

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) **8201 Greensboro Drive**
Suite 300
 Check if different than previously reported. (ACC) **McLean VA 22102**

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIP CODE

C00168070 3. IS THIS REPORT NEW (N) OR X AMENDED (A)

4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report(Q1)		Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (M13)
July 15 Quarterly Report(Q2)	(c) 12-Day PRE-Election Report for the:		Primary (12P)	General (12G)	Runoff (12R)
October 15 Quarterly Report(Q3)			Convention (12C)	Special (12S)	
X January 31 Quarterly Report(YE)		Election on			in the State of
July 31 Mid-Year Report(Non-election Year Only) (MY)	(d) 30-Day Post-Election Report for the:		General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)		Election on			in the State of

5. Covering Period 07 01 2001 through 12 31 2001

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

Type or Print Name of Treasurer Mr. Tristan North

Signature of Treasurer Electronically Filed by Mr. Tristan North Date 01 02 2003

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

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

Report Covering the Period: From: ^h07 ^D01 ^v2001 To: ^h12 ^D31 ^v2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^v 2001		7521.46
(b) Cash on Hand at Beginning of Reporting Period	3539.24	
(c) Total Receipts (from Line 19)	29739.13	55334.37
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	33278.37	62855.63
7. Total Disbursements (from Line 30)	8611.29	38188.75
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	24667.08	24667.08
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**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

Report Covering the Period: From: ^{MM}07 ^{DD}01 ^{YYYY}2001 To: ^{MM}12 ^{DD}31 ^{YYYY}2001

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)	22020.82	
(ii) Unitemized	7718.31	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	29739.13	55334.37
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4)	29739.13	55334.37
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 36, page 4)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	29739.13	55334.37
20. Total Federal Receipts (subtract Line 18 from Line 19)	29739.13	55334.37

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Revised 1/2001)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	111.29	188.75
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	111.29	188.75
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8500.00	38000.00
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. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	8611.29	38188.75
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	8611.29	38188.75
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	29739.13	55334.37
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	29739.13	55334.37
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	111.29	188.75
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	111.29	188.75

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 / 30	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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)
 Larry Anderson
 Mailing Address
 330 Hamblin Avenue
 City State Zip Code
 Battle Creek MI 49015
 Date of Receipt
 M / D / Y Y Y Y
 07 / 11 / 2001
 Amount of Each Receipt this Period
 100.00
 FEC ID number of contributing federal political committee.
 Name of Employer Life Care Ambulance Service Occupation Owner/Operator
 Receipt For: Aggregate Year-to-Date ▼
 Primary General Other (specify) ▼ 100.00
 Transaction ID: SA11A1.4367

B. Full Name (Last, First, Middle Initial)
 Larry Anderson
 Mailing Address
 330 Hamblin Avenue
 City State Zip Code
 Battle Creek MI 49015
 Date of Receipt
 M / D / Y Y Y Y
 09 / 14 / 2001
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee.
 Name of Employer Life Care Ambulance Service Occupation Owner/Operator
 Receipt For: Aggregate Year-to-Date ▼
 Primary General Other (specify) ▼ 350.00
 Transaction ID: SA11A1.4368

C. Full Name (Last, First, Middle Initial)
 Larry Anderson
 Mailing Address
 330 Hamblin Avenue
 City State Zip Code
 Battle Creek MI 49015
 Date of Receipt
 M / D / Y Y Y Y
 10 / 31 / 2001
 Amount of Each Receipt this Period
 100.00
 FEC ID number of contributing federal political committee.
 Name of Employer Life Care Ambulance Service Occupation Owner/Operator
 Receipt For: Aggregate Year-to-Date ▼
 Primary General Other (specify) ▼ 450.00
 Transaction ID: SA11A1.4369

SUBTOTAL of Receipts This Page (optional) ▶ **450.00**
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 / 30	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Mailing Address
 2215 Hogback Road

City State Zip Code
 Ann Arbor MI 48105

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 11 / 2001

Amount of Each Receipt this Period
 100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
 Huron Valley Ambulance Owner/Operator

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 200.00

Transaction ID: SA11A1.4371

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

Mailing Address
 2215 Hogback Road

City State Zip Code
 Ann Arbor MI 48105

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 13 / 2001

Amount of Each Receipt this Period
 100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
 Huron Valley Ambulance Owner/Operator

