

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

ADDRESS (number and street) 8400 Westpark Drive
2nd Floor
 Check if different than previously reported. (ACC)
McLean VA 22102-5116

2. **FEC IDENTIFICATION NUMBER** C00168070
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 07 01 2009 through 12 31 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Denise Clark

Signature of Treasurer Electronically Filed by Denise Clark Date 01 27 2010

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

Office Use Only									
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		26025.95
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	10699.55									
(c) Total Receipts (from Line 19)	30253.09	42743.46								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	40952.64	68769.41								
7. Total Disbursements (from Line 31)	16186.36	44003.13								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	24766.28	24766.28								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	20308.34	28975.02
(ii) Unitemized	8243.34	8622.52
(iii) TOTAL (add Lines 11(a)(i) and (ii)	28551.68	37597.54
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	1666.68	5000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	30218.36	42597.54
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.)	34.73	145.92
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total 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))	30253.09	42743.46
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	30253.09	42743.46

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	186.36	503.13
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	186.36	503.13
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16000.00	43500.00
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.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	16186.36	44003.13
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16186.36	44003.13

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	30218.36	42597.54
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	30218.36	42597.54
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	186.36	503.13
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	186.36	503.13

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 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)

A.

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

Mailing Address 1200 State Circle

City State Zip Code
Ann Arbor MI 48108

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Huron Valley Ambulance President

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 625.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2009

Transaction ID: SA11AI.7025

Amount of Each Receipt this Period

125.00

Contribution

B.

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

Mailing Address 1200 State Circle

City State Zip Code
Ann Arbor MI 48108

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Huron Valley Ambulance President

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 875.00

Date of Receipt

M M / D D / Y Y Y Y
10 / 06 / 2009

Transaction ID: SA11AI.7058

Amount of Each Receipt this Period

250.00

Contribution

C.

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

Mailing Address 1200 State Circle

City State Zip Code
Ann Arbor MI 48108

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Huron Valley Ambulance President

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 1125.00

Date of Receipt

M M / D D / Y Y Y Y
12 / 10 / 2009

Transaction ID: SA11AI.7137

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional) ▶

625.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 29
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

<p>A. Full Name (Last, First, Middle Initial) Rod Carroll</p> <p>Mailing Address 2681 S. Pine Island Road</p> <p>City State Zip Code Beaumont TX 77713</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Stat Care EMS Occupation President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 375.00</p>	<p>Date of Receipt 07 / 31 / 2009</p> <p>Transaction ID: SA11AI.7015</p> <p>Amount of Each Receipt this Period 375.00</p> <p>Contribution</p>
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<p>B. Full Name (Last, First, Middle Initial) Rod Carroll</p> <p>Mailing Address 2681 S. Pine Island Road</p> <p>City State Zip Code Beaumont TX 77713</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Stat Care EMS Occupation President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 475.00</p>	<p>Date of Receipt 12 / 10 / 2009</p> <p>Transaction ID: SA11AI.7086</p> <p>Amount of Each Receipt this Period 100.00</p> <p>Contribution</p>
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<p>C. Full Name (Last, First, Middle Initial) Cindy Elbert</p> <p>Mailing Address 6508 W Crocus Dr</p> <p>City State Zip Code Obendale AZ 85306</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Cindy Elbert Insurance Occupation President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt 07 / 31 / 2009</p> <p>Transaction ID: SA11AI.7005</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Contribution</p>
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SUBTOTAL of Receipts This Page (optional)	725.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 8 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

<p>A. Full Name (Last, First, Middle Initial) Cindy Elbert</p> <p>Mailing Address 6508 W Crocus Dr</p> <p>City State Zip Code Obendale AZ 85306</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Cindy Elbert Insurance Occupation: President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 350.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 9</p> <p>Transaction ID: SA11AI.7197</p> <p>Amount of Each Receipt this Period 100.00</p> <p>Contribution</p>
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<p>B. Full Name (Last, First, Middle Initial) Howard Enloe</p> <p>Mailing Address 5720 Trowbridge NW</p> <p>City State Zip Code El Paso TX 79925</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Life Ambulance Occupation: CEO</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 9</p> <p>Transaction ID: SA11AI.7013</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Contribution</p>
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<p>C. Full Name (Last, First, Middle Initial) Howard Enloe</p> <p>Mailing Address 5720 Trowbridge NW</p> <p>City State Zip Code El Paso TX 79925</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Life Ambulance Occupation: CEO</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 9</p> <p>Transaction ID: SA11AI.7179</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Contribution</p>
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SUBTOTAL of Receipts This Page (optional)	600.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 18 Central Avenue

