07/23/2007 10:39

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC) 8201 Greensboro Drive ADDRESS (number and street) Suite 300 Check if different than previously VA 22102 McLean reported. (ACC) FEC IDENTIFICATION NUMBER STATE. ZIPCODE 🛋 CITY A IS THIS **AMENDED** NEW C00168070 Х REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year Х (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 0 1 0 1 2007 06 30 2007 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Mr. Tristan North Type or Print Name of Treasurer Mr. Tristan North Electronically Filed by 07 23 2007 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003) Only

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC) D " D 0 1 0 1 2007 0.6 3 0 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand [°]2007 14574.64 January 1 (b) Cash on Hand at 14574.64 Begining of Reporting Period 34080.00 34080.00 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 48654.64 48654.64 6(a) and 6(c) for Column B) 14640.24 14640.24 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 34014.40 34014.40 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

0 1 3^D0 м N 0 1 м ₆м 2007 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** 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 (iii) TOTAL (add 25080.00 25080.00 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 9000.00 9000.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 34080.00 34080.00 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (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)). 19. Total Receipts (add Lines 11(d), 34080.00 34080.00 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 34080.00 34080.00 (subtract Line 18(c) from Line 19)

(subtract Line 21(a)(ii) from Line 30(a)(ii)

from Line 31).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 459.74 459.74 Expenditures..... (c) Total Operating Expenditures 459.74 459.74 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 0.00 0.00 Committees..... Contributions to 23. Federal Candidates/Committees.....and Other Political Committees..... 14000.00 14000.00 24. Independent Expenditure 0.00 0.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other 0.00 0.00 Than Political Committees 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) (d) Total Contribution Refunds 0.00 0.00 (add Lines 28(a), (b), and (c)) 180.50 180.50 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share 0.00 0.00 (ii) "Levin" Share (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 14640.24 14640.24 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements

14640.24

14640.24

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)	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)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 21
ITEMIZED RECEIPTS			or each category of the	(check only one)
•••	LIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
or	y information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	r not be sold or used by any pers Iress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	AMERICAN AMBULANCE ASSOCIATI	ON FEDER	AL PAC (AKA AMBU-PAC)	
A.	Full Name (Last, First, Middle Initial) Dale J. Berry			Date of Receipt
	Mailing Address 10188 Royce Drive			03 / 28 / Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.6133
	South Lyon	MI	48178	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Huron Valley Ambulance	Occupation Pesident	١	Contribution
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	7
	Other (specify) ▼	0 0	230.00	
В.				Date of Receipt
	Mailing Address 10188 Royce Drive			06 19 7 2007
	City	State	Zip Code	Transaction ID: SA11A1.6221
	South Lyon	MI	48178	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Huron Valley Ambulance	Occupation Pesident	1	Contribution
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	7
				<u> </u>
C.	Full Name (Last, First, Middle Initial)			Date of Receipt
C.	Full Name (Last, First, Middle Initial) Doug Boileau Mailing Address 220 F Street			Date of Receipt 0 4
C.	Doug Boileau	State	Zip Code	0 4 1 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	Doug Boileau Mailing Address 220 F Street	State CA	Zip Code 95521	M M / D D / Y Y Y Y
C.	Doug Boileau Mailing Address 220 F Street City		•	Transaction ID: SA11A1.6156 Amount of Each Receipt this Period 250.00
C.	Doug Boileau Mailing Address 220 F Street City Areata FEC ID number of contributing	CA C Occupation	95521	Transaction ID: SA11A1.6156 Amount of Each Receipt this Period
C.	Doug Boileau Mailing Address 220 F Street City Areata FEC ID number of contributing federal political committee.	CA C Occupation Manager	95521	Transaction ID: SA11A1.6156 Amount of Each Receipt this Period 250.00
C.	Doug Boileau Mailing Address 220 F Street City Areata FEC ID number of contributing federal political committee. Name of Employer Arcata-Mad River Ambulance	CA C Occupation Manager	95521 Paramedic	Transaction ID: SA11A1.6156 Amount of Each Receipt this Period 250.00
c.	Doug Boileau Mailing Address 220 F Street City Areata FEC ID number of contributing federal political committee. Name of Employer Arcata-Mad River Ambulance Receipt For: Primary General	CA C Occupation Manager	95521 Paramedic Year-to-Date	Transaction ID: SA11A1.6156 Amount of Each Receipt this Period 250.00 Contribution
	Doug Boileau Mailing Address 220 F Street City Areata FEC ID number of contributing federal political committee. Name of Employer Arcata-Mad River Ambulance Receipt For: Primary General	CA C Occupation Manager Aggregate	95521 Paramedic Year-to-Date ▼ 250.00	Transaction ID: SA11A1.6156 Amount of Each Receipt this Period 250.00

