

**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

X

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

X 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 (12S)

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

04

01

2005

through

06

30

2005

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

07

12

2005

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. 02/2003)

**SUMMARY PAGE**

**OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

Report Covering the Period: From: <sup>M</sup>04 <sup>Y</sup>01 <sup>Y</sup>2005 To: <sup>M</sup>06 <sup>Y</sup>30 <sup>Y</sup>2005

	<b>COLUMN A</b> This Period	<b>COLUMN B</b> Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Y</sup> 2005		18743.12
(b) Cash on Hand at Beginning of Reporting Period .....	17568.25	
(c) Total Receipts (from Line 19) .....	7034.00	10909.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	24602.25	29652.12
<hr/>		
7. Total Disbursements (from Line 31) .....	3403.03	8452.90
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	21199.22	21199.22
<hr/>		
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**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

Report Covering the Period: From: <sup>M</sup>04 <sup>-</sup>01 <sup>-</sup>2005 To: <sup>M</sup>06 <sup>-</sup>30 <sup>-</sup>2005

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) .....	4450.00	6550.00
(ii) Unitemized .....	2115.00	3890.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	6565.00	10440.00
(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) .....	6565.00	10440.00
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 .....	35.00	35.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	434.00	434.00
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)) .....	7034.00	10909.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	7034.00	10909.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	298.03	583.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	298.03	583.90
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3000.00	7500.00
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.....	105.00	205.00
(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))..... ▶	105.00	205.00
29. Other Disbursements.....	0.00	164.00
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 ActMty (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))..	3403.03	8452.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	3403.03	8452.90

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	6565.00	10440.00
34. Total Contribution Refunds (from Line 28(d)) .....	105.00	205.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	6460.00	10235.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	298.03	583.90
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	298.03	583.90

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

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

FOR LINE NUMBER: PAGE 6 / 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 AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

Full Name (Last, First, Middle Initial) <b>A. Dale Berry</b>		Date of Receipt M / D / Y 05 / 10 / 2005
Mailing Address 2215 Hogback Road		Transaction ID: SA11A1.5590
City Ann Arbor	State MI	Zip Code 48105
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Huron Valley Ambulance	Occupation President	Contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Dale Berry</b>		Date of Receipt M / D / Y 05 / 13 / 2005
Mailing Address 2215 Hogback Road		Transaction ID: SA11A1.5547
City Ann Arbor	State MI	Zip Code 48105
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Huron Valley Ambulance	Occupation President	Contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>C. Howard Enloe</b>		Date of Receipt M / D / Y 04 / 12 / 2005
Mailing Address 7007 Commerce Avenue		Transaction ID: SA11A1.5509
City El Paso	State TX	Zip Code 79915
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Life Ambulance Service, Inc.	Occupation Owner/Operator	Contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1200.00</b>
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:        PAGE 7 / 17  
(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)

Full Name (Last, First, Middle Initial) <b>A. Bob Garner</b>		Date of Receipt M / D / Y 06 / 13 / 2005
Mailing Address 7255 Northwest 18th Street, NW Suite C		Transaction ID: SA11A1.5556
City	State	Zip Code
Miami	FL	33126
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer American Medical Response	Occupation Owner/Operator	Contribution
Receipt For: Primary          General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Deb Gault</b>		Date of Receipt M / D / Y 06 / 13 / 2005
Mailing Address 5502 Northwest Highway		Transaction ID: SA11A1.5557
City	State	Zip Code
Waterford	WI	53185
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 125.00
Name of Employer American Medical Response	Occupation Owner/Operator	Contribution
Receipt For: Primary          General Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Ben Hinson</b>		Date of Receipt M / D / Y 04 / 12 / 2005
Mailing Address 675 Sioux Drive		Transaction ID: SA11A1.5510
City	State	Zip Code
Macon	GA	31210
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Mid Georgia Ambulance	Occupation President/Owner	Contribution
Receipt For: Primary          General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>625.00</b>
<b>TOTAL</b> 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: PAGE 8 / 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
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NAME OF COMMITTEE (In Full)  
AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