City Rutland State VT Zip Code 05707

FEC ID number of contributing federal political committee. C

Name of Employer Regional Ambulance Service, Inc. Occupation Administration

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt MM / DD / YYYY
12 / 10 / 2009

Transaction ID: SA11AI.7176

Amount of Each Receipt this Period 250.00

Contribution

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

Mailing Address 9240 NW Groveland

City Hillsboro State OR Zip Code 97124

FEC ID number of contributing federal political committee. C

Name of Employer Metro West Occupation Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt MM / DD / YYYY
07 / 31 / 2009

Transaction ID: SA11AI.7022

Amount of Each Receipt this Period 375.00

Contribution

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

Mailing Address 9240 NW Groveland

City Hillsboro State OR Zip Code 97124

FEC ID number of contributing federal political committee. C

Name of Employer Metro West Occupation Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1375.00

Date of Receipt MM / DD / YYYY
12 / 10 / 2009

Transaction ID: SA11AI.7182

Amount of Each Receipt this Period 1000.00

Contribution

SUBTOTAL of Receipts This Page (optional) 1625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 29

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Thomas Goggan

Mailing Address 1519 Greenbrier Dr

City State Zip Code
Elkhart IN 46514

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

Name of Employer Demers Ambulance Occupation National Sales Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.7240

Amount of Each Receipt this Period

100.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Harvey L. Hall

Mailing Address 1001 - 21st Street

City State Zip Code
Bakersfield CA 93301

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

Name of Employer Hall Ambulance Service Occupation CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1750.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.6998

Amount of Each Receipt this Period

250.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Harvey L. Hall

Mailing Address 1001 - 21st Street

City State Zip Code
Bakersfield CA 93301

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

Name of Employer Hall Ambulance Service Occupation CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.7037

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional) ▶

600.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 29
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial) Harvey L. Hall		Date of Receipt MM / DD / YYYY 09 / 17 / 2009
Mailing Address 1001 - 21st Street		Transaction ID: SA11AI.7049
City Bakersfield	State CA	Zip Code 93301
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Hall Ambulance Service	Occupation CEO	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00	

B.

Full Name (Last, First, Middle Initial) Harvey L. Hall		Date of Receipt MM / DD / YYYY 10 / 06 / 2009
Mailing Address 1001 - 21st Street		Transaction ID: SA11AI.7057
City Bakersfield	State CA	Zip Code 93301
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Hall Ambulance Service	Occupation CEO	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

C.

Full Name (Last, First, Middle Initial) Harvey L. Hall		Date of Receipt MM / DD / YYYY 11 / 13 / 2009
Mailing Address 1001 - 21st Street		Transaction ID: SA11AI.7066
City Bakersfield	State CA	Zip Code 93301
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Hall Ambulance Service	Occupation CEO	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	

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

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 12 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Harvey L. Hall

Mailing Address 1001 - 21st Street

City Bakersfield State CA Zip Code 93301

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

Name of Employer Hall Ambulance Service Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 12 / 10 / 2009

Transaction ID: SA11AI.7091

Amount of Each Receipt this Period 250.00

Contribution

B. Full Name (Last, First, Middle Initial)
Rachel Harracksingh

Mailing Address 10629 Sombra Verde Drive

City El Paso State TX Zip Code 79935

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

Name of Employer Life Ambulance Service Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 10 / 2009

Transaction ID: SA11AI.7127

Amount of Each Receipt this Period 250.00

Contribution

C. Full Name (Last, First, Middle Initial)
Jon Howell

Mailing Address 251 Bishop Farm Way

City Huntsville State AL Zip Code 35806

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

Name of Employer HEMSI Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 31 / 2009

Transaction ID: SA11AI.7007

Amount of Each Receipt this Period 250.00

Contribution

SUBTOTAL of Receipts This Page (optional) ▶ 750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 29
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial) James S. Johnson		Date of Receipt MM / DD / YYYY 07 / 31 / 2009
Mailing Address 1801 Mockingbird Lane		Transaction ID: SA11AI.7014
City	State	Zip Code
Enid	OK	73703
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Life EMS	Occupation President	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) James S. Johnson		Date of Receipt MM / DD / YYYY 12 / 10 / 2009
Mailing Address 1801 Mockingbird Lane		Transaction ID: SA11AI.7088
City	State	Zip Code
Enid	OK	73703
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Life EMS	Occupation President	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

C.

