07/17/2009 12:24

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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) 8400 Westpark Drive ADDRESS (number and street) 2nd Floor Check if different than previously ٧A McLean 22102 5116 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** CITY A ZIPCODE A IS THIS NEW **AMENDED** C00168070 Χ 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) 12-Day (c) 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) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 0 1 0 1 2009 06 30 2009 through Covering Period 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 Electronically Filed by Mr. Tristan North 07 17 2009 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. 12/2004) Only

FE6AN026

### **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

2/19

FEC Form 3X (Rev. 02/2003)

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

D <sup>®</sup>D 0 1 0 1 2009 0.6 3 0 2009 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2009° 26025.95 January 1 (b) Cash on Hand at 26025.95 Begining of Reporting Period ..... 12490.37 12490.37 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 38516.32 38516.32 6(a) and 6(c) for Column B) ..... 27816.77 27816.77 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 10699.55 10699.55 (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) .....

For further information contact:

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

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. 06/2004) 3 / 19

Write or Type Committee Name

AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:     (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	8666.68	8666.68
(ii) Unitemized	379.18	379.18
(iii) TOTAL (add Lines 11(a)(i) and (ii)	9045.86	9045.86
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	3333.32	3333.32
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	12379.18	12379.18
Transfers From Affiliated/Other     Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
Loan Repayments Received      Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	111.19	111.19
8. 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
<ol> <li>Total Receipts (add Lines 11(d),</li> <li>12, 13, 14, 15, 16, 17, and 18(c))</li> </ol>	12490.37	12490.37
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	12490.37	12490.37

### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 19

	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)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	316.77	316.77
	Expenditures(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii) and (b))	316.77	316.77
22.	Transfers to Affiliated/Other Party Committees	0.00	0.00
23.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	27500.00	27500.00
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	0.00	0.00
	(such as PACs)(d) Total Contribution Refunds	0.00	0.00
	(add Lines 28(a), (b), and (c))	0.00	0.00
9.	Other Disbursements	0.00	0.00
00	Fodoval Floation Activity (2.11.5.C. 421/20)		
o.	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	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	3.00
31.	Total Disbursements (add Lines 21(c), 22,		.=
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	27816.77	27816.77
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	07040 77	07040 77
	from Line 31)	27816.77	27816.77

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 19

	1 LO FOIIII 3X (Nev. 02/2003)		
III. Net Contributions/Operating Expenditures			
	Fotal Contributions (other than loans) rom Line 11(d), page 3)	12379.18	12379.18
_	Fotal Contribution Refunds from Line 28(d))	0.00	0.00
	let Contributions (other than loans) subtract Line 34 from Line 33)	12379.18	12379.18
	Fotal Federal Operating Expenditures add Line 21(a)(i) and Line 21(b))	316.77	316.77
	Offsets to Operating Expenditures from Line 15, page 3)	0.00	0.00
	let Operating Expenditures subtract Line 37 from Line 36)	316.77	316.77

