

# 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 Medical Response Inc Political Action Committee

ADDRESS (number and street) 6200 S Syracuse Way, Suite 200  
 Check if different than previously reported. (ACC)  
Greenwood Village CO 80111

2. **FEC IDENTIFICATION NUMBER** C00389585  
**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 09 01 2010 through 09 30 2010

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 David Buckley

Signature of Treasurer Electronically Filed by Mr David Buckley Date 08 17 2011

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							
-----------------	--	--	--	--	--	--	--

**FEC FORM 3X**  
(Rev. 12/2004)

A. Form/Schedule : **F3XA**

This report is being amended to correct the Election ID for the Distribution.

Transaction ID :

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
American Medical Response Inc Political Action Committee

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	X	Y	Y	Y	2	0	1	0		75459.04
X	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	74942.21									
(c) Total Receipts (from Line 19) .....	2713.23	25285.34								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	77655.44	100744.38								
7. Total Disbursements (from Line 31) .....	4000.00	27088.94								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	73655.44	73655.44								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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 Medical Response Inc Political Action Committee

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

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) .....	2333.00	17221.33
(ii) Unitemized .....	380.23	8064.01
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	2713.23	25285.34
(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 33, page 5) .....	2713.23	25285.34
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	2713.23	25285.34
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	2713.23	25285.34

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.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	4000.00	26700.00
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	388.94
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))..	4000.00	27088.94
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4000.00	27088.94

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) .....	2713.23	25285.34
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2713.23	25285.34
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 17  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

NAME OF COMMITTEE (In Full)  
American Medical Response Inc Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Randall J. Lauer

Mailing Address 11940 NW Tyler Court

City State Zip Code  
Portland OR 97229-8572

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

Name of Employer American Medical Response Northwest, I  
Occupation General Manager Oprns over 40MM

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.37

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2010

**Transaction ID:** PR1364380124512

Amount of Each Receipt this Period  
38.46

P/R Deduction (\$19.23 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
David J. Valenti

Mailing Address 13487 Ne Halsey

City State Zip Code  
Portland OR 97230-3200

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

Name of Employer American Medical Response Northwest, I  
Occupation Mechanic Lead

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.37

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2010

**Transaction ID:** PR1364396424512

Amount of Each Receipt this Period  
38.46

P/R Deduction (\$19.23 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
James L. Lemmon

Mailing Address 13826 Meyers Dr. #2105

City State Zip Code  
Oregon City OR 97045-7963

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

Name of Employer American Medical Response Northwest, I  
Occupation Supervisor Operations E

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.37

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2010

**Transaction ID:** PR1364398324512

Amount of Each Receipt this Period  
38.46

P/R Deduction (\$19.23 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **115.38**

**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 8 / 17
	<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	

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 Medical Response Inc Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Kevin J. Anderson	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 30251 S Dhooghe Rd	<b>Transaction ID:</b> PR1364403424512
	City State Zip Code Colton OR 97017-9423	Amount of Each Receipt this Period 38.46
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$19.23 Bi-Weekly)
Name of Employer American Medical Response Northwest, I	Occupation Director Comm Dispatch	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.37	

<b>B.</b>	Full Name (Last, First, Middle Initial) Ronald F. Dire-Day	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 8004 Kenton Lane S.E.	<b>Transaction ID:</b> PR1364405024512
	City State Zip Code Olympia WA 98501-6884	Amount of Each Receipt this Period 38.46
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$19.23 Bi-Weekly)
Name of Employer American Medical Response Ambulance Se	Occupation Paramedic Basic	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.37	

<b>C.</b>	Full Name (Last, First, Middle Initial) Louis K. Meyer	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 10644 N. Oakwilde Av	<b>Transaction ID:</b> PR1364413824512
	City State Zip Code Stockton CA 95212-9246	Amount of Each Receipt this Period 384.60
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$192.30 Bi-Weekly)
Name of Employer EMS MGMT LLC	Occupation VP Operations I	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3653.70	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>461.52</b>
<b>TOTAL</b> 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 9 / 17  
(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 Medical Response Inc Political Action Committee

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

Mailing Address Po Box 420400

City San Diego State CA Zip Code 92142-0400

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

Name of Employer American Medical Response of Southern Occupation CEO - AMR Regional

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1096.11

Date of Receipt 09 / 30 / 2010  
Transaction ID: PR1364670724512  
Amount of Each Receipt this Period 115.38  
P/R Deduction (\$57.69 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Edward J. Wetzel

Mailing Address P.O. Box 50689

City Henderson State NV Zip Code 89016-0689

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

Name of Employer EMS MGMT LLC Occupation Director Organization Develop

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 730.74

Date of Receipt 09 / 30 / 2010  
Transaction ID: PR1364759024512  
Amount of Each Receipt this Period 76.92  
P/R Deduction (\$20.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
David L. Tice

Mailing Address 1900 Clark St.

