48176
----------------	-------------	-------------------

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

Name of Employer Huron Valley Ambulance	Occupation VP Support Operations
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2011

Transaction ID : SA11AI.7967

Amount of Each Receipt this Period
100.00

Contribution

Full Name (Last, First, Middle Initial)
C. Rick Zehetner

Mailing Address 212 E Ravine Dr

City Mequon	State WI	Zip Code 53092
----------------	-------------	-------------------

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

Name of Employer Bell Ambulance Inc	Occupation President
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2011

Transaction ID : SA11AI.8059

Amount of Each Receipt this Period
2500.00

Contribution

SUBTOTAL of Receipts This Page (optional).....	2700.00
TOTAL This Period (last page this line number only).....	49335.04

**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)

Full Name (Last, First, Middle Initial)

A. BECERRA FOR CONGRESS

Mailing Address P.O. BOX 261060

City State Zip Code
LOS ANGELES CA 90026

Purpose of Disbursement
Contribution

011

Candidate Name

XAVIER BECERRA

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 34

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2011			

Transaction ID : SB23.7879

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. BILL NELSON FOR U S SENATE

Mailing Address 972 W WHITMIRE DRIVE

City State Zip Code
MELBOURNE FL 32935

Purpose of Disbursement
Contribution

011

Candidate Name

BILL NELSON

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: FL District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2011			

Transaction ID : SB23.7881

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE

Mailing Address 120 MARYLAND AVENUE NE

City State Zip Code
WASHINGTON DC 20002

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2011
 Primary General
 Other (specify) ▼

State: District: NONE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			06			2011			

Transaction ID : SB23.7994

Amount of Each Disbursement this Period

2000.00

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

4000.00

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

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**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)

Full Name (Last, First, Middle Initial)

A. DEVIN NUNES CAMPAIGN COMMITTEE

Mailing Address PO BOX 6545

City VISALIA State CA Zip Code 93290

Purpose of Disbursement Contribution

011

Candidate Name

DEVIN G NUNES

Category/Type

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: CA District: 21

Date of Disbursement

MM / DD / YYYY
10 / 21 / 2011

Transaction ID : SB23.7884

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF FARR

Mailing Address 555 Capitol Mall Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement Contribution

011

Candidate Name

SAM FARR

Category/Type

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: CA District: 20

Date of Disbursement

MM / DD / YYYY
12 / 06 / 2011

Transaction ID : SB23.7999

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF MAX BAUCUS

Mailing Address PO BOX 586

City HELENA State MT Zip Code 59624

Purpose of Disbursement Contribution

011

Candidate Name

MAX BAUCUS

Category/Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: MT District: 00

Date of Disbursement

MM / DD / YYYY
12 / 15 / 2011

Transaction ID : SB23.8001

Amount of Each Disbursement this Period

1000.00

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

3000.00

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)

Full Name (Last, First, Middle Initial)

A. JESSE JACKSON JR FOR CONGRESS

Mailing Address P.O. BOX 490286

City State Zip Code
CHICAGO IL 60649

Purpose of Disbursement
Contribution

011

Candidate Name

JESSE L JR JACKSON

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	25	/	2011

Transaction ID : SB23.7839

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. JOHN TAVAGLIONE FOR CONGRESS

Mailing Address 4201 BROCKTON AVE STE 100

City State Zip Code
RIVERSIDE CA 92501

Purpose of Disbursement
Contribution

011

Candidate Name

JOHN F TAVAGLIONE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 41

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	03	/	2011

Transaction ID : SB23.7872

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. LEVIN FOR CONGRESS

Mailing Address PO BOX 37

City State Zip Code
ROSEVILLE MI 48066

Purpose of Disbursement
Contribution

011

Candidate Name

SANDER M MR LEVIN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	21	/	2011

Transaction ID : SB23.7829

Amount of Each Disbursement this Period

1000.00

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

2500.00

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

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**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)

Full Name (Last, First, Middle Initial)

A. PETE STARK RE-ELECTION COMMITTEE

Mailing Address P.O. Box 8331

City State Zip Code
Fremont CA 94537

Purpose of Disbursement
Contribution

011

Candidate Name

FORTNEY P. STARK

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	1

Transaction ID : SB23.7888

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. SCOTT BROWN FOR US SENATE COMMITTEE INC

Mailing Address 337 SUMMER STREET

City State Zip Code
BOSTON MA 02210

Purpose of Disbursement
Contribution

011

Candidate Name

SCOTT P BROWN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MA District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	6		2	0	1	1

Transaction ID : SB23.7995

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. THE REYES COMMITTEE, INC.

Mailing Address 1011 MONTANA AVE

City State Zip Code
EL PASO TX 79902

Purpose of Disbursement
Contribution

011

Candidate Name

SILVESTRE REYES

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TX District: 16

Date of Disbursement

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

Transaction ID : SB23.7835

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

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

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

3	0	0	0	0	0	0	0	0	0
3	0	0	0	0	0	0	0	0	0

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

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)

Full Name (Last, First, Middle Initial)

A. WALDEN FOR CONGRESS

Mailing Address PO BOX 1091

City HOOD RIVER State OR Zip Code 97031

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Greg Walden

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OR District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2011

Transaction ID : SB23.7853

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

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

2000.00

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

20000.00