Full Name (Last, First, Middle Initial) Charles Kelley		Date of Receipt MM / DD / YYYY 07 / 31 / 2009
Mailing Address 803 Hillcrest		Transaction ID: SA11AI.6999
City	State	Zip Code
Sparta	IL	62286
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer MedStar Ambulance	Occupation President	Contribution
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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
David Kuhn
 Mailing Address 3864 N SW
 City State Zip Code
 Idalo Fall ID 83401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GFES President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00
 Date of Receipt: 12 / 10 / 2009
Transaction ID: SA11AI.7204
 Amount of Each Receipt this Period: 500.00
 Contribution

B. Full Name (Last, First, Middle Initial)
Brian Lovellette
 Mailing Address 701 Britten Avenue
 City State Zip Code
 Lansing MI 48910-1321
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Association Services of Michigan President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00
 Date of Receipt: 12 / 10 / 2009
Transaction ID: SA11AI.7203
 Amount of Each Receipt this Period: 200.00
 Contribution

C. Full Name (Last, First, Middle Initial)
Kevin Lyons
 Mailing Address 38 Ledgewood Drive
 City State Zip Code
 Danvers MA 01923
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Lyons Ambulance Service Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00
 Date of Receipt: 07 / 31 / 2009
Transaction ID: SA11AI.7033
 Amount of Each Receipt this Period: 250.00
 Contribution

SUBTOTAL of Receipts This Page (optional) ► **950.00**
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 15 / 29

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)

Kevin M. Lyons

Mailing Address 135 Maple St

City State Zip Code
Damens MA 01923

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

Name of Employer Occupation
Self Employed Ambulance Service

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.7205

Amount of Each Receipt this Period

2000.00

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 Occupation
Schaefer Ambulance Service CEO

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.7048

Amount of Each Receipt this Period

1000.00

Contribution

C.

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 Occupation
Schaefer Ambulance Service CEO

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.7081

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)

3100.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) James McNeal, Jr.		Date of Receipt
	Mailing Address 414 W. Elm		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 12 / 10 / 2009
	City	State	Zip Code
	Burbank	CA	91506
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7263
Name of Employer Schaefer Ambulance Service		Occupation CEO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
			Contribution

B.	Full Name (Last, First, Middle Initial) James McPartlon		Date of Receipt
	Mailing Address 1015 DiBella Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 31 / 2009
	City	State	Zip Code
	Schenectady	NY	12303
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7021
Name of Employer Mohawk Ambulance Services		Occupation VP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 375.00
			Contribution

C.	Full Name (Last, First, Middle Initial) James McPartlon		Date of Receipt
	Mailing Address 1015 DiBella Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 12 / 10 / 2009
	City	State	Zip Code
	Schenectady	NY	12303
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7136
Name of Employer Mohawk Ambulance Services		Occupation VP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
			Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 725.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 17 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mark D Meijer

Mailing Address 2568 Fletcher Drive, NE

City State Zip Code
Grands Rapids MI 49506

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

Name of Employer Life EMS Ambulance Occupation Paramedic/Business Executive

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 12 / 10 / 2009
Transaction ID: SA11AI.7089
Amount of Each Receipt this Period: 1000.00
Contribution

B. Full Name (Last, First, Middle Initial)
Mark D Meijer

Mailing Address 2568 Fletcher Drive, NE

City State Zip Code
Grands Rapids MI 49506

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

Name of Employer Life EMS Ambulance Occupation Paramedic/Business Executive

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt: 12 / 10 / 2009
Transaction ID: SA11AI.7258
Amount of Each Receipt this Period: 100.00
Contribution

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

Mailing Address 10644 N. Oakwilde Avenue

City State Zip Code
Stockton CA 95212

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

Name of Employer AMR Occupation CEO - Regional

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 12 / 10 / 2009
Transaction ID: SA11AI.7140
Amount of Each Receipt this Period: 250.00
Contribution

SUBTOTAL of Receipts This Page (optional) ► 1350.00

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

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

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

FOR LINE NUMBER: PAGE 18 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Elbert Muncy

Mailing Address 831 W Main Street

City State Zip Code
Barstow CA 92311

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

Name of Employer Occupation
Dersert Ambulance Service Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
12 / 10 / 2009

Transaction ID: SA11AI.7180

Amount of Each Receipt this Period
500.00

Contribution

B. Full Name (Last, First, Middle Initial)
Steve Murphy

Mailing Address 100 S Birch Rd #901

City State Zip Code
Ft Lauderdale FL 33316

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

Name of Employer Occupation
AMR Exe VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
MM / DD / YYYY
12 / 10 / 2009