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Transaction ID: SA11A1.4372

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

Mailing Address
 2215 Hogback Road

City State Zip Code
 Ann Arbor MI 48105

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 14 / 2001

Amount of Each Receipt this Period
 250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
 Huron Valley Ambulance Owner/Operator

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 550.00

Transaction ID: SA11A1.4373

SUBTOTAL of Receipts This Page (optional) ▶ **450.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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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)

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

Mailing Address
2215 Hogback Road

City State Zip Code
Ann Arbor MI 48105

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2001

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Huron Valley Ambulance Owner/Operator

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 850.00

Transaction ID: SA11A1.4374

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

Mailing Address
2215 Hogback Road

City State Zip Code
Ann Arbor MI 48105

Date of Receipt
M M / D D / Y Y Y Y
10 / 31 / 2001

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Huron Valley Ambulance Owner/Operator

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

Transaction ID: SA11A1.4375

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

Mailing Address
2215 Hogback Road

City State Zip Code
Ann Arbor MI 48105

Date of Receipt
M M / D D / Y Y Y Y
11 / 30 / 2001

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Huron Valley Ambulance Owner/Operator

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 850.00

Transaction ID: SA11A1.4376

SUBTOTAL of Receipts This Page (optional) ▶ **300.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 30

(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)
Dale J. Berry

Mailing Address
2215 Hogback Road

City State Zip Code
Ann Arbor MI 48105

Date of Receipt
M M / D D / Y Y Y Y
12 / 27 / 2001

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Huron Valley Ambulance Owner/Operator

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 950.00

Transaction ID: SA11A1.4377

B. Full Name (Last, First, Middle Initial)
Glenn A. Brown

Mailing Address
1117 Broadway Avenue

City State Zip Code
Masury OH 44438

Date of Receipt
M M / D D / Y Y Y Y
10 / 31 / 2001

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Rural/Metro Ambulance Owner/Operator

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 25.00

Transaction ID: SA11A1.4379

C. Full Name (Last, First, Middle Initial)
Glenn A. Brown

Mailing Address
1117 Broadway Avenue

City State Zip Code
Masury OH 44438

Date of Receipt
M M / D D / Y Y Y Y
11 / 30 / 2001

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Rural/Metro Ambulance Owner/Operator

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 50.00

Transaction ID: SA11A1.4380

SUBTOTAL of Receipts This Page (optional) ▶ **150.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 / 30	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
Il Glenn A. Brown

Mailing Address
1117 Broadway Avenue

City State Zip Code
Masury OH 44438

Date of Receipt
N M / D E / Y Y Y Y
12 / 27 / 2001

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer
Rural/Metro Ambulance

Occupation
Owner/Operator

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 75.00

Transaction ID: SA11A1.4381

B. Full Name (Last, First, Middle Initial)
Sharon & Vince Cissall

Mailing Address
5883 South Prince

City State Zip Code
Littleton CO 80120

Date of Receipt
N M / D E / Y Y Y Y
12 / 27 / 2001

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer
Columbine Ambulance

Occupation
Owner/Operator

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 500.00

Transaction ID: SA11A1.4385

C. Full Name (Last, First, Middle Initial)
Howard Enloe

Mailing Address
7007 Commerce Avenue

City State Zip Code
El Paso TX 79915

Date of Receipt
N M / D E / Y Y Y Y
09 / 14 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer
Life Ambulance Service, Inc.

Occupation
Owner/Operator

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 1250.00

Transaction ID: SA11A1.4387

SUBTOTAL of Receipts This Page (optional) ▶ **775.00**

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:
(check only one)

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 13 14 15 16 17

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

A. James Finger Date of Receipt
Mailing Address
275 Stratton Road
City State Zip Code
Rutland VT 05701
Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 250.00
Name of Employer Occupation
Regional Ambulance Service, Inc. Owner/Operator
Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00
Transaction ID: SA11A1.4389

B. Bob Garner Date of Receipt
Mailing Address
7255 Northwest 18th Street, NW Suite C
City State Zip Code
Miami FL 33126
Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 250.00
Name of Employer Occupation
American Medical Response Owner/Operator
Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 750.00
Transaction ID: SA11A1.4391

