

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

Office Use Only

FEC FORM 3X
(Revised 1/2001)

**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	22020.82	
(i) Itemized (use Schedule A)	7718.31	
(ii) Unitemized		
(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
<hr/>		
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 / 31

11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Larry Anderson

Mailing Address
330 Hamblin Avenue

City State Zip Code
Battle Creek MI 49015

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
Life Care Ambulance Service 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 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
Life Care Ambulance Service 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 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
Life Care Ambulance Service 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)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 31

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
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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FOR LINE NUMBER: PAGE 7 / 31

(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)
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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 / 31	
	<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)
 Dale J. Berry

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

Mailing Address
 2215 Hogback Road

City State Zip Code
 Ann Arbor MI 48105

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)
 Il Glenn A. Brown

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

Mailing Address
 1117 Broadway Avenue

City State Zip Code
 Masury OH 44438

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)
 Il Glenn A. Brown

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

Mailing Address
 1117 Broadway Avenue

City State Zip Code
 Masury OH 44438

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 / 31	
	<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 / 31	
	<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. James Finger

Mailing Address
 275 Stratton Road

City State Zip Code
 Rutland VT 05701

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
 Regional Ambulance Service, Inc.

Occupation
 Owner/Operator

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

Transaction ID: SA11A1.4389

Full Name (Last, First, Middle Initial)
B. Bob Garner

Mailing Address
 7255 Northwest 18th Street, NW Suite C

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
 American Medical Response

Occupation
 Owner/Operator

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

Transaction ID: SA11A1.4391

Full Name (Last, First, Middle Initial)
C. Bob Garner

Mailing Address
 7255 Northwest 18th Street, NW Suite C

City State Zip Code
 Miami FL 33126

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
 American Medical Response

Occupation
 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**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 / 31	
	<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. Bob Garner

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

Mailing Address
 7255 Northwest 18th Street, NW Suite C
 City State Zip Code
 Miami FL 33126

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: SA11A1.4393

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

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

Mailing Address
 5502 Northwest Highway
 City State Zip Code
 Waterford WI 53185

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: SA11A1.4395

Full Name (Last, First, Middle Initial)
C. Deb Gault

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

Mailing Address
 5502 Northwest Highway
 City State Zip Code
 Waterford WI 53185

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: SA11A1.4396

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 / 31	
	<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)
Deb Gault

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

Mailing Address
5502 Northwest Highway

City State Zip Code
Waterford WI 53185

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: SA11A1.4397

B. Full Name (Last, First, Middle Initial)
Danel Grinstead

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

Mailing Address
555 13th Street, NW

City State Zip Code
Washington DC 20004

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Hogan & Haltsen Owner/Operator

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

Transaction ID: SA11A1.4399

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

Date of Receipt
M M / D D / Y Y Y Y
07 / 19 / 2001

Mailing Address
1001 - 21st Street

City State Zip Code
Bakersfield CA 93301

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) ▼ 250.00

Transaction ID: SA11A1.4401

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 13 / 31	
	<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
M M / D D / 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
M M / D D / 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
M M / D D / 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 / 31	
	<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. 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

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

Full Name (Last, First, Middle Initial)
C. 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 / 31	
	<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. Barbara Hankle Date of Receipt

Mailing Address N M / D E / Y Y Y Y
 793 State Street 09 14 2001

City State Zip Code
 Schenectady NY 12307 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 250.00

Name of Employer Mohawk Ambulance Service	Occupation Owner/Operator
--	------------------------------

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

Transaction ID: SA11A1.4410

B. Stephen Haraczak Date of Receipt

Mailing Address N M / D E / Y Y Y Y
 2948 Cashel Lane 07 11 2001

City State Zip Code
 Vienna VA 22181 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 125.00

Name of Employer Hauck & Associates	Occupation Executive Vice-President
--	--

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

Transaction ID: SA11A1.4412

C. Stephen Haraczak Date of Receipt

Mailing Address N M / D E / Y Y Y Y
 2948 Cashel Lane 10 31 2001

City State Zip Code
 Vienna VA 22181 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 125.00

Name of Employer Hauck & Associates	Occupation 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 / 31

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)
Rachel Harrack Singh

Mailing Address
10629 Sombra Verde Drive

City State Zip Code
El Paso TX 79935

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
Life Ambulance Service Vice President

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

Transaction ID: SA11A1.4414

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

Mailing Address
2110 Village Green

City State Zip Code
Garland TX 75044

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
Dallas Ambulance Service Owner/Operator

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

Transaction ID: SA11A1.4416

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

Mailing Address
2110 Village Green

City State Zip Code
Garland TX 75044

Date of Receipt
M M / D D / 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 Occupation
Dallas Ambulance Service 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 / 31	
	<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 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

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

C. Full Name (Last, First, Middle Initial)
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 / 31	
	<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
M M / D D / 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
M M / D D / 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
M M / D D / 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 / 31	
	<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. 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

FEC ID number of contributing federal political committee.