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 7/21
	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12
An	y information copied from such Reports and State	ments may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the nan	ne and add	lress of any political committee to	solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE ASSOCIATION	N FEDER	AL PAC (AKA AMBU-PAC)	
۹.	Full Name (Last, First, Middle Initial) Patricia J. Clark			Date of Receipt
	Mailing Address 3624 Meadow Brook Acre	s		0 4 1 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.6160
	No. Tonawanda	NY	14120	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Twin City Ambullance	Occupation CFO	١	Contribution
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
3.	Full Name (Last, First, Middle Initial) Eileen Coyle			Date of Receipt
	Mailing Address 347 Lowden Point Road			04 / 10 / Y Y Y Y Y Y 2007
	City	State	Zip Code	Transaction ID: SA11A1.6158
	Rochester	NY	14612	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Monroe Ambulánce	Occupation		Contribution
		President Aggregate	Year-to-Date ▼	-
	Primary General	7 iggi ogalo		
	Other (specify) ▼	0 0	500.00	
Э.	Full Name (Last, First, Middle Initial) James D. Fuiten			Date of Receipt
	Mailing Address 9240 NW Groveland			0 4 1 1 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11A1.6172
	Hillsboro	OR	97124	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2500.00
	Metro West	Occupatior Owner	1	Contribution
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		2500.00	
s	UBTOTAL of Receipts This Page (optional)			3250.00
т.	OTAL This Pariod (last page this line number only	d)	•	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 8 / 21 (check only one)
	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	y not be sold or used by any perso	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE ASSOCIATION	ON FEDER	RAL PAC (AKA AMBU-PAC)	
΄ Δ.	Full Name (Last, First, Middle Initial) Rachel Harracksingh			Date of Receipt
	Mailing Address 10629 Sombra Verde D	rive		0 4 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City El Paso	State TX	Zip Code 79935	Transaction ID: SA11A1.6180 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	70000	1000.00
	Name of Employer Life Ambulance Service	Occupation Vice Pres		Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
3.	Full Name (Last, First, Middle Initial) Kurt M. Krumperman			Date of Receipt
	Mailing Address 2120 E. Golf Avenue	06 19 2007		
	City	State	Zip Code	Transaction ID: SA11A1.6222
	Tempe FEC ID number of contributing federal political committee.	C	85282	Amount of Each Receipt this Period 150.00
	Name of Employer Rural/Metro	Occupation Group Pr		Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
	Full Name (Last, First, Middle Initial) Kevin M. Lyons			Date of Receipt
	Mailing Address 38 Elm Street			04 12 2007
	City Danvers	State ME	Zip Code 01923	Transaction ID: SA11A1.6182 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	01020	2000.00
	Name of Employer Lyons Ambulance Service	Occupation Owner	n	Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2000.00	
S	UBTOTAL of Receipts This Page (optional)			3150.00
т	OTAL This Period (last page this line number or	ıly))	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 9/21
IT	EMIZED RECEIPTS	or each category of the	(check only one)
••		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Aı	ny information copied from such Reports and Statements n	nay not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the name and a	address of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)		
\angle	AMERICAN AMBULANCE ASSOCIATION FEDE	ERAL PAC (AKA AMBU-PAC)	
Α.	Full Name (Last, First, Middle Initial) James McNeal		Date of Receipt
	Mailing Address 4627 Beverly BI		0 4 1 6 2 0 0 7
	City State	Zip Code	Transaction ID: SA11A1.6168
	Los Angeles CA	90004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		1000.00
	Name of Employer Occupa Schaefer Ambulance Preside		Contribution
		ate Year-to-Date ▼	
	Primary General	1000.00	
	Other (specify) ▼	1000.00	
В.	Full Name (Last, First, Middle Initial) James McNeal, Jr.		Date of Receipt
	Mailing Address 414 W. Elm		05 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State	Zip Code	Transaction ID: SA11A1.6203
	Burbank CA	91506	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		1000.00
	Name of Employer Schaefer Ambulance Service CEO	tion	Contribution
	Receipt For: Aggreg	ate Year-to-Date ▼	
	Primary General	1000.00	
	Other (specify) ▼	1000.00	
<u>С</u> .	Full Name (Last, First, Middle Initial) James McPartlon		Date of Receipt
	Mailing Address 793 State Street		0 4 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State	Zip Code	Transaction ID: SA11A1.6137
	<u>Schenectady</u> NY	12307	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		500.00
	Name of Employer Mohawk Ambulance Service Occupa Owner	tion Operator	Contribution
	Receipt For: Aggreg	ate Year-to-Date ▼	
	Primary General	500.00	
	Other (specify) ▼	300.00	
s	UBTOTAL of Receipts This Page (optional)		2500.00
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 10/21	
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Δη	y information copied from such Reports and St	atemente may	y not be sold or used by any perso		
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from	such committee.
\setminus	NAME OF COMMITTEE (In Full)				
\rangle	AMERICAN AMBULANCE ASSOCIATI	ON FEDER	AL PAC (AKA AMBU-PAC)		
A.	Full Name (Last, First, Middle Initial) James McPartlon			Date of Receipt	
	Mailing Address 1015 DiBella Dr			06 05	2007
	City	State	Zip Code	Transaction ID: SA	A11A1.6218
	Schenectady	NY	12303	Amount of Each Re	
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer Mohawk Ambulance Services	Occupation	1	Contribution	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		500.00	1	
	Other (specify)	0 0	300.00		
В.	Full Name (Last, First, Middle Initial) Mark D Meijer			Date of Receipt	
	Mailing Address 2568 Fletcher Drive, NE	=		M M / D D D D D D D D D D D D D D D D D	2007
	City	State	Zip Code	Transaction ID: SA	A11A1.6148
	Grands Rapids	MI	49506	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C			2500.00
	Name of Employer Life EMS Ambulance	Occupation		Contribution	
			ic/Busness Executive		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,	
	Other (specify)		2500.00		
<u>с.</u>	Full Name (Last, First, Middle Initial) William Mergendahl			Date of Receipt	
	Mailing Address 3 Essex Street #32			M M / D D D D D D D D D D D D D D D D D	2007
	City	State	Zip Code	Transaction ID: SA	
	Charlestown	MA	02129	Amount of Each Re	
FEC ID number of contributing federal political committee. Name of Employer Professional Ambulance C Occupa		С			1000.00
		Occupation	1	Contribution	
			Year-to-Date ▼		
	Primary General Other (specify) ▼	0 0	1000.00		
S	UBTOTAL of Receipts This Page (optional)				4000.00
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 / 21	
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Ar or	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persol dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
abla	NAME OF COMMITTEE (In Full)			
\rangle	AMERICAN AMBULANCE ASSOCIATION	N FEDEF	AL PAC (AKA AMBU-PAC)	
Α.				Date of Receipt
	Mailing Address 278 Hill Avenue			04 10 4 2007
	City	State	Zip Code	Transaction ID: SA11A1.6163
	Montgomery	NY	12549	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Mobile Life Support Servi-	Occupation	n	Contribution
	ces Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼	0 0	500.00	
В.	Full Name (Last, First, Middle Initial) Jamie Pafford-Gresham			Date of Receipt
	Mailing Address 3317 W 16			0 4 0 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.6138
	Hope	AR	71801	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer Pafford EMS	Occupation		Contribution
		Owner/O	•	_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	_
	Other (specify) ▼		250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Jamie Pafford-Gresham			Date of Receipt
	Mailing Address 3317 W 16			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.6217
	Hope	AR	71801	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Pafford EMS	Occupation Owner/O		Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
<u> </u>	UBTOTAL of Receipts This Page (optional)			1000.00
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TOTAL This Period (last page this line number only)