C. Bob Garner Date of Receipt
Mailing Address
7255 Northwest 18th Street, NW Suite C
City State Zip Code
Miami FL 33126
Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 250.00
Name of Employer Occupation
American Medical Response Owner/Operator
Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 1000.00
Transaction ID: SA11A1.4392

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

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

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

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

A. Bob Garner Date of Receipt

Mailing Address: 7255 Northwest 18th Street, NW Suite C
City: Miami State: FL Zip Code: 33126 Date: 10 / 31 / 2001

FEC ID number of contributing federal political committee: Amount of Each Receipt this Period: 250.00

Name of Employer: American Medical Response Occupation: Owner/Operator

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼: 1250.00

Transaction ID: SA11A1.4393

B. Deb Gault Date of Receipt

Mailing Address: 5502 Northwest Highway
City: Waterford State: WI Zip Code: 53185 Date: 07 / 11 / 2001

FEC ID number of contributing federal political committee: Amount of Each Receipt this Period: 250.00

Name of Employer: American Medical Response Occupation: Owner/Operator

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

Transaction ID: SA11A1.4395

C. Deb Gault Date of Receipt

Mailing Address: 5502 Northwest Highway
City: Waterford State: WI Zip Code: 53185 Date: 09 / 14 / 2001

FEC ID number of contributing federal political committee: Amount of Each Receipt this Period: 250.00

Name of Employer: American Medical Response Occupation: Owner/Operator

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

Transaction ID: SA11A1.4396

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

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

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

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

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

Mailing Address
 1001 - 21st Street

City State Zip Code
 Bakersfield CA 93301

Date of Receipt
 N M / D E / Y Y Y Y
 08 16 2001

Amount of Each Receipt this Period
 250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
 Hall Ambulance Service

Receipt For: Aggregate Year-to-Date ▼
 Primary General Other (specify) ▼ 500.00

Transaction ID: SA11A1.4402

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

Mailing Address
 1001 - 21st Street

City State Zip Code
 Bakersfield CA 93301

Date of Receipt
 N M / D E / Y Y Y Y
 09 20 2001

Amount of Each Receipt this Period
 250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
 Hall Ambulance Service

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

Transaction ID: SA11A1.4403

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

Mailing Address
 1001 - 21st Street

City State Zip Code
 Bakersfield CA 93301

Date of Receipt
 N M / D E / Y Y Y Y
 11 12 2001

Amount of Each Receipt this Period
 250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
 Hall Ambulance Service

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

Transaction ID: SA11A1.4404

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 / 30	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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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 State Zip Code
 Bakersfield CA 93301

Date of Receipt
 N M / D E / Y Y Y Y
 12 / 12 / 2001

Amount of Each Receipt this Period
 250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
 Hall Ambulance Service

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1250.00

Transaction ID: SA11A1.4405

B. Full Name (Last, First, Middle Initial)
 Joseph Hamm

Mailing Address
 28 Maple Street

City State Zip Code
 Jamestown NY 14701

Date of Receipt
 N M / D E / Y Y Y Y
 11 / 30 / 2001

Amount of Each Receipt this Period
 22.91

FEC ID number of contributing federal political committee.

Name of Employer Occupation
 WCA Services Corp. Owner/Operator

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 22.91

Transaction ID: SA11A1.4407

C. Full Name (Last, First, Middle Initial)
 Joseph Hamm

Mailing Address
 28 Maple Street

City State Zip Code
 Jamestown NY 14701

Date of Receipt
 N M / D E / Y Y Y Y
 12 / 27 / 2001

Amount of Each Receipt this Period
 22.91

FEC ID number of contributing federal political committee.

Name of Employer Occupation
 WCA Services Corp. Owner/Operator

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 45.82

Transaction ID: SA11A1.4408

SUBTOTAL of Receipts This Page (optional) ▶ **295.82**

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 15 / 30

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)
Barbara Hankle

Mailing Address
793 State Street

City State Zip Code
Schenectady NY 12307

Date of Receipt
M M / D D / Y Y Y Y
09 / 14 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Mohawk Ambulance Service Owner/Operator

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

Transaction ID: SA11A1.4410

B. Full Name (Last, First, Middle Initial)
Stephen Haraczak

Mailing Address
2948 Cashel Lane

City State Zip Code
Vienna VA 22181

Date of Receipt
M M / D D / Y Y Y Y
07 / 11 / 2001

Amount of Each Receipt this Period
125.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Hauck & Associates Executive Vice-President