Full Name (Last, First, Middle Initial) <b>A. Denis Jackson</b>		Date of Receipt M / D / Y 06 / 13 / 2005
Mailing Address 2031 Winward Point		Transaction ID: SA11A1.5558
City State Zip Code Discover Bay CA 94514	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 125.00
Name of Employer American Medical Response	Occupation Vice President	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Kurt M. Kumpemman</b>		Date of Receipt M / D / Y 06 / 13 / 2005
Mailing Address 2120 E. Golf Avenue		Transaction ID: SA11A1.5559
City State Zip Code Tempe AZ 85282	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 125.00
Name of Employer Rural/Metro	Occupation Group President	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Thomas McEntee</b>		Date of Receipt M / D / Y 05 / 10 / 2005
Mailing Address 2 Joseph Prince Lane		Transaction ID: SA11A1.5531
City State Zip Code Amherst NH 03031	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 100.00
Name of Employer Rockingham Ambulance Service	Occupation Director, Operations	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>350.00</b>
<b>TOTAL</b> 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: PAGE 9 / 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
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NAME OF COMMITTEE (In Full)  
AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

Full Name (Last, First, Middle Initial) <b>A. Thomas McEntee</b>		Date of Receipt M / D / Y 06 / 13 / 2005
Mailing Address 2 Joseph Prince Lane		Transaction ID: SA11A1.5548
City Amherst	State NH	Zip Code 03031
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Rockingham Ambulance Service	Occupation Director, Operations	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>B. Louis Meyer</b>		Date of Receipt M / D / Y 06 / 13 / 2005
Mailing Address 10644 N. Oakwilde Avenue		Transaction ID: SA11A1.5550
City Stockton	State CA	Zip Code 95212
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer AMR	Occupation CEO - Regional	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Steven G. Murphy</b>		Date of Receipt M / D / Y 06 / 13 / 2005
Mailing Address 6200 South Syracuse Way #200		Transaction ID: SA11A1.5559
City Greenwood Village	State CO	Zip Code 80111
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer American Medical Response	Occupation Exec. Vice Pres. (Gov. & Nat. Serv.)	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>600.00</b>
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: 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
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NAME OF COMMITTEE (In Full)  
AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

Full Name (Last, First, Middle Initial) <b>A. Jamie Pefford-Gresham</b>		Date of Receipt M / D / Y 06 / 13 / 2005
Mailing Address 3317 W 18		Transaction ID: SA11A1.5549
City	State	Zip Code
Hope	AR	71801
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Pefford EMS	Occupation Owner/Operator	Contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. John K. Reeler</b>		Date of Receipt M / D / Y 06 / 13 / 2005
Mailing Address 997 Wildwood Drive		Transaction ID: SA11A1.5555
City	State	Zip Code
Biloxi	MS	39532
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 125.00
Name of Employer AMR	Occupation Government Relations Consultant	Contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Julie Ann Rose</b>		Date of Receipt M / D / Y 05 / 10 / 2005
Mailing Address 1123 Chestnut Drive		Transaction ID: SA11A1.5529
City	State	Zip Code
Ashtabula	OH	44004
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Community Care Ambulance	Occupation Executive Director	Contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>1225.00</b>
TOTAL This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
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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) <b>A. Julie Ann Rose</b>		Date of Receipt M / D / Y 06 / 13 / 2005
Mailing Address 1123 Chestnut Drive		Transaction ID: SA11A1.5548
City Ashtabula	State OH	Zip Code 44004
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Community Care Ambulance	Occupation Executive Director	Contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>B. Greg Shore</b>		Date of Receipt M / D / Y 06 / 13 / 2005
Mailing Address 417 Holly Ridge Drive		Transaction ID: SA11A1.5551
City Anderson	State SC	Zip Code 29621
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer MedShore Ambulance	Occupation President	Contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Kurt Williams</b>		Date of Receipt M / D / Y 05 / 10 / 2005
Mailing Address 2122 Willow Street		Transaction ID: SA11A1.5528
City San Diego	State CA	Zip Code 92108
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer American Medical Response	Occupation Vice President	Contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>400.00</b>
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 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
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NAME OF COMMITTEE (In Full)  
AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