City Charles City State IA Zip Code 50616-3826

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

Name of Employer Tek, Inc. Occupation Manager Operations I

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 365.37

Date of Receipt 09 / 30 / 2010  
Transaction ID: PR1364805724512  
Amount of Each Receipt this Period 38.46  
P/R Deduction (\$19.23 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 230.76

**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 10 / 17  
(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

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 Medical Response Inc Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Dale R. Feldhauser

Mailing Address 3580 Diamond Ridge NE

City State Zip Code  
Rockford MI 49341-7935

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

Name of Employer Occupation  
Paramed, Inc General Manager Oprns under 40MM

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 730.74

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2010

Transaction ID: PR1364814524512

Amount of Each Receipt this Period  
76.92

P/R Deduction (\$38.46 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Sean Piendel

Mailing Address 84 Henry St.

City State Zip Code  
Manchester CT 06042-3525

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

Name of Employer Occupation  
American Medical Response of Connecticut General Manager Oprns under 40MM

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 380.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2010

Transaction ID: PR1364983324512

Amount of Each Receipt this Period  
40.00

P/R Deduction (\$10.00 Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Daniel W. O'Brien

Mailing Address 1005 Dunbar Hill Rd

City State Zip Code  
Hamden CT 06514-1409

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

Name of Employer Occupation  
American Medical Response of Connecticut CEO - AMR Regional

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 710.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2010

Transaction ID: PR1364985224512

Amount of Each Receipt this Period  
100.00

P/R Deduction (\$25.00 Weekly)

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

216.92

**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 11 / 17  
(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

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 Medical Response Inc Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Alfred Dellavalle

Mailing Address 43 Oakwood Drive

City State Zip Code  
North Haven CT 06473-1938

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

Name of Employer American Medical Response of Connecticut  
Occupation VP Government Relations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
760.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2010

**Transaction ID:** PR1364986324512

Amount of Each Receipt this Period  
80.00

P/R Deduction (\$20.00 Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
John Eagle

Mailing Address 267 Jennings Way

City State Zip Code  
Mickleton NJ 08056-1029

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

Name of Employer American Medical Response Mid-Atlantic  
Occupation Director Business Development

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.37

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2010

**Transaction ID:** PR1365042524512

Amount of Each Receipt this Period  
38.46

P/R Deduction (\$19.23 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Steven J. Delahousey

Mailing Address 2580 Rue Palafox

City State Zip Code  
Biloxi MS 39531-3733

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

Name of Employer Mobile Medic Ambulance Service, Inc  
Occupation VP Emergency Preparedness

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
730.74

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2010

**Transaction ID:** PR1365131524512

Amount of Each Receipt this Period  
76.92

P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **195.38**

**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 12 / 17  
(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

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 Medical Response Inc Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
John J. Connolly

Mailing Address 11166 Glenmoor Cir

City State Zip Code  
Parker CO 80138-3155

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

Name of Employer American Medical Response of Colorado. Occupation VP PBS

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 475.00

Date of Receipt: 09 / 30 / 2010  
Transaction ID: PR1365143524512  
Amount of Each Receipt this Period: 50.00  
P/R Deduction (\$25.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Debora Gault

Mailing Address 5502 Northwest Highway

City State Zip Code  
Waterford WI 53185-2829

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

Name of Employer EMS MGMT LLC Occupation VP Reimbursement (Federal)

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 730.74

Date of Receipt: 09 / 30 / 2010  
Transaction ID: PR1365144224512  
Amount of Each Receipt this Period: 76.92  
P/R Deduction (\$38.46 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Ronald W. Thackery

Mailing Address 9922 S. Silver Maple Rd.

City State Zip Code  
Highlands Ranch CO 80129-5460

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

Name of Employer American Medical Response, Inc Occupation VP Senior Professional Services

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 730.74

Date of Receipt: 09 / 30 / 2010  
Transaction ID: PR1365144624512  
Amount of Each Receipt this Period: 76.92  
P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 203.84

**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 / 17  
(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 Medical Response Inc Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Roylene A. Rhodes

Mailing Address 42 Highpoint Drive

City State Zip Code  
Gulf Breeze FL 32561-4014

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

Name of Employer EmCare, Inc. Occupation VP Business Development

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1096.11

Date of Receipt  
M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

**Transaction ID:** PR1365144724512

Amount of Each Receipt this Period  
115.38

P/R Deduction (\$57.69 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Gregg M. Chiasson