Transaction ID: SA11AI.7207

Amount of Each Receipt this Period
250.00

Contribution

C. Full Name (Last, First, Middle Initial)
Tyron Picard

Mailing Address 2005 W Saint Mary Blvd

City State Zip Code
Lafayette LA 70506

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

Name of Employer Occupation
Acadian Ambulance Exec VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
12 / 10 / 2009

Transaction ID: SA11AI.7128

Amount of Each Receipt this Period
300.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **1050.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 29
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Darryl Quigley

Mailing Address 10515 Hound Dog Trail

City State Zip Code
Willis Point TX 75169

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

Name of Employer Occupation
Texas Lifeline Corp President/CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
12 / 10 / 2009

Transaction ID: SA11AI.7208

Amount of Each Receipt this Period
250.00

Contribution

B.

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

Mailing Address 1123 Chestnut Drive

City State Zip Code
Ashtabula OH 44004

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

Name of Employer Occupation
Community Care Ambulance Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 458.36

Date of Receipt
MM / DD / YYYY
07 / 31 / 2009

Transaction ID: SA11AI.7011

Amount of Each Receipt this Period
125.00

Contribution

C.

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

Mailing Address 1123 Chestnut Drive

City State Zip Code
Ashtabula OH 44004

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

Name of Employer Occupation
Community Care Ambulance Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 758.36

Date of Receipt
MM / DD / YYYY
12 / 10 / 2009

Transaction ID: SA11AI.7087

Amount of Each Receipt this Period
300.00

Contribution

SUBTOTAL of Receipts This Page (optional) ▶ **675.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 29

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)

Julie Ann Rose

Mailing Address 1123 Chestnut Drive

City State Zip Code
Ashtabula OH 44004

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

Name of Employer Occupation
Community Care Ambulance Executive Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 841.70

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.7183

Amount of Each Receipt this Period

83.34

Contribution

B.

Full Name (Last, First, Middle Initial)

Lauren Rubinson

Mailing Address 123 Oakmont

City State Zip Code
Deerfield IL 60015

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

Name of Employer Occupation
MEA Service CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.7138

Amount of Each Receipt this Period

250.00

Contribution

C.

Full Name (Last, First, Middle Initial)

John Russell

Mailing Address 2034 Pamela

City State Zip Code
Cape Girardeau MO 63701

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

Name of Employer Occupation
Cape County Private Ambulance President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.7090

Amount of Each Receipt this Period

1000.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1333.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 29

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)

Jon Smelley

Mailing Address 2106 17th Ave

City State Zip Code
Juschoose AL 35401

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

Name of Employer Occupation
Northstar EMS Corporate Officer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.7129

Amount of Each Receipt this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Randy Strozyk

Mailing Address 9209 181 Street Avenue East

City State Zip Code
Bonney Lake WA 98390

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

Name of Employer Occupation
American Medical Response Vice President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.7134

Amount of Each Receipt this Period

100.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Ronald Thackery

Mailing Address 6200 Syracuse Way #200

City State Zip Code
Greenwood Village CO 80111

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

Name of Employer Occupation
AMR VP

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.7059

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 29
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

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

Mailing Address 9922 S. Silver Maple Road

City State Zip Code
Highlands Ranch CO 80129

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

Name of Employer American Medical Response
Occupation VP Risk Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
12 / 10 / 2009

Transaction ID: SA11AI.7184

Amount of Each Receipt this Period
250.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Tinia Tubbs

Mailing Address 3351 Co Rd 50

City State Zip Code
Moundville AL 35474

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

Name of Employer NorthStar EMS Inc
Occupation Business Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2009

Transaction ID: SA11AI.7023

Amount of Each Receipt this Period
375.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Larry Wiersch

Mailing Address 4846 Five Point Road

City State Zip Code
New Tripoli PA 18066

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

Name of Employer Cetronia Ambulance
Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
12 / 10 / 2009

Transaction ID: SA11AI.7206

Amount of Each Receipt this Period
250.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Michael Woronka
Mailing Address 50 Hill Street
City Methuen State MA Zip Code 01844
FEC ID number of contributing federal political committee. **C**
Name of Employer Action Ambulance Service Occupation Paramedic
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 12 / 10 / 2009
Transaction ID: SA11AI.7181
Amount of Each Receipt this Period 1000.00
Contribution

B. Full Name (Last, First, Middle Initial)
Gerald Zapolnik
Mailing Address 1116 Rathfan Circle
City Saline State MI Zip Code 48176
FEC ID number of contributing federal political committee. **C**
Name of Employer Huron Valley Ambulance Occupation VP Support Operations
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 625.00
Date of Receipt 07 / 31 / 2009
Transaction ID: SA11AI.7009
Amount of Each Receipt this Period 125.00
Contribution