S	CHEDULE A (FEC Form 3X)		l la a anavata a abadula(a)	FOR LINE NUMBER: PAGE 12/21
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIP 15		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
\	NAME OF COMMITTEE (In Full)	iame and add	iress of any political committee to	Solicit contributions from such committee.
$ \rangle$	AMERICAN AMBULANCE ASSOCIATION	JN EEDER	AL DAC (AKA AMBILDAC)	
	AMENICAN AMBOLANCE ASSOCIATION	JIN I LDLII	ALT AO (AINA AIVIDO-1 AO)	
_	Full Name (Last, First, Middle Initial)			
A.	Tyron Picard			Date of Receipt
	Mailing Address 2005 W Saint Mary Blv	d		05 23 2007
	City	State	Zip Code	Transaction ID: SA11A1.6202
	<u>Lafayette</u>	LA	70506	Amount of Each Receipt this Period
	FEC ID number of contributing		1 1 1 1 1 1	
	federal political committee.	C		5000.00
	Name of Company	10		Contribution
	Name of Employer Acadian Ambulance	Occupation Exec VP	1	
	Receipt For:	1	Year-to-Date ▼	+
	Primary General	7.99.094.0		1
	Other (specify) ▼		5000.00	
ь	Full Name (Last, First, Middle Initial)			Data of Bossint
В.	Walter Reisner Mailing Address 1658 Olean Portville Ro	ad		Date of Receipt
	Maining Address 1000 Olean Follyllie Ac	au		0 4 1 0 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11A1.6162
	Olean	NY	14760	Amount of Each Receipt this Period
	FEC ID number of contributing			1000.00
	federal political committee.	C		
	Name of Employer	Occupation	1	Contribution
	Trans Am Ambulance Servic- e, Inc.	Owner/O	perator	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		1000.00	1
	Other (specify)		1000.00	
_	Full Name (Last, First, Middle Initial)			
C.	Greg Shore			Date of Receipt
	Mailing Address 417 Holly Ridge Drive			M M / D D / Y Y Y Y
	011	01-1-	7'- 0-4-	04 02 2007
	Anderson	State SC	Zip Code	Transaction ID: SA11A1.6139
		30	29621	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
				Contribution
	Name of Employer MedShore Ambulance	Occupation		Gontinbution
		President		_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	,
	Other (specify)		250.00	
				1
	-			
s	UBTOTAL of Receipts This Page (optional)			6250.00
\vdash			<u>`</u>	