FE6AN026

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 19 (check only one)    X   11a
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN AMBULANCE ASSOCIA	TION FEDEF	RAL PAC (AKA AMBU-PAC)	
	Full Name (Last, First, Middle Initial) Dale Berry			Date of Receipt
	Mailing Address 1200 State Circle			03 18 2009
	City	State	Zip Code	Transaction ID: SA11Al.6952
	Ann Arbor	MI	48108	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Huron Valley Ambulance	Occupatio Presiden		Contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) Dale Berry			Date of Receipt
	Mailing Address 1200 State Circle			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: SA11AI.6973
	Ann Arbor	MI	48108	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Huron Valley Ambulance	Occupatio Presiden		Contribution
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
	Full Name (Last, First, Middle Initial) Harvey L. Hall			Date of Receipt
	Mailing Address 1001 - 21st Street			01 21 2009
	City	State	Zip Code	Transaction ID: SA11AI.6887
	Bakersfield	CA	93301	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Hall Ambulance Service	Occupatio CEO	n	Contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional) .	1		750.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 19 (check only one)    X
\ \ \	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN AMBULANCE ASSOCIA	TION FEDEF	RAL PAC (AKA AMBU-PAC)	
	Full Name (Last, First, Middle Initial) Harvey L. Hall			Date of Receipt
	Mailing Address 1001 - 21st Street			02 11 2009
	City	State	Zip Code	Transaction ID: SA11AI.6926
	Bakersfield  FEC ID number of contributing federal political committee.	CA	93301	Amount of Each Receipt this Period 250.00
	Name of Employer Hall Ambulance Service	Occupatio	n	Contribution
	Receipt For:  Primary  General  Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial) Harvey L. Hall			Date of Receipt
	Mailing Address 1001 - 21st Street			03 12 2009
	City Bakersfield	State CA	Zip Code	Transaction ID: SA11AI.6950
	FEC ID number of contributing federal political committee.	C	93301	Amount of Each Receipt this Period  250.00
	Name of Employer Hall Ambulance Service	Occupatio CEO	n	Contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00	
_	Full Name (Last, First, Middle Initial)			Date of Receipt
	Harvey L. Hall  Mailing Address 1001 - 21st Street			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: SA11AI.6959
	Bakersfield  FEC ID number of contributing federal political committee.	CA	93301	Amount of Each Receipt this Period 250.00
	Name of Employer Hall Ambulance Service	Occupatio CEO	n	Contribution
	Receipt For:  Primary  General  Other (specify) ▼		e Year-to-Date ▼ 1000.00	
Г	SUBTOTAL of Receipts This Page (optional)	1		750.00

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 19 (check only one)    X
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any persible name and address of any political committee to	on for the purpose of soliciting contributions
/	TION FEDERAL PAG (AKA AMBO-PAG)	
Full Name (Last, First, Middle Initial) Harvey L. Hall Mailing Address 1001 - 21st Street		Date of Receipt  0 6 0 5 2 0 0 9
City Bakersfield	State Zip Code CA 93301	Transaction ID: SA11AI.6966  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Hall Ambulance Service	Occupation CEO	Contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) Harvey L. Hall Mailing Address 1001 - 21st Street		Date of Receipt
	7'- 0 d	06 05 2009
City Bakersfield	State Zip Code CA 93301	Transaction ID: SA11AI.6967  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Hall Ambulance Service	Occupation CEO	Contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) III David B. Hill		Date of Receipt
Mailing Address 395 West Lake Street	et	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Elmhurst</u>	State Zip Code IL 60126	Transaction ID: SA11AI.6886  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5000.00
Name of Employer Superior Air-Ground Ambul- ance	Occupation Owner/Operator	Contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	5500.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 19 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN AMBULANCE ASSOCIATION	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<b>A</b> .	Full Name (Last, First, Middle Initial) James McPartlon  Mailing Address 1015 DiBella Dr  City Schenectady  FEC ID number of contributing federal political committee.  Name of Employer Mohawk Ambulance Services  Receipt For: Primary General Other (specify)	State NY  C Occupatio VP Aggregate	Zip Code 12303  on e Year-to-Date ▼ 500.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- B.	Full Name (Last, First, Middle Initial) Julie Ann Rose  Mailing Address 1123 Chestnut Drive  City Ashtabula  FEC ID number of contributing federal political committee.  Name of Employer Community Care Ambulance  Receipt For: Primary General Other (specify)	1	Zip Code 44004  on e Director e Year-to-Date  ▼ 250.02	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- C.	Full Name (Last, First, Middle Initial) Julie Ann Rose  Mailing Address 1123 Chestnut Drive  City Ashtabula  FEC ID number of contributing federal political committee.  Name of Employer Community Care Ambulance  Receipt For: Primary General Other (specify)	!	Zip Code 44004  on e Director e Year-to-Date ▼ 333.36	Date of Receipt  M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number of		<u> </u>	666.68

