

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) 8201 Greensboro Drive
Suite 300
 Check if different than previously reported. (ACC)
McLean VA 22102

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 01 01 2007 through 06 30 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Mr. Tristan North
Signature of Treasurer Electronically Filed by Mr. Tristan North Date 07 23 2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**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	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		14574.64
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	14574.64									
(c) Total Receipts (from Line 19)	34080.00	34080.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	48654.64	48654.64								
7. Total Disbursements (from Line 31)	14640.24	14640.24								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	34014.40	34014.40								
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	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	23775.00	23775.00
(i) Itemized (use Schedule A)	1305.00	1305.00
(ii) Unitemized	25080.00	25080.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	9000.00	9000.00
(c) Other Political Committees (such as PACs)	34080.00	34080.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	34080.00	34080.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	34080.00	34080.00

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) 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.....	459.74	459.74
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	459.74	459.74
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14000.00	14000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	180.50	180.50
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	14640.24	14640.24
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	14640.24	14640.24

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)	34080.00	34080.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	34080.00	34080.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	459.74	459.74
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	459.74	459.74

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. Dale J. Berry		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007	
Mailing Address 10188 Royce Drive		Transaction ID: SA11A1.6133	
City South Lyon	State MI	Zip Code 48178	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Huron Valley Ambulance	Occupation Pesident		
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) B. Dale J. Berry		Date of Receipt M M / D D / Y Y Y Y 06 / 19 / 2007	
Mailing Address 10188 Royce Drive		Transaction ID: SA11A1.6221	
City South Lyon	State MI	Zip Code 48178	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Huron Valley Ambulance	Occupation Pesident		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Doug Boileau		Date of Receipt M M / D D / Y Y Y Y 04 / 10 / 2007	
Mailing Address 220 F Street		Transaction ID: SA11A1.6156	
City Arcata	State CA	Zip Code 95521	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Arcata-Mad River Ambulance	Occupation Manager/Paramedic		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 21
	<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. Patricia J. Clark		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 0 / 2 0 0 7
Mailing Address 3624 Meadow Brook Acres		Transaction ID: SA11A1.6160
City State Zip Code No. Tonawanda NY 14120	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Occupation Twin City Ambulance CFO	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Eileen Coyle		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 0 / 2 0 0 7
Mailing Address 347 Lowden Point Road		Transaction ID: SA11A1.6158
City State Zip Code Rochester NY 14612	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Occupation Monroe Ambulance President/CEO	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00	

Full Name (Last, First, Middle Initial) C. James D. Fuiten		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 1 / 2 0 0 7
Mailing Address 9240 NW Groveland		Transaction ID: SA11A1.6172
City State Zip Code Hillsboro OR 97124	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Occupation Metro West Owner	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional) ▶	3250.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 21
	<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. Rachel Harracksingh		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7	
Mailing Address 10629 Sombra Verde Drive		Transaction ID: SA11A1.6180	
City State Zip Code El Paso TX 79935	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer Life Ambulance Service Occupation Vice President	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Kurt M. Krumperman		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 7	
Mailing Address 2120 E. Golf Avenue		Transaction ID: SA11A1.6222	
City State Zip Code Tempe AZ 85282	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer Rural/Metro Occupation Group President	Aggregate Year-to-Date ▼ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Kevin M. Lyons		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7	
Mailing Address 38 Elm Street		Transaction ID: SA11A1.6182	
City State Zip Code Danvers ME 01923	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer Lyons Ambulance Service Occupation Owner	Aggregate Year-to-Date ▼ 2000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	3150.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
James McNeal

Mailing Address 4627 Beverly Bl

City State Zip Code
Los Angeles CA 90004

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

Name of Employer Schaefer Ambulance Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 16 / 2007

Transaction ID: SA11A1.6168

Amount of Each Receipt this Period
1000.00

Contribution

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

Mailing Address 414 W. Elm

City State Zip Code
Burbank CA 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 / D D / Y Y Y Y
05 / 23 / 2007

Transaction ID: SA11A1.6203

Amount of Each Receipt this Period
1000.00

Contribution

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

Mailing Address 793 State Street

City State Zip Code
Schenectady NY 12307

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

Name of Employer Mohawk Ambulance Service Occupation Owner/Operator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 02 / 2007