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 13/21		
ITEMIZED RECEIPTS			or each category of the	(check only one)	
••			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16	17
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or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
\rangle	AMERICAN AMBULANCE ASSOCIATI	ON FEDER	AL PAC (AKA AMBU-PAC)		
	Full Name (Last, First, Middle Initial)				
Α.	Greg Shore			Date of Receipt	
	Mailing Address 417 Holly Ridge Drive			06 05 2007	
	City	State	Zip Code	Transaction ID: SA11A1.6216	
	Anderson	SC	29621	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С	0 0 0 0	250.00	7
				Contribution	-
	Name of Employer MedShore Ambulance	Occupation President			
	Receipt For:		Year-to-Date ▼	-	
	Primary General	33 -3		1	
	Other (specify)		500.00		
				-	
В.	Full Name (Last, First, Middle Initial) Cheryl A. Smith			Date of Receipt	
	Mailing Address 915 Hinman Street			M M / D D / Y Y Y Y	
				04 11 2007	
	City	State	Zip Code	Transaction ID: SA11A1.6175	
	Prescott	AZ	86305	Amount of Each Receipt this Period	_
	FEC ID number of contributing federal political committee.	С		1000.00	
	Nome of Employer	Logovinotion		– a	
	Name of Employer Life Line Ambulance Servi-	Occupation CEO	I		
	ce Receipt For:		Year-to-Date ▼		
	Primary General	00 0		1	
	Other (specify) ▼		1000.00		
_	Full Name (Last, First, Middle Initial)				
C.	Mark Venuti			Date of Receipt	
	Mailing Address 3514 N. West Rainier			0 4 1 2 2 0 0 7	
	City	State	Zip Code	Transaction ID: SA11A1.6165	
	Flagstaff	AZ	86004-1750	Amount of Each Receipt this Period	
	FEC ID number of contributing		1 1 1 1 1	500.00	٦
	federal political committee.	C		300.00	
	Name of Employer Guardian Medical Transport	Occupation	<u> </u>	Contribution	
	Guardian Médićal Transport	Director			
			e Year-to-Date ▼		
Primary General			500.00		
	Other (specify) ▼		300.00		
				4750.00	7
s	UBTOTAL of Receipts This Page (optional)			1750.00	1
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T	OTAL This Period (last page this line number of	only)			-4