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

Transaction ID: SA11A1.4412

C. Full Name (Last, First, Middle Initial)
Stephen Haraczak

Mailing Address
2948 Cashel Lane

City State Zip Code
Vienna VA 22181

Date of Receipt
M M / D D / Y Y Y Y
10 / 31 / 2001

Amount of Each Receipt this Period
375.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Hauck & Associates Executive Vice-President

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 375.00

Transaction ID: SA11A1.4413

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 / 30	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Rachel Harrack Singh

Mailing Address
 10629 Sombra Verde Drive
 City: **El Paso** State: **TX** Zip Code: **79935**

Date of Receipt
 N M / D E / Y Y Y Y
 09 / 14 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer: **Life Ambulance Service** Occupation: **Vice President**

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

Transaction ID: **SA11A1.4414**

Full Name (Last, First, Middle Initial)
B. Joe C. Huffman

Mailing Address
 2110 Village Green
 City: **Garland** State: **TX** Zip Code: **75044**

Date of Receipt
 N M / D E / Y Y Y Y
 09 / 14 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer: **Dallas Ambulance Service** Occupation: **Owner/Operator**

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

Transaction ID: **SA11A1.4416**

Full Name (Last, First, Middle Initial)
C. Joe C. Huffman

Mailing Address
 2110 Village Green
 City: **Garland** State: **TX** Zip Code: **75044**

Date of Receipt
 N M / D E / Y Y Y Y
 12 / 27 / 2001

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer: **Dallas Ambulance Service** Occupation: **Owner/Operator**

Receipt For: **Aggregate Year-to-Date ▼**
 Primary General
 Other (specify) ▼ **550.00**

Transaction ID: **SA11A1.4417**

SUBTOTAL of Receipts This Page (optional) ▶ **800.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 / 30	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Mailing Address
321 West Elm

City State Zip Code
Enid OK 73701

Date of Receipt
N M / D E / Y Y Y Y
09 / 14 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Owner/Operator

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 1250.00

Transaction ID: SA11A1.4419

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

Mailing Address
321 West Elm

City State Zip Code
Enid OK 73701

Date of Receipt
N M / D E / Y Y Y Y
12 / 27 / 2001

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Owner/Operator

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 2250.00

Transaction ID: SA11A1.4420

Full Name (Last, First, Middle Initial)
C. Conrad T. Kearns

Mailing Address
1712 Lake Cypress Drive

City State Zip Code
Safety Harbor FL 34895-4503

Date of Receipt
N M / D E / Y Y Y Y
09 / 14 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Pinellas County EMS Authority
Owner/Operator

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

Transaction ID: SA11A1.4422

SUBTOTAL of Receipts This Page (optional) ▶ **1500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 / 30	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Jack Kelleher

Mailing Address
7255 Northwest 19th Street

City State Zip Code
Miami FL 33126

Date of Receipt
 N M / D E / Y Y Y Y
07 11 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
American Medical Response Owner/Operator

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

Transaction ID: **SA11A1.4424**

Full Name (Last, First, Middle Initial)
B. Jack Kelleher

Mailing Address
7255 Northwest 19th Street

City State Zip Code
Miami FL 33126

Date of Receipt
 N M / D E / Y Y Y Y
10 31 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
American Medical Response Owner/Operator

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

Transaction ID: **SA11A1.4425**

Full Name (Last, First, Middle Initial)
C. Frank L. Kelton

Mailing Address
8601 Paradise Valley Blvd.

City State Zip Code
Lucerne CA 95458

Date of Receipt
 N M / D E / Y Y Y Y
10 05 2001

Amount of Each Receipt this Period
2000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
San Luis Ambulance Service Owner/Operator

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

Transaction ID: **SA11A1.4427**

SUBTOTAL of Receipts This Page (optional) ▶ **2500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 / 30	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
 Greg B. Kirby
 Mailing Address
 124 Sandy Lane
 City State Zip Code
 Gaffney SC 29340
 Date of Receipt
 N M / D E / Y Y Y Y
 09 14 2001
 Amount of Each Receipt this Period
 250.00
 Name of Employer Occupation
 American TransMed, Inc. Owner/Operator
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
 Transaction ID: SA11A1.4429