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 19 (check only one)    X   11a
A	ny information copied from such Reports and r for commercial purposes, other than using the	Statements mane name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  AMERICAN AMBULANCE ASSOCIA	TION FEDER	RAL PAC (AKA AMBU-PAC)	
_	Full Name (Last, First, Middle Initial) Ronald Thackery			Date of Receipt
	Mailing Address 6200 Syracuse Way	#200		03 / 18 / 2009
	City	State	Zip Code	Transaction ID: SA11AI.6951
	Greenwood Village	CO	80111	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer AMR	Occupation VP	n	Contribution
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
_	Full Name (Last, First, Middle Initial) Ronald Thackery	Date of Receipt		
	Mailing Address 6200 Syracuse Way	06 30 7 2009		
	City	State	Zip Code	Transaction ID: SA11AI.6971
	Greenwood Village	CO	80111	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer AMR	Occupation VP	n	Contribution
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
_	Full Name (Last, First, Middle Initial) Gerald Zapolnik			Date of Receipt
	Mailing Address 1116 Rathfan Circle			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: SA11AI.6953
	Saline	MI	48176	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Huron Valley Ambulance	Occupation VP Supp	n ort Operations	Contribution
	Receipt For:	Aggregate	e Year-to-Date <b>V</b>	
	Primary General Other (specify) ▼		250.00	
				750.00

### S

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 19 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements mage 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	ΓΙΟΝ FEDEF	RAL PAC (AKA AMBU-PAC)	
Full Name (Last, First, Middle Initial) Gerald Zapolnik			Date of Receipt
Mailing Address 1116 Rathfan Circle			06 30 7 2009
City	State	Zip Code	Transaction ID: SA11AI.6972
Saline	MI	48176	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Huron Valley Ambulance	Occupatio VP Supp	oort Operations	Contribution
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	•	250.00
TOTAL This Period (last page this line number only)	<u> </u>	8666.68

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 19 (check only one)  11a 11b X 11c 12 13 14 15 16 17	
<b>A</b> .	Any information copied from such Reports and Stor for commercial purposes, other than using the  NAME OF COMMITTEE (In Full)  AMERICAN AMBULANCE ASSOCIATI  Full Name (Last, First, Middle Initial)  ACADIAN AMBULANCE SERVICE INC. EMPLOY  Mailing Address P.O. BOX 98000	on FEDEF	dress of any political committee to	pon for the purpose of soliciting contributions solicit contributions from such committee.  Date of Receipt	
	City  LAFAYETTE  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For:  Primary General Other (specify)	State LA  C Occupation Aggregate	Zip Code 70509	Transaction ID: SA11C.6924  Amount of Each Receipt this Period  1666.66  Contribution	
В.	Full Name (Last, First, Middle Initial) ACADIAN AMBULANCE SERVICE INC. EMPLOY Mailing Address P.O. BOX 98000  City LAFAYETTE  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	State LA C Occupation	Zip Code 70509  n e Year-to-Date ▼ 3333.32	Date of Receipt  M M / D D / Y Y Y Y  O 5	

SUBTOTAL of Receipts This Page (optional)	•	3333.32
TOTAL This Period (last page this line number only)	<b>•</b>	3333.32

A.

В.

C.

SCHEDULE B (FEC Form 3X)						E NUMBER:					PAGE 13 / 19			
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			(check only 21b 27		22 23 2 28a 28b						25 29	26 30b	
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name					person	the pu		e of s				outions		
NAME OF COMMITTEE (In Full)  AMERICAN AMBULANCE ASSOCIATION	FEDERAL	. PAC (AKA AI	ИΒС	J-F	PAC)									
Full Name (Last, First, Middle Initial) SunTrust Bank  Mailing Address P.O. Box 622227						Trans Date of		sburs	_			0 ŏ s	) <sup>Y</sup>	
	State FL	Zip Code 32862-2227				Amou	nt of	Each	n Dis	burse	men	t this f	Period	
Purpose of Disbursement Suntrust Merchant Fees Candidate Name			Ca	00 ateg	gory/	L.		•			2	05.18	3	
Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spec	General wify) ▼		<u>,,,</u>										
Full Name (Last, First, Middle Initial) SunTrust Bank Mailing Address P.O. Box 622227						Trans Date o		sburs	_			0 ŏ s	) <sup>Y</sup>	
,	State FL	Zip Code 32862-2227				Amou	nt of	Each	n Dis	burse	men	t this f	Period	
Purpose of Disbursement Merchant Fees Candidate Name	1 L	32002-2221	Ca	00 ateg	gory/		•					2.71		
Office Sought:  House Senate President State:  Disburse	ement For: Primary Other (spec	General cify) ▼		' ) }										
Full Name (Last, First, Middle Initial) SunTrust Bank						Trans					3.69	)58		
Mailing Address P.O. Box 622227						0 3	M /	D	1 0	/ Y	ž	0 ŏ s	) Y	
	State FL	Zip Code 32862-2227				Amou	nt of	Each	n Dis	burse	men		-	
Purpose of Disbursement Merchant Fees Candidate Name			Ca	00 ateg	jory/			0				2.32	2	
Senate President	ment For: Primary Other (spec	General cify) ▼		-1										
State: District:						_								
SUBTOTAL of Disbursements This Page (optional) .											2	10.21		

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

A.