Transaction ID: SA11A1.6137

Amount of Each Receipt this Period
500.00

Contribution

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 21
	<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. James McPartlon		Date of Receipt M M / D D / Y Y Y Y 06 / 05 / 2007	
Mailing Address 1015 DiBella Dr		Transaction ID: SA11A1.6218	
City State Zip Code Schenectady NY 12303	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer Occupation Mohawk Ambulance Services VP	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Mark D Meijer		Date of Receipt M M / D D / Y Y Y Y 04 / 10 / 2007	
Mailing Address 2568 Fletcher Drive, NE		Transaction ID: SA11A1.6148	
City State Zip Code Grands Rapids MI 49506	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer Occupation Life EMS Ambulance Paramedic/Business Executive	Aggregate Year-to-Date ▼ 2500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. William Mergendahl		Date of Receipt M M / D D / Y Y Y Y 04 / 11 / 2007	
Mailing Address 3 Essex Street #32		Transaction ID: SA11A1.6171	
City State Zip Code Charlestown MA 02129	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer Occupation Professional Ambulance COO	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 21
	<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)
Gayle Metzger

Mailing Address 278 Hill Avenue

City State Zip Code
Montgomery NY 12549

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

Name of Employer
Mobile Life Support Services
Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
04 / 10 / 2007

Transaction ID: SA11A1.6163

Amount of Each Receipt this Period
500.00

Contribution

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

Mailing Address 3317 W 16

City State Zip Code
Hope AR 71801

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

Name of Employer
Pafford EMS
Occupation
Owner/Operator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
04 / 02 / 2007

Transaction ID: SA11A1.6138

Amount of Each Receipt this Period
250.00

Contribution

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

Mailing Address 3317 W 16

City State Zip Code
Hope AR 71801

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

Name of Employer
Pafford EMS
Occupation
Owner/Operator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 05 / 2007

Transaction ID: SA11A1.6217

Amount of Each Receipt this Period
250.00

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 21
	<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. Tyron Picard		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 7	
Mailing Address 2005 W Saint Mary Blvd		Transaction ID: SA11A1.6202	
City State Zip Code Lafayette LA 70506	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Acadian Ambulance	Occupation Exec VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) B. Walter Reisner		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 7	
Mailing Address 1658 Olean Portville Road		Transaction ID: SA11A1.6162	
City State Zip Code Olean NY 14760	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Trans Am Ambulance Service, Inc.	Occupation Owner/Operator		
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) C. Greg Shore		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7	
Mailing Address 417 Holly Ridge Drive		Transaction ID: SA11A1.6139	
City State Zip Code Anderson SC 29621	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer MedShore Ambulance	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	6250.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 21
	<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) Greg Shore Mailing Address 417 Holly Ridge Drive City Anderson State SC Zip Code 29621 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 7 Transaction ID: SA11A1.6216 Amount of Each Receipt this Period 250.00 Contribution
Name of Employer MedShore Ambulance Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

B. Full Name (Last, First, Middle Initial) Cheryl A. Smith Mailing Address 915 Hinman Street City Prescott State AZ Zip Code 86305 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 7 Transaction ID: SA11A1.6175 Amount of Each Receipt this Period 1000.00 a
Name of Employer Life Line Ambulance Service Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		

C. Full Name (Last, First, Middle Initial) Mark Venuti Mailing Address 3514 N. West Rainier City Flagstaff State AZ Zip Code 86004-1750 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7 Transaction ID: SA11A1.6165 Amount of Each Receipt this Period 500.00 Contribution
Name of Employer Guardian Medical Transport Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 21
	<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)
Kenneth T. Weinberg

Mailing Address 366 Pitts Town Road

City State Zip Code
Pittstown NJ 08867

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

Name of Employer Occupation
Eagle Medical Transport Inc Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 11 / 2007

Transaction ID: SA11A1.6173

Amount of Each Receipt this Period
250.00

Contribution

B. Full Name (Last, First, Middle Initial)
Kurt Williams

Mailing Address P.O. Box 420400

City State Zip Code
San Diego CA 92142

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

Name of Employer Occupation
American Medical Response Vice President of Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 05 / 2007

Transaction ID: SA11A1.6215

Amount of Each Receipt this Period
125.00

Contribution

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

Mailing Address 50 Hill Street

City State Zip Code
Methuen MA 01844

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

Name of Employer Occupation
Action Ambulance Service Paramedic

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 11 / 2007

Transaction ID: SA11A1.6178

Amount of Each Receipt this Period
500.00

Contribution

SUBTOTAL of Receipts This Page (optional)	▶	875.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 15 / 21	
	(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"/> 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)
Fred Zeeb

Mailing Address 1915 Valley DR

City State Zip Code
Bismarck ND 58503

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

Name of Employer Metro Area Ambulance Occupation Co-owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: SA11A1.6177