B. Full Name (Last, First, Middle Initial)
 Stephen D. Madison
 Mailing Address
 7575 Southfront Road
 City State Zip Code
 Livermore CA 94550
 Date of Receipt
 N M / D E / Y Y Y Y
 12 27 2001
 Amount of Each Receipt this Period
 250.00
 Name of Employer Occupation
 American Medical Response Owner/Operator
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
 Transaction ID: SA11A1.4431

C. Full Name (Last, First, Middle Initial)
 James McNeal
 Mailing Address
 414 West Elm Avenue
 City State Zip Code
 Burbank CA 91506
 Date of Receipt
 N M / D E / Y Y Y Y
 12 27 2001
 Amount of Each Receipt this Period
 2000.00
 Name of Employer Occupation
 Schaefer Ambulance Owner/Operator
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 4000.00
 Transaction ID: SA11A1.4433

SUBTOTAL of Receipts This Page (optional) ▶ **2500.00**
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 / 30	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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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 McParton
 Mailing Address
 1015 DiBella Drive
 City State Zip Code
 Schenectady NY 12303
 Date of Receipt
 M / D / Y Y Y Y
 07 / 11 / 2001
 Amount of Each Receipt this Period
 250.00
 Name of Employer Occupation
 Mohawk Ambulance Service Owner/Operator
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 750.00
 Transaction ID: SA11A1.4435

B. Full Name (Last, First, Middle Initial)
 James McParton
 Mailing Address
 1015 DiBella Drive
 City State Zip Code
 Schenectady NY 12303
 Date of Receipt
 M / D / Y Y Y Y
 09 / 14 / 2001
 Amount of Each Receipt this Period
 250.00
 Name of Employer Occupation
 Mohawk Ambulance Service Owner/Operator
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00
 Transaction ID: SA11A1.4436

C. Full Name (Last, First, Middle Initial)
 James McParton
 Mailing Address
 1015 DiBella Drive
 City State Zip Code
 Schenectady NY 12303
 Date of Receipt
 M / D / Y Y Y Y
 10 / 31 / 2001
 Amount of Each Receipt this Period
 250.00
 Name of Employer Occupation
 Mohawk Ambulance Service Owner/Operator
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1250.00
 Transaction ID: SA11A1.4437

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 / 30

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)
Jery Medin

Mailing Address
668 Falls Blvd., North

City State Zip Code
Wynne AR 72396

Date of Receipt
M M / D D / Y Y Y Y
09 / 14 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Southern Paramedic Service Owner/Operator

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

Transaction ID: SA11A1.4439

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

Mailing Address
1275 Cedar Street, NE

City State Zip Code
Grand Rapids MI 49503

Date of Receipt
M M / D D / Y Y Y Y
09 / 18 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Life EMS Owner/Operator

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

Transaction ID: SA11A1.4441

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

Mailing Address
7575 Southfront Road

City State Zip Code
Livermore CA 94550

Date of Receipt
M M / D D / Y Y Y Y
08 / 13 / 2001

Amount of Each Receipt this Period
750.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
American Medical Response Owner/Operator

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

Transaction ID: SA11A1.4443

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 / 30	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
				<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. R. Gene Moffit

Mailing Address
 1388 Chancellor Circle

City State Zip Code
 Salt Lake City UT 84108

Date of Receipt
 N M / D E / Y Y Y Y
 09 14 2001

Amount of Each Receipt this Period
 1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
 Gold Cross Services Owner/Operator

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

Transaction ID: SA11A1.4445

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

Mailing Address
 2821 South Parker Road 10th Floor

City State Zip Code
 Aurora CO 80014

Date of Receipt
 N M / D E / Y Y Y Y
 07 11 2001

Amount of Each Receipt this Period
 250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
 American Medical Response Owner/Operator

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

Transaction ID: SA11A1.4447

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

Mailing Address
 2821 South Parker Road 10th Floor

City State Zip Code
 Aurora CO 80014

Date of Receipt
 N M / D E / Y Y Y Y
 09 18 2001

Amount of Each Receipt this Period
 250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
 American Medical Response Owner/Operator

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

Transaction ID: SA11A1.4448

SUBTOTAL of Receipts This Page (optional) ▶ **1500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 / 30	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Date of Receipt
M M / D D / Y Y Y Y
10 / 31 / 2001

