

**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)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

X 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

07

01

2003

through

12

31

2003

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

30

2004

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>07 <sup>D</sup>01 <sup>Y</sup>2003 To: <sup>M</sup>12 <sup>D</sup>31 <sup>Y</sup>2003

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Y</sup> 2003 <sup>M</sup> <sup>D</sup>		20898.53
(b) Cash on Hand at Beginning of Reporting Period .....	30161.30	
(c) Total Receipts (from Line 19) .....	27300.00	47000.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	57461.30	67898.53
<hr/>		
7. Total Disbursements (from Line 31) .....	15617.27	26054.50
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	41844.03	41844.03
<hr/>		
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 (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>07 <sup>D</sup>01 <sup>Y</sup>2003 To: <sup>M</sup>12 <sup>D</sup>31 <sup>Y</sup>2003

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) .....	25860.00	
(ii) Unitemized .....	1440.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	27300.00	47000.00
(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) .....	27300.00	47000.00
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 .....	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)) .....	27300.00	47000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	27300.00	47000.00

**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.....	557.27	994.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	557.27	994.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	25000.00
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.....	60.00	60.00
(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))..... ▶	60.00	60.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election 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))..	15617.27	26054.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	15617.27	26054.50

**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) .....	27300.00	47000.00
34. Total Contribution Refunds (from Line 28(d)) .....	60.00	60.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	27240.00	46940.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	557.27	994.50
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	557.27	994.50

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

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

FOR LINE NUMBER:        PAGE 6 / 35  
(check only one)  
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           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. Larry S. Anderson</b>		Date of Receipt M / D / Y <b>07 / 08 / 2003</b>
Mailing Address <b>12 Lakeside Drive</b>		Transaction ID: <b>SA11A1.4880</b>
City	State	Zip Code
<b>Battle Creek</b>	<b>MI</b>	<b>49015</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>100.00</b>
Name of Employer <b>LifeCare Ambulance Service</b>	Occupation <b>CEO</b>	Contribution
Receipt For: Primary          General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>350.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Larry S. Anderson</b>		Date of Receipt M / D / Y <b>09 / 23 / 2003</b>
Mailing Address <b>12 Lakeside Drive</b>		Transaction ID: <b>SA11A1.4968</b>
City	State	Zip Code
<b>Battle Creek</b>	<b>MI</b>	<b>49015</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>100.00</b>
Name of Employer <b>LifeCare Ambulance Service</b>	Occupation <b>CEO</b>	Donation
Receipt For: Primary          General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>450.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Larry S. Anderson</b>		Date of Receipt M / D / Y <b>11 / 12 / 2003</b>
Mailing Address <b>12 Lakeside Drive</b>		Transaction ID: <b>SA11A1.4979</b>
City	State	Zip Code
<b>Battle Creek</b>	<b>MI</b>	<b>49015</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>500.00</b>
Name of Employer <b>LifeCare Ambulance Service</b>	Occupation <b>CEO</b>	Donation
Receipt For: Primary          General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>950.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>700.00</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 7 / 35  
(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. Dale Berry</b>		Date of Receipt M / D / Y 11 / 12 / 2003
Mailing Address 2215 Hogback Road		Transaction ID: SA11A1.4990
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 1000.00
Name of Employer Huron Valley Ambulance	Occupation President	Donation
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Maria Bianchi</b>		Date of Receipt M / D / Y 08 / 13 / 2003
Mailing Address 19077 Loudoun Orchard Road		Transaction ID: SA11A1.4901
City Leesburg	State VA	Zip Code 20175
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 60.00
Name of Employer Association Management Group	Occupation Executive Director	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>C. James Finger</b>		Date of Receipt M / D / Y 08 / 12 / 2003
Mailing Address 18 Central Avenue		Transaction ID: SA11A1.4879
City Rutland	State VT	Zip Code 05707
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 60.00
Name of Employer Regional Ambulance Services, Inc.	Occupation Administration	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1120.00</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 / 35

(check only one)  
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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. James Finger</b>		Date of Receipt M / D / Y 11 / 12 / 2003
Mailing Address 18 Central Avenue		Transaction ID: SA11A1.4980
City <b>Rutland</b>	State <b>VT</b>	Zip Code <b>05707</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer <b>Regional Ambulance Service, Inc.</b>	Occupation <b>Administration</b>	Donation
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>560.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Robert L Forbuss</b>		Date of Receipt M / D / Y 11 / 12 / 2003
Mailing Address 200 Sterile Drive		Transaction ID: SA11A1.4976
City <b>Las Vegas</b>	State <b>NV</b>	Zip Code <b>89107</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>500.00</b>
Name of Employer <b>Strategic Alliance</b>	Occupation <b>President</b>	Donation
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>500.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Bob Garner</b>		Date of Receipt M / D / Y 11 / 12 / 2003
Mailing Address 7255 Northwest 18th Street, NW Suite C		Transaction ID: SA11A1.4988
City <b>Miami</b>	State <b>FL</b>	Zip Code <b>33128</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>1000.00</b>
Name of Employer <b>American Medical Response</b>	Occupation <b>Owner/Operator</b>	Donation
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>1000.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 35