Name of Employer
 American TransMed, Inc.

Occupation
 Owner/Operator

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

Transaction ID: SA11A1.4429

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

FEC ID number of contributing federal political committee.

Name of Employer
 American Medical Response

Occupation
 Owner/Operator

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

Transaction ID: SA11A1.4431

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

FEC ID number of contributing federal political committee.

Name of Employer
 Schaefer Ambulance

Occupation
 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 / 31	
	<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 McParton

Mailing Address
1015 DiBella Drive

City State Zip Code
Schenectady NY 12303

Date of Receipt
M M / D D / 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
Mohawk Ambulance Service Owner/Operator

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

Transaction ID: SA11A1.4435

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

Mailing Address
1015 DiBella Drive

City State Zip Code
Schenectady NY 12303

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) ▼ 1000.00

Transaction ID: SA11A1.4436

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

Mailing Address
1015 DiBella Drive

City State Zip Code
Schenectady NY 12303

Date of Receipt
M M / D D / 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
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 / 31	
	<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)
Jery Medin

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

Mailing Address
669 Falls Blvd., North

City State Zip Code
Wynne AR 72396

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

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

Mailing Address
1275 Cedar Street, NE

City State Zip Code
Grand Rapids MI 49503

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

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

Mailing Address
7575 Southfront Road

City State Zip Code
Livermore CA 94550

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: PAGE 22 / 31

(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)
R. Gene Moffit

Mailing Address
1399 Chancellor Circle

City State Zip Code
Salt Lake City UT 84108

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
Gold Cross Services Owner/Operator

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

Transaction ID: SA11A1.4445

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

Mailing Address
2821 South Parker Road 10th Floor

City State Zip Code
Aurora CO 80014

Date of Receipt
M M / D D / 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

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

Mailing Address
2821 South Parker Road 10th Floor

City State Zip Code
Aurora CO 80014

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
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: PAGE 23 / 31

(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)
A. Steve Murphy

Mailing Address
2821 South Parker Road 10th Floor
City State Zip Code
Aurora CO 80014

Date of Receipt
M M / D D / 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) ▼ 1250.00

Transaction ID: SA11A1.4449

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

Mailing Address
333 Diamond Oaks Road
City State Zip Code
Roseville CA 95678

Date of Receipt
M M / D D / 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
Executive Management Services Owner/Operator

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

Transaction ID: SA11A1.4451

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

Mailing Address
8201 Greensboro Drive Suite 900
City State Zip Code
McLean VA 22102

Date of Receipt
M M / D D / 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
AMGAmerican 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 / 31	
	<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. Jamie Pafford-Gresham

Mailing Address
 3317 W 16
 City State Zip Code
 Hope AR 71801

Date of Receipt
 N M / D E / 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
 Pafford EMS

Occupation
 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
 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
 Action Ambulance Service

Occupation
 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
 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
 Omaha Ambulance Service, Inc.

Occupation
 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: PAGE 25 / 31

(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)
A. John Russell

Mailing Address
2034 Pamela

City State Zip Code
Cape Girardeau MO 63701

Date of Receipt
M M / D D / 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

Full Name (Last, First, Middle Initial)
B. Mike Scarsio

Mailing Address
402 West Broadway 23rd Floor

City State Zip Code
San Diego CA 92101

Date of Receipt
M M / D D / 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

Full Name (Last, First, Middle Initial)
C. Greg L. Shore

Mailing Address
1009 North Fant Street

City State Zip Code
Anderson SC 29622

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
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: PAGE 26 / 31

(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)

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:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

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:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

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:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

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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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 Wiersch

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 Wiersch

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

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

Mailing Address
6808 Balboa Avenue Suite 150

City State Zip Code
San Diego CA 92123

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
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
M M / D D / 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
M M / D D / 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)

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<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 State: AR Zip Code: 72203		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement Candidate Name		Category/ Type	
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB23.447B	
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 State: IL Zip Code: 60510		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB23.4481	
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 State: CT Zip Code: 06052		Amount of Each Disbursement this Period 3000.00	
Purpose of Disbursement Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB23.4483	
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)

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<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