Mailing Address
2B21 South Parker Road 10th Floor

City State Zip Code
Aurora CO 80014

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
American Medical Response Owner/Operator

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 1250.00

Transaction ID: SA11A1.4449

B. Full Name (Last, First, Middle Initial)
David Nevins

Date of Receipt
M M / D D / Y Y Y Y
12 / 27 / 2001

Mailing Address
333 Diamond Oaks Road

City State Zip Code
Roseville CA 95678

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Executive Management Services Owner/Operator

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

Transaction ID: SA11A1.4451

C. Full Name (Last, First, Middle Initial)
Mr. Tristan North

Date of Receipt
M M / D D / Y Y Y Y
07 / 11 / 2001

Mailing Address
8201 Greensboro Drive Suite 900

City State Zip Code
McLean VA 22102

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
AMGA/American Ambulance Association Director of Gov't Affairs

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 500.00

Transaction ID: SA11A1.4452

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 / 30	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
				<input type="checkbox"/> 17

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

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

Mailing Address
3317 W 16

City State Zip Code
Hope AR 71801

Date of Receipt
M M / D D / Y Y Y Y
09 / 14 / 2001

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Pafford EMS Owner/Operator

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 1700.00

Transaction ID: SA11A1.4453

Full Name (Last, First, Middle Initial)
B. Stanley J. Portman

Mailing Address
28C Carnation Circle

City State Zip Code
Reading MA 01867

Date of Receipt
M M / D D / Y Y Y Y
09 / 14 / 2001

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Action Ambulance Service Owner/Operator

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

Transaction ID: SA11A1.4455

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

Mailing Address
5935 Henninger Drive

City State Zip Code
Omaha NE 68104-1269

Date of Receipt
M M / D D / Y Y Y Y
09 / 14 / 2001

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Omaha Ambulance Service, Inc. Owner/Operator

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 1500.00

Transaction ID: SA11A1.4457

SUBTOTAL of Receipts This Page (optional) ▶ **2500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 / 30	
	<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)
 John Russell
 Mailing Address
 2034 Pamela
 City State Zip Code
 Cape Girardeau MO 63701
 Date of Receipt
 N M / D E / Y Y Y Y
 12 / 27 / 2001
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee.
 Name of Employer Occupation
 Cape County Private Ambulance President
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00
 Transaction ID: SA11A1.4458

B. Full Name (Last, First, Middle Initial)
 Mike Scarsio
 Mailing Address
 402 West Broadway 23rd Floor
 City State Zip Code
 San Diego CA 92101
 Date of Receipt
 N M / D E / Y Y Y Y
 12 / 12 / 2001
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee.
 Name of Employer Occupation
 Foley Larcher Owner/Operator
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 375.00
 Transaction ID: SA11A1.4460

C. Full Name (Last, First, Middle Initial)
 Greg L. Shore
 Mailing Address
 1009 North Fant Street
 City State Zip Code
 Anderson SC 29622
 Date of Receipt
 N M / D E / Y Y Y Y
 09 / 18 / 2001
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee.
 Name of Employer Occupation
 Medshore Ambulance Service Owner/Operator
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00
 Transaction ID: SA11A1.4462

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 / 30	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
				<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Stewart Slipiec

Mailing Address
 200 Macomb Daily Drive
 City State Zip Code
 Mt. Clemens MI 48043

Date of Receipt
 N M / D E / Y Y Y Y
 09 14 2001

Amount of Each Receipt this Period
 250.00

FEC ID number of contributing federal political committee.

Name of Employer
 Medstar, Inc. Occupation
 Owner/Operator

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

Transaction ID: SA11A1.4464

Full Name (Last, First, Middle Initial)
B. Branda Staffan

Mailing Address
 3236 Old Coach Way
 City State Zip Code
 Reno NV 89511

Date of Receipt
 N M / D E / Y Y Y Y
 09 14 2001

Amount of Each Receipt this Period
 250.00

FEC ID number of contributing federal political committee.

Name of Employer
 Rural/Metro Corporation Occupation
 Owner/Operator

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

Transaction ID: SA11A1.4465

Full Name (Last, First, Middle Initial)
C. Douglas C. Welter

Mailing Address
 315 Smith Street
 City State Zip Code
 Farmingdale NY 11735

Date of Receipt
 N M / D E / Y Y Y Y
 09 14 2001

Amount of Each Receipt this Period
 250.00

FEC ID number of contributing federal political committee.