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 14/21
TEMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12
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Any information copied from such Reports and Sta or for commercial purposes, other than using the n	itements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE ASSOCIATION	ON FEDER	RAL PAC (AKA AMBU-PAC)	
Full Name (Last, First, Middle Initial) Kenneth T. Weinberg			Date of Receipt
Mailing Address 366 Pitts Town Road			04 11 2007
City	State	Zip Code	Transaction ID: SA11A1.6173
Pittstown FEC ID number of contributing federal political committee.	C	08867	Amount of Each Receipt this Period 250.00
Name of Employer Eagle Medical Transport Inc	Occupation Owner	n	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Kurt Williams			Date of Receipt
Mailing Address P.O. Box 420400 City	State	Zip Code	0 6 0 5 2 0 0 7 2 0 0 7
San Diego	CA	92142	Transaction ID: SA11A1.6215 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer American Medical Response	1	sident of Operations	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Michael Woronka			Date of Receipt
Mailing Address 50 Hill Street			04 / 11 / 2007
City Methuen	State MA	Zip Code 01844	Transaction ID: SA11A1.6178 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	01044	500.00
Name of Employer Action Ambulance Service	Occupation Paramed	lic	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)			875.00
TOTAL This Period (last page this line number or	nly)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 15/21 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c Detailed Summary Page 13 14 16 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) Date of Receipt Fred Zeeb Mailing Address 1915 Valley DR 0 4 2007 11 City Zip Code State Transaction ID: SA11A1.6177 **Bismarck** ND 58503 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Contribution Name of Employer Metro Area Ambulance Occupation Co-owner Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify)

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

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 16/21
TEMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one)
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Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE ASSOCIAT	ION FEDER	RAL PAC (AKA AMBU-PAC)	
Full Name (Last, First, Middle Initial) A. ACADIAN AMBULANCE SERVICE INC EMPLO Mailing Address PO BOX 98000 City LAFAYETTE FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State LA C Occupatio	Zip Code 70509	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11C.6144 Amount of Each Receipt this Period 1000.00 Contribution
Full Name (Last, First, Middle Initial) ACADIAN AMBULANCE SERVICE INC EMPLO Mailing Address PO BOX 98000 City	YEE FEDERAL State	POLITICAL ACTION COMMITTEE Zip Code	Date of Receipt M M
<u>LAFAYETTE</u>	LA	70509	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	C	2	1000.00 Contribution
Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 2000.00]
Full Name (Last, First, Middle Initial)			2. (2
Mailing Address 120 MARYLAND AVE			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11C.6237
WASHINGTON FEC ID number of contributing federal political committee.	C CO	20002 0042366	Amount of Each Receipt this Period 7000.00
Name of Employer	Occupatio	n	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 7000.00	
SUBTOTAL of Receipts This Page (optional)			9000.00
TOTAL This Period (last page this line number	only)		9000.00
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S	CHEDULE B (FEC Form 3X)	Use sepe	erate schedule(s)			E NUMBE	R:			PA	GE	17/	21			
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	y Information copied from such Reports and State for commercial purposes, other than using the nan												S			
\rangle	NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE ASSOCIATION	N FEDERAI	L PAC (AKA A	MBU-F	PAC)											
Α.	Full Name (Last, First, Middle Initial) Nova Information Systems						of D	on ID:	emen				Υ			
	Mailing Address 7300 Chapman Highway							C	1		. 2	0 ŏ 7				
	City Knoxville	State TN	Zip Code 37920			Amou	ınt o	f Each	Disb	urser	nen			d		
	Purpose of Disbursement Merchant Fee			00	1] L.	_	_			_	204.	32			
	Candidate Name			Cateo Typ	•											
	Senate President	ement For: Primary Other (spe	General ecify) ▼													
_	State: District: Full Name (Last, First, Middle Initial)								000							
В.	Nova Information Systems							on ID:	_				Y			
	Mailing Address 7300 Chapman Highwa	ng Address 7300 Chapman Highway									06 0 0 1 7 2 0 0 7					
	City Knoxville	State TN	Zip Code 37920			Amou	ınt o	f Each	Disb	urser	nen		-	d		
	Purpose of Disbursement Merchant Fee			00	1		-				0	7.	95			
	Candidate Name			Cateo Typ												
	Office Sought: House Disburs Senate President State: District:	ement For: Primary Other (spe	General ecify) ▼													
	otate. District.															