Mailing Address 3858 Mallard Lane

City State Zip Code  
Highlands Ranch CO 80126-2960

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

Name of Employer EMS MGMT LLC Occupation VP Client Services

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

**Transaction ID:** PR1365147724512

Amount of Each Receipt this Period  
40.00

P/R Deduction (\$20.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Steven G. Murphy

Mailing Address 100 S Birch Road # 901a

City State Zip Code  
Fort Lauderdale FL 33316-1540

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

Name of Employer EMS MGMT LLC Occupation VP Senior Government & National Service

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1826.85

Date of Receipt  
M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0

**Transaction ID:** PR1365147924512

Amount of Each Receipt this Period  
192.30

P/R Deduction (\$96.15 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **347.68**

**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 / 17  
(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
							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 Medical Response Inc Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Randall L. Strozyk

Mailing Address 9209 181st Ave E

City State Zip Code  
Bonney Lake WA 98391-7187

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

Name of Employer  
American Medical Response  
Ambulance Se

Occupation  
CEO - AMR Regional

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1096.11

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2010

**Transaction ID:** PR1365275524512

Amount of Each Receipt this Period  
115.38

P/R Deduction (\$57.69 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
David J. Buckley

Mailing Address 10350 Dahlberg Rd

City State Zip Code  
Franktown CO 80116-8249

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

Name of Employer  
EMS MGMT LLC

Occupation  
Director Business Development

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
730.74

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2010

**Transaction ID:** PR1365322024512

Amount of Each Receipt this Period  
76.92

P/R Deduction (\$38.46 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Scott S. Bourn

Mailing Address 10617 Stone Creek Ct.

City State Zip Code  
Parker CO 80134-2536

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

Name of Employer  
American Medical Response,  
Inc

Occupation  
VP Clinical Education

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
730.74

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2010

**Transaction ID:** PR1365585324512

Amount of Each Receipt this Period  
76.92

P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **269.22**

**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 / 17  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

NAME OF COMMITTEE (In Full)  
American Medical Response Inc Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Edward B Van Horne

Mailing Address 4520 Alexandra Drive

City State Zip Code  
Colleyville TX 76034-4256

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

Name of Employer  
American Medical Response  
Ambulance Se

Occupation  
CEO - AMR Regional

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
730.74

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2010

**Transaction ID:** PR1365962824512

Amount of Each Receipt this Period  
76.92

P/R Deduction (\$38.46 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Mark E. Bruning

Mailing Address 725 Forest View Way

City State Zip Code  
Monument CO 80132-8227

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

Name of Employer  
American Medical Response,  
Inc

Occupation  
President - AMR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2010

**Transaction ID:** PR1542685624512

Amount of Each Receipt this Period  
100.00

P/R Deduction (\$192.30 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Namon J Huddleston, Jr.

Mailing Address 3361 S. Elm St

City State Zip Code  
Denver CO 80222-7312

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

Name of Employer  
EMS MGMT LLC

Occupation  
Director Client Services

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.37

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2010

**Transaction ID:** PR2270584524512

Amount of Each Receipt this Period  
38.46

P/R Deduction (\$19.23 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **215.38**

**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 16 / 17
	(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

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 Medical Response Inc Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Thomas R. Wagner		Date of Receipt
	Mailing Address 303 Peppertree Rd.		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Walnut Creek	CA	94598-2701
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer American Medical Response West		Occupation CEO - AMR Regional
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="730.74"/>	Transaction ID: PR2388846824512
			Amount of Each Receipt this Period <input type="text" value="76.92"/>
			P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="76.92"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="2333.00"/>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 17 / 17

<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

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 Medical Response Inc Political Action Committee

A.

Full Name (Last, First, Middle Initial)  
Hatch Election Committee Inc

Mailing Address 175 South West Temple Suite 650

City State Zip Code  
Salt Lake City UT 84101

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Sen. Orrin Hatch

Office Sought:  House  Senate  President  
Disbursement For: 2009  Primary  General  Other (specify) ▼  
State: UT District:

Transaction ID: 32387442  
Date of Disbursement

09 / 13 / 2010

Amount of Each Disbursement this Period

1500.00

B.

Full Name (Last, First, Middle Initial)  
Massachusetts (MA) Democratic State Committee Federal Fund

Mailing Address 56 Roland St  
North Lobby # 203

City State Zip Code  
Boston MA 02129

Purpose of Disbursement

011  
Category/  
Type

Candidate Name

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

Transaction ID: 32390915  
Date of Disbursement

09 / 14 / 2010

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) .....

4000.00

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

4000.00