Amount of Each Receipt this Period
250.00

Contribution

SUBTOTAL of Receipts This Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	23775.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 21
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. ACADIAN AMBULANCE SERVICE INC EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 7
Mailing Address PO BOX 98000		Transaction ID: SA11C.6144
City State Zip Code LAFAYETTE LA 70509	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. ACADIAN AMBULANCE SERVICE INC EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 7
Mailing Address PO BOX 98000		Transaction ID: SA11C.6201
City State Zip Code LAFAYETTE LA 70509	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 2000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 120 MARYLAND AVENUE NE		Transaction ID: SA11C.6237
City State Zip Code WASHINGTON DC 20002	Amount of Each Receipt this Period 7000.00	
FEC ID number of contributing federal political committee. C C00042366	Contribution	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 7000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	9000.00
TOTAL This Period (last page this line number only) ▶	9000.00

**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)

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<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)

Full Name (Last, First, Middle Initial) A. Nova Information Systems		Transaction ID: SB21B.6211 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 7
Mailing Address 7300 Chapman Highway		Amount of Each Disbursement this Period 204.82
City Knoxville State TN Zip Code 37920	Purpose of Disbursement Merchant Fee Candidate Name Category/Type 001	
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) ▼

Full Name (Last, First, Middle Initial) B. Nova Information Systems		Transaction ID: SB21B.6230 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address 7300 Chapman Highway		Amount of Each Disbursement this Period 7.95
City Knoxville State TN Zip Code 37920	Purpose of Disbursement Merchant Fee Candidate Name Category/Type 001	
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) ►

212.77

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

212.77

**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 18 / 21

<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. CROWLEY FOR CONGRESS		Transaction ID: SB23.6190 Date of Disbursement
Mailing Address 84-56 Grand Avenue		<input type="text" value="04"/> / <input type="text" value="27"/> / <input type="text" value="2007"/>
City Elmhurst	State NY	Zip Code 11373
Purpose of Disbursement Contribution	<input type="text" value="011"/> Category/ Type	
Candidate Name CROWLEY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 07		
		Amount of Each Disbursement this Period <input type="text" value="2500.00"/>

Full Name (Last, First, Middle Initial) B. FRIENDS OF MARY LANDRIEU INC		Transaction ID: SB23.6193 Date of Disbursement
Mailing Address 10 G STREET NE		<input type="text" value="04"/> / <input type="text" value="10"/> / <input type="text" value="2007"/>
City WASHINGTON	State DC	Zip Code 20002
Purpose of Disbursement Contribution	<input type="text" value="011"/> Category/ Type	
Candidate Name FRIENDS OF MARY LANDRIEU INC		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: LA District: 00		
		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) C. FRIENDS OF MAX BAUCUS		Transaction ID: SB23.6224 Date of Disbursement
Mailing Address PO BOX 586		<input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2007"/>
City HELENA	State MT	Zip Code 59624
Purpose of Disbursement Contribution	<input type="text" value="011"/> Category/ Type	
Candidate Name FRIENDS OF MAX BAUCUS		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MT District: 00		
		Amount of Each Disbursement this Period <input type="text" value="2000.00"/>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 19 / 21

<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. LATOURETTE FOR CONGRESS COMMITTEE		Transaction ID: SB23.6208 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7
Mailing Address 320 Kenarden Dr.		Amount of Each Disbursement this Period 1000.00
City Highland Hts. State OH Zip Code 44143	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name LATOURETTE FOR CONGRESS COMMITTEE		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 14	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. PALLONE FOR CONGRESS		Transaction ID: SB23.6206 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 7
Mailing Address PO BOX 3176		Amount of Each Disbursement this Period 1000.00
City LONG BRANCH State NJ Zip Code 07740	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name PALLONE FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. REYNOLDS FOR CONGRESS		Transaction ID: SB23.6184 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7
Mailing Address PO Box 15388 PITTSFORD		Amount of Each Disbursement this Period 1000.00
City Rochester State NY Zip Code 14615	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name REYNOLDS FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 26	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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)

PAGE 20 / 21

<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. TOGETHER FOR OUR MAJORITY POLITICAL ACTION COMMITTEE (T-OMPAC)

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 16488

City Arlington State VA Zip Code 22215

Purpose of Disbursement Contribution 011 Category/Type

Candidate Name REYNOLDS FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: NY District: 26

Transaction ID: SB23.6186

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. WALSH FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

Mailing Address 306 WINKWORTH PARKWAY

City SYRACUSE State NY Zip Code 13215

Purpose of Disbursement Contribution 011 Category/Type

Candidate Name WALSH FOR CONGRESS COMMITTEE

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: NY District: 25

Transaction ID: SB23.6226

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 21 / 21

<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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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. AMERICAN AMBULANCE ASSOCIATION

Mailing Address 8201 GREENSBORO DRIVE
SUITE 300

City State Zip Code
MCLEAN VA 22102

Purpose of Disbursement

Misc. Expenses

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.6126

Date of Disbursement

01 / 12 / 2007

Amount of Each Disbursement this Period

180.50

SUBTOTAL of Disbursements This Page (optional) ►

180.50

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

180.50