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	212.77
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SCHEDULE B (FEC Form 3X)

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NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE ASSOCIATION			JOHOIL			30011	3011111		
Full Name (Last, First, Middle Initial) CROWLEY FOR CONGRESS Mailing Address 84-56 Grand Avenue				ransact Date of D	isburse	SB23.6 ement		0 ŏ 7	Y
City Elmhurst	State Zip Code NY 11373		A	mount o	of Each	Disburse	ement	this Pe	eriod
Purpose of Disbursement Contribution Candidate Name CROWLEY FOR CONGRESS	[011 Category/ Type]				25	500.0	0
X	ment For: 2008 Primary General Other (specify)	Ni							
Full Name (Last, First, Middle Initial) FRIENDS OF MARY LANDRIEU INC				ate of D	isburse				
Mailing Address 10 G STREET NE				0 4	/ 1	0 /	ž	0 Ď 7	Y
WÁSHINGTON	State Zip Code DC 20002		_	mount c	of Each	Disburse		this Pe	•
Purpose of Disbursement Contibution Candidate Name FRIENDS OF MARY LANDRIEU INC	[011 Category/ Type] '					00.0	
Office Sought: House Disburse X Senate President State: LA District: 00	ment For: 2008 Primary X General Other (specify)								
Full Name (Last, First, Middle Initial) FRIENDS OF MAX BAUCUS				ate of D	isburse				-
Mailing Address PO BOX 586				06	/ 1	1 /	ž	0 Ď 7	Y
HÉLENA	State Zip Code MT 59624		_ A	mount c	of Each	Disburse	-		-
Purpose of Disbursement Contribution Condidate Name	[011] [•		2(0.000	U
Candidate Name FRIENDS OF MAX BAUCUS		Category/ Type							
Office Sought: House Disburse X Senate President State: MT District: 00	ment For: 2008 Primary X General Other (specify) ▼								
SUBTOTAL of Disbursements This Page (optional)							55	00.00	0
TOTAL This Period (last page this line number only)									

SCHEDULE B (FEC Form 3X)