C. Full Name (Last, First, Middle Initial)
Gerald Zapolnik
Mailing Address 1116 Rathfan Circle
City Saline State MI Zip Code 48176
FEC ID number of contributing federal political committee. **C**
Name of Employer Huron Valley Ambulance Occupation VP Support Operations
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 875.00
Date of Receipt 10 / 06 / 2009
Transaction ID: SA11AI.7060
Amount of Each Receipt this Period 250.00
Contribution

SUBTOTAL of Receipts This Page (optional) ► 1375.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 29
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

A.

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

Mailing Address 1116 Rathfan Circle

City	State	Zip Code
Saline	MI	48176

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
975.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.7135

Amount of Each Receipt this Period
100.00

Contribution

SUBTOTAL of Receipts This Page (optional)	▶	100.00
TOTAL This Period (last page this line number only)	▶	20308.34

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 25 / 29	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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) ACADIAN AMBULANCE SERVICE INC. EMPLOYEE PAC		Date of Receipt		
	Mailing Address P.O. BOX 98000		M M / D D / Y Y Y Y 07 / 29 / 2009		
	City	State	Zip Code	Transaction ID: SA11C.6990	
	LAFAYETTE	LA	70509	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.		C	1666.68	
	Name of Employer		Occupation	Contribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	5000.00		

SUBTOTAL of Receipts This Page (optional)	▶	1666.68
TOTAL This Period (last page this line number only)	▶	1666.68

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) SunTrust Bank	Transaction ID: SB21B.7043 Date of Disbursement
	Mailing Address P.O. Box 622227	<input type="text" value="08"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City Orlando State FL Zip Code 32862-2227	Amount of Each Disbursement this Period
	Purpose of Disbursement SunTrust Merchant Fees Candidate Name	<input type="text" value="20.59"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) SunTrust Bank	Transaction ID: SB21B.7051 Date of Disbursement
	Mailing Address P.O. Box 622227	<input type="text" value="09"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City Orlando State FL Zip Code 32862-2227	Amount of Each Disbursement this Period
	Purpose of Disbursement SunTrust Merchant Fees Candidate Name	<input type="text" value="58.59"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) SunTrust Bank	Transaction ID: SB21B.7070 Date of Disbursement
	Mailing Address P.O. Box 622227	<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City Orlando State FL Zip Code 32862-2227	Amount of Each Disbursement this Period
	Purpose of Disbursement SunTrust Merchant Fees Candidate Name	<input type="text" value="21.72"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="100.90"/>
TOTAL This Period (last page this line number only)	<input type="text" value="100.90"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p>A. Full Name (Last, First, Middle Initial) ARKANSAS SENATE 2010</p> <p>Mailing Address 124 W. Capital</p> <p>City Little Rock State AR Zip Code 72201</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name ARKANSAS SENATE 2010</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB23.7055</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2500.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE - CONTRIBUTIONS</p> <p>Mailing Address 430 South Capitol Street SE 2nd Floor</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE - CONTRIBUTIONS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>State: District: None</p>	<p>Transaction ID: SB23.7076</p> <p>Date of Disbursement</p> <p><input type="text" value="12"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3500.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) FRIENDS OF BLANCHE LINCOLN</p> <p>Mailing Address PO BOX 3197 P O BOX 118</p> <p>City LITTLE ROCK State AR Zip Code 72203</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name FRIENDS OF BLANCHE LINCOLN</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: AR District: 00</p>	<p>Transaction ID: SB23.7077</p> <p>Date of Disbursement</p> <p><input type="text" value="12"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="6500.00"/>
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 29 / 29

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Full Name (Last, First, Middle Initial) PETE STARK RE-ELECTION COMMITTEE <hr/> Mailing Address P.O. Box 8331 <hr/> City State Zip Code Fremont CA 94537 <hr/> Purpose of Disbursement Contribution Candidate Name PETE STARK RE-ELECTION COMMITTEE <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 13	Transaction ID: SB23.7071 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
B. Full Name (Last, First, Middle Initial) RICHARD E NEAL FOR CONGRESS COMMITTEE <hr/> Mailing Address 76 MAGNOLIA TERRACE <hr/> City State Zip Code SPRINGFIELD MA 01108 <hr/> Purpose of Disbursement Contribution Candidate Name RICHARD E NEAL FOR CONGRESS COMMITTEE <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.7053 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 7 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

16000.00