Full Name (Last, First, Middle Initial) A. Kurt Williams		Date of Receipt M / D / Y 06 / 13 / 2005
Mailing Address 2122 Willow Street		Transaction ID: SA11A1.5545
City San Diego	State CA	Zip Code 92106
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer American Medical Response	Occupation Vice President	Contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	50.00
TOTAL This Period (last page this line number only) .....	▶	4450.00

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 13 / 17

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" 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)		Date of Receipt	
A. <u>Name Information Systems</u>		M / D / Y U U / Y Y Y Y	
Mailing Address 7300 Chapman Highway		05 / 20 / 2005	
City	State	Zip Code	Transaction ID: SA16.5524
Knoxville	TN	37820	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		C	35.00
Name of Employer	Occupation	Refund of Melinda Kelly's Contribution	
Receipt For:	Aggregate Year-to-Date ▼		
Primary      General			
Other (specify) ▼	35.00		

SUBTOTAL of Receipts TN's Page (optional) .....	▶	35.00
TOTAL This Period (last page this line number only) .....	▶	35.00

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

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

FOR LINE NUMBER: PAGE 14 / 17  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
13	14	15	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. AMERICAN AMBULANCE ASSOCIATION		Date of Receipt M / D / Y 04 / 27 / 2005
Mailing Address 8201 GREENSBORO DRIVE SUITE 300		Transaction ID: SA17.5507
City MCLEAN	State VA	Zip Code 22102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 434.00
Name of Employer	Occupation	Reimbursement
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 434.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	434.00
TOTAL This Period (last page this line number only) .....	▶	434.00

**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 15 / 17

<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
	27		28a		28b		28c		29		30b

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

Full Name (Last, First, Middle Initial)  
**A. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement AmEx Merchant Fees

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type 001

Transaction ID: SB21B.5533  
Date of Disbursement  
06 / 01 / 2005

Amount of Each Disbursement this Period  
6.25

Full Name (Last, First, Middle Initial)  
**B. Nova Information Systems**

Mailing Address 7300 Chapman Highway

City Knoxville State TN Zip Code 37920

Purpose of Disbursement April NOVA Merchant Fees

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type 001

Transaction ID: SB21B.5523  
Date of Disbursement  
04 / 27 / 2005

Amount of Each Disbursement this Period  
62.38

Full Name (Last, First, Middle Initial)  
**C. Nova Information Systems**

Mailing Address 7300 Chapman Highway

City Knoxville State TN Zip Code 37920

Purpose of Disbursement May NOVA Merchant Fees

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type 001

Transaction ID: SB21B.5527  
Date of Disbursement  
05 / 02 / 2005

Amount of Each Disbursement this Period  
63.08

**SUBTOTAL** of Disbursements This Page (optional) ▶ **131.72**

**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 16 / 17

<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
	27		28a		28b		28c		29		30b

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

Full Name (Last, First, Middle Initial)

A. Nova Information Systems

Mailing Address 7300 Chapman Highway

City Knoxville State TN Zip Code 37920

Purpose of Disbursement  
NOVA Merchant Fees

Candidate Name

Office Sought: House  
Senate  
President

State: District

Disbursement For: Primary General  
Other (specify) ▼

001  
Category/  
Type

Transaction ID: SB21B.5534

Date of Disbursement

06 / 01 / 2005

Amount of Each Disbursement this Period

10.07

SUBTOTAL of Disbursements This Page (optional) ▶

10.07

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

141.79



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

Mailing Address P.O. BOX 100

City BOLTON State MS Zip Code 39041

Purpose of Disbursement  
Contribution

Candidate Name  
BENNIE THOMPSON

Office Sought:  House  
Senate  
President  
State: MS District

Disbursement For: 2006  
Primary  General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.5536  
Date of Disbursement

06 / 09 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)  
B. PICKERING FOR CONGRESS

Mailing Address P.O. BOX 4297

City BRANDON State MS Zip Code 39047

Purpose of Disbursement  
Contribution

Candidate Name  
PICKERING FOR CONGRESS

Office Sought:  House  
Senate  
President  
State: MS District

Disbursement For: 2006  
 Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.5539  
Date of Disbursement

06 / 17 / 2005

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

3000.00