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IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		(0)	21b 27	П		X 23 28b	24 28		25 29	ш.	26 30b
	y Information copied from such Reports and Sta for commercial purposes, other than using the n											,	
OI 1	NAME OF COMMITTEE (In Full)	arile and address of any politica	ai COIII	111111	iee io s	SOIIC	CONTIND	utions n	OIII SUCI	I COIII	Tilllee		
\rangle	AMERICAN AMBULANCE ASSOCIATION	ON FEDERAL PAC (AKA /	AMBL	J-F	AC)								
۹.	Full Name (Last, First, Middle Initial) LATOURETTE FOR CONGRESS COM	MITTEE					Transa	ction ID Disburs		.6208	}		
	Mailing Address 320 Kenarden Dr.						0 5 M		29 /	Y	0 ŏ 7	Y	
		Ctata 7in Cada					A	-4 F1	Dialarra		4 4la : a D		
	City Highland Hts.	State Zip Code OH 44143					Amount	of Each	DISDUR			-	-
	Purpose of Disbursement Contribtuion			01	1						1000.0	0	
	Candidate Name LATOURETTE FOR CONGRESS COM	MITTEE		atec Typ	jory/ e								
	Office Sought: X House Disbu	rsement For: 2008 X Primary General											
	President State: OH District: 14	Other (specify)											
	Full Name (Last, First, Middle Initial)						Transa	ction ID	· SB23	6206	<u> </u>		
3.	PALLONE FOR CONGRESS							Disburs	ement			V	
	Mailing Address PO BOX 3176						0 5]	18	2	0 0 7		
	City LONG BRANCH	State Zip Code NJ 07740					Amount	of Each	Disbur	semer	nt this P	eriod	_
	Purpose of Disbursement Contribution			01	1						1000.0	0	
	Candidate Name PALLONE FOR CONGRESS			atec Typ	jory/								
	Office Sought: X House Disbu	rsement For: 2008 X Primary General											
	President State: NJ District: 06	Other (specify)											
). D.	Full Name (Last, First, Middle Initial) REYNOLDS FOR CONGRESS						Transa			.6184	<u> </u>		
							ММ	Disburs	D / 2	Y	0 ŏ 7	Υ	
	Mailing Address PO Box 15388 PITTSFORD						0 4						
	City Rochester	State Zip Code NY 14615					Amount	of Each	n Disbur			-	7
	Purpose of Disbursement Contribution			01	1						1000.0	U	
	Candidate Name REYNOLDS FOR CONGRESS			ateç Typ	ory/ e								
	Office Sought: X House Disbu	rsement For: 2008 X Primary General											
	President State: NY District: 26	Other (specify)											
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•		Detailed Summa	ary Page		21b 27	22 28a	X	23 28b	24 28c		25 29		26 30b		
	y Information copied from such Reports and St for commercial purposes, other than using the											IS			
\rangle	NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE ASSOCIATION	ON FEDERAL PAC	(AKA AM	IBU-P	PAC)										
A.	Full Name (Last, First, Middle Initial) TOGETHER FOR OUR MAJORITY POMPAC) Mailing Address PO Box 16488	DLITICAL ACTION (COMMITT	EE (T		Date	Transaction ID: SB23.6186 Date of Disbursement								
	City Arlington	State Zip C VA 222				Amou	int o	f Each	Disburse	-			od		
	Purpose of Disbursement Contribution			01	1	<u> </u>	_			į	5000.	00	Ш		
	Candidate Name REYNOLDS FOR CONGRESS			Cateo Typ	•										
	Office Sought: X House Senate President State: NY District: 26		2008 General												
В.	Full Name (Last, First, Middle Initial) WALSH FOR CONGRESS COMMITTE	Ε			Transaction ID: SB23.6226 Date of Disbursement				V						
	Mailing Address 306 WINKWORTH P	ARKWAY				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$									
	City SYRACUSE	State Zip C NY 132				Amou	int o	f Each	Disburse	mer			od		
	Purpose of Disbursement Contribution			01	1	500.					00				
	Candidate Name WALSH FOR CONGRESS COMMITTEE														
	Office Sought: X House Senate President State: NY District: 25	ursement For: 2 X Primary Other (specify)	2008 General												

SUBTOTAL of Disbursements This Page (optional)	•	5500.00
TOTAL This Period (last page this line number only)	•	14000.00

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S	CHEDULE B (FEC Form 3X)	Use seperate sche		E NUMBER: PAGE 21 / 21
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	y Information copied from such Reports and S for commercial purposes, other than using the		, , ,	, ,
\	NAME OF COMMITTEE (In Full)			
<u>/</u>	AMERICAN AMBULANCE ASSOCIATION	TION FEDERAL PAC (A	AKA AMBU-PAC)	
	Full Name (Last, First, Middle Initial)			Transaction ID: SB29.6126
٩.	AMERICAN AMBULANCE ASSOCIATION	TION		Date of Disbursement
	Mailing Address 8201 GREENSBOR SUITE 300	O DRIVE		$\begin{bmatrix} M & M & / & D & D & / & Y & Y & Y & Y & Y & Y & Y & Y & Y$
	City MCLEAN	State Zip Cod VA 22102		Amount of Each Disbursement this Period
	Purpose of Disbursement Misc. Expenses		001	180.50
	Candidate Name		Category/ Type	
	Office Sought: House Dis Senate President	sbursement For: Primary Ge Other (specify)	eneral	
	State: District:			

SUBTOTAL of Disbursements This Page (optional)	•	180.50
TOTAL This Period (last page this line number only)	→	180.50