В.

### SCHEDULE B (FEC Form 3X)

Senate

District:

President

FOR LINE NUMBER: PAGE 14/19 Use separate schedule(s) (check only one) **ITEMIZED DISBURSEMENTS** for each category of the 21b 22 23 25 26 **Detailed Summary Page** 27 28a 28b 28c 29 30b 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) Transaction ID: SB21B.6962 SunTrust Bank Date of Disbursement 10 o<sup>™</sup> 4 2009 Mailing Address P.O. Box 622227 City State Zip Code Amount of Each Disbursement this Period Orlando FL 32862-2227 21.23 Purpose of Disbursement Merchant Fees 001 Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) State: District: Full Name (Last, First, Middle Initial) Transaction ID: SB21B.6965 SunTrust Bank Date of Disbursement 0 5 2009 Mailing Address P.O. Box 622227 City State Zip Code Amount of Each Disbursement this Period 32862-2227 Orlando FL 2.46 Purpose of Disbursement Merchant Fees 001 Candidate Name Category/ Type Office Sought: House Disbursement For:

General

SUBTOTAL of Disbursements This Page (optional)	•	23.69
TOTAL This Period (last page this line number only)	<b></b>	233.90

Primary

Other (specify)

State:

A.

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	-	E NUMBER: PAGE 15 / 19					
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	one) 22 X 23 24 25 26 28a 28b 28c 29 30b					
Any Information copied from such Reports and Stateme or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)  AMERICAN AMBULANCE ASSOCIATION	and address of any political	committee to soli						
Richmond Purpose of Disbursement Contribution Candidate Name CANTOR FOR CONGRESS Office Sought: House Disburser	State Zip Code VA 23226  ment For: 2010 Primary General Other (specify)	011 Category/ Type	Transaction ID: SB23.6944 Date of Disbursement  M M M / D 1 B / Y 2 0 0 9  Amount of Each Disbursement this Period					
State: District:  Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS 2010  Mailing Address 5915 EASTMAN AVE. Statement Suppose of Disbursement Contribution Candidate Name DAVE CAMP FOR CONGRESS 2010  Office Sought: House Disburser	JITE 100 JITE 100 State Zip Code MI 48640	011 Category/ Type	Transaction ID: SB23.6976 Date of Disbursement  M M / D D D / Y Y Y O Y O Y  Amount of Each Disbursement this Period					
President District:  Full Name (Last, First, Middle Initial) FRIENDS OF BLANCHE LINCOLN  Mailing Address PO BOX 3197 P O BOX 118  City LITTLE ROCK Purpose of Disbursement Contribution Candidate Name FRIENDS OF BLANCHE LINCOLN  Office Sought: House Disburser X Senate	Other (specify)   State Zip Code AR 72203  ment For: 2010 Primary X General	011 Category/ Type	Transaction ID: SB23.6939 Date of Disbursement  M M / D D D / Y Y Y O Y 9  Amount of Each Disbursement this Period					
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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)  FRIENDS OF SCHUMER  Mailing Address 60 MADISON AVE SUITE 1026  City  NEW YORK  Purpose of Disbursement  Contribution  Candidate Name  FRIENDS OF SCHUMER  Office Sought: House  Represident  State: NY District: 00  Full Name (Last, First, Middle Initial)  FRIENDS OF SCHUMER  Office Sought: House  Represident  State: NY District: 00  Full Name (Last, First, Middle Initial)  FRIENDS OF SHERROD BROWN  Mailing Address  PO BOX 76187  Suite 800  Transaction ID: SB23.6946  Date of Disbursement  Og 2	SCHEDULE B (FEC Form 3)	Use separate schedule(s)	FOR LINE	
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