Name of Employer
 CHS Ambulance Services, Inc. Occupation
 Owner/Operator

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

Transaction ID: SA11A1.4467

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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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 M. Werfel

Mailing Address
9 Durham Drive

City State Zip Code
Dix Hills NY 11746

Date of Receipt
N M / D E / Y Y Y Y
10 01 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self-employed Occupation
Cetronia Ambulance Owner/Operator

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

Transaction ID: SA11A1.4469

B. Full Name (Last, First, Middle Initial)
Larry Wersch

Mailing Address
4846 Five Point Road

City State Zip Code
New Tripoli PA 18066

Date of Receipt
N M / D E / Y Y Y Y
09 14 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Cetronia Ambulance Owner/Operator

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

Transaction ID: SA11A1.4471

C. Full Name (Last, First, Middle Initial)
Larry Wersch

Mailing Address
4846 Five Point Road

City State Zip Code
New Tripoli PA 18066

Date of Receipt
N M / D E / Y Y Y Y
11 30 2001

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Cetronia Ambulance Owner/Operator

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 300.00

Transaction ID: SA11A1.4472

SUBTOTAL of Receipts This Page (optional) ▶ **550.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 / 30	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Mailing Address
8808 Balboa Avenue Suite 150

City State Zip Code
San Diego CA 92123

Date of Receipt
N M / D E / Y Y Y Y
09 / 14 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
American Medical Response Owner/Operator

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

Transaction ID: SA11A1.4474

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

Mailing Address
1116 Rathfan Circle

City State Zip Code
Saline MI 48176

Date of Receipt
N M / D E / Y Y Y Y
08 / 13 / 2001

Amount of Each Receipt this Period
125.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Huron Valley Ambulance Owner/Operator

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 125.00

Transaction ID: SA11A1.4476

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

Mailing Address
1116 Rathfan Circle

City State Zip Code
Saline MI 48176

Date of Receipt
N M / D E / Y Y Y Y
11 / 30 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Huron Valley Ambulance Owner/Operator

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

Transaction ID: SA11A1.4477

SUBTOTAL of Receipts This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	22020.82

**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 / 30

<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				

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

Full Name (Last, First, Middle Initial) A. FRIENDS OF BLANCHE LINCOLN		Date of Disbursement 12 / 26 / 2001	
Mailing Address PO BOX 3197 City LITTLE ROCK Purpose of Disbursement		Amount of Each Disbursement this Period 2000.00	
P O BOX 118 State AR Zip Code 72203		Transaction ID: SB23.447B	
Candidate Name		Category/ Type	
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: AZ District: 01			

Full Name (Last, First, Middle Initial) B. HASTERT FOR CONGRESS COMMITTEE		Date of Disbursement 10 / 25 / 2001	
Mailing Address P. O. Box 625 15 E. Wilson St. City Batavia Purpose of Disbursement		Amount of Each Disbursement this Period 2000.00	
P O BOX 625 State IL Zip Code 60510		Transaction ID: SB23.4481	
Candidate Name		Category/ Type	
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. NANCY L JOHNSON		Date of Disbursement 08 / 30 / 2001	
Mailing Address 141 SOUTH MOUNTAIN DRIVE City NEW BRITAIN Purpose of Disbursement		Amount of Each Disbursement this Period 3000.00	
State CT Zip Code 06052		Transaction ID: SB23.4483	
Candidate Name		Category/ Type	
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	7000.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 30 / 30

<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

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

Full Name (Last, First, Middle Initial) A. LUTHER FOR CONGRESS VOLUNTEER CMTE		Date of Disbursement 08 / 01 / 2001
Mailing Address 1399 GENEVA AVENUE NORTH SUITE 20 City: OAKDALE State: MN Zip Code: 55128		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement	Candidate Name	Category/Type
Office Sought: House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 5B23.4485
State: District:		

Full Name (Last, First, Middle Initial) B. REPUBLICAN MAJORITY FUND		Date of Disbursement 08 / 01 / 2001
Mailing Address 1155 21ST STREET NW #300 City: WASHINGTON State: DC Zip Code: 20038		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement	Candidate Name	Category/Type
Office Sought: House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 5B23.4487
State: District:		

C.

SUBTOTAL of Disbursements This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	8500.00