(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. Robert Garner</b>		Date of Receipt M / D / Y 07 / 08 / 2003
Mailing Address 700 Sunset Drive		Transaction ID: SA11A1.4881
City Coral Gables	State FL	Zip Code 33143
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer AMR-FL	Occupation CEO	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) <b>B. Robert Garner</b>		Date of Receipt M / D / Y 09 / 23 / 2003
Mailing Address 700 Sunset Drive		Transaction ID: SA11A1.4887
City Coral Gables	State FL	Zip Code 33143
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer AMR-FL	Occupation CEO	Donation
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>C. Dabona Mary Gautt</b>		Date of Receipt M / D / Y 07 / 08 / 2003
Mailing Address 5502 North West Highway		Transaction ID: SA11A1.4882
City Waterford	State WI	Zip Code 53185
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer AMR	Occupation VP Federal Reimbursements	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>750.00</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 / 35

(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. Debra Mary Gault</b>		Date of Receipt M / D / Y 09 / 23 / 2003
Mailing Address 5502 North West Highway		Transaction ID: SA11A1.4968
City	State	Zip Code
Waterford	WI	53185
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer AMR	Occupation VP Federal Reimbursements	Donation
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>B. Debra Mary Gault</b>		Date of Receipt M / D / Y 11 / 18 / 2003
Mailing Address 5502 North West Highway		Transaction ID: SA11A1.5000
City	State	Zip Code
Waterford	WI	53185
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer AMR	Occupation VP Federal Reimbursements	Donation
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00	

Full Name (Last, First, Middle Initial) <b>C. Rachel Harrack Singh</b>		Date of Receipt M / D / Y 08 / 12 / 2003
Mailing Address 10628 Sombra Verde Drive		Transaction ID: SA11A1.4878
City	State	Zip Code
El Paso	TX	79935
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 120.00
Name of Employer Life Ambulance Service	Occupation Vice President	Contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 670.00	

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **870.00**

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

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

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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. III David B. Hill</b>		Date of Receipt M / D / Y 08 / 13 / 2003
Mailing Address 395 West Lake Street		Transaction ID: SA11A1.4903
City Elmhurst	State IL	Zip Code 60126
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation Owner/Operator	Contribution
Receipt For: Primary          General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Ben Hinson</b>		Date of Receipt M / D / Y 11 / 12 / 2003
Mailing Address 2025 Vineville Avenue		Transaction ID: SA11A1.4975
City Macon	State GA	Zip Code 31203
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Mid Georgia Ambulance	Occupation President/Owner	Donation
Receipt For: Primary          General Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

Full Name (Last, First, Middle Initial) <b>C. Joe C. Huffman</b>		Date of Receipt M / D / Y 08 / 13 / 2003
Mailing Address 211D Village Green		Transaction ID: SA11A1.4854
City Garland	State TX	Zip Code 75044
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 60.00
Name of Employer Dallas Ambulance Service	Occupation Owner/Operator	Contribution
Receipt For: Primary          General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>3560.00</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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FOR LINE NUMBER: PAGE 12 / 35  
(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. Johnson S. James		Date of Receipt M / D / Y Y Y Y 09 / 23 / 2003
Mailing Address 321 West Elm		Transaction ID: SA11A1.4959
City	State	Zip Code
Enid	OK	73702
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Life EMS	Occupation President	Donation
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. James S. Johnson		Date of Receipt M / D / Y Y Y Y 07 / 08 / 2003
Mailing Address 1801 Mockingbird Lane		Transaction ID: SA11A1.4883
City	State	Zip Code
Enid	OK	73703
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Life EMS	Occupation President	Contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) C. James S. Johnson		Date of Receipt M / D / Y Y Y Y 08 / 13 / 2003
Mailing Address 1801 Mockingbird Lane		Transaction ID: SA11A1.4853
City	State	Zip Code
Enid	OK	73703
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 60.00
Name of Employer Life EMS	Occupation President	Contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 710.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	560.00
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 13 / 35  
(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. James S. Johnson</b>		Date of Receipt M / D / Y 11 / 07 / 2003
Mailing Address 1801 Mockingbird Lane		Transaction ID: SA11A1.4948
City	State	Zip Code
Enid	OK	73703
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Life EMS	Occupation President	Donation
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1710.00	

Full Name (Last, First, Middle Initial) <b>B. Kurt M. Kumpferman</b>		Date of Receipt M / D / Y 07 / 08 / 2003
Mailing Address 2120 E. Golf Avenue		Transaction ID: SA11A1.4885
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. Kurt M. Kumpferman</b>		Date of Receipt M / D / Y 09 / 23 / 2003
Mailing Address 2120 E. Golf Avenue		Transaction ID: SA11A1.4881
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	Donation
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1250.00</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 14 / 35  
(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. Kurt M. Kumpfen</b>		Date of Receipt M / D / Y 11 / 12 / 2003
Mailing Address 2120 E. Golf Avenue		Transaction ID: SA11A1.4982
City	State	Zip Code
Tempe	AZ	85282
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Rural/Metro	Occupation Group President	Donation
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 875.00	

Full Name (Last, First, Middle Initial) <b>B. Brian Lavalletta</b>		Date of Receipt M / D / Y 11 / 12 / 2003
Mailing Address 701 Britten Avenue		Transaction ID: SA11A1.4995
City	State	Zip Code
Lansing	MI	48910-1321
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Association Services of Michigan	Occupation President	Donation
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Russell Maxwell</b>		Date of Receipt M / D / Y 08 / 13 / 2003
Mailing Address 322 G. Central Blvd		Transaction ID: SA11A1.4880
City	State	Zip Code
Orlando	FL	32801
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 60.00
Name of Employer Rural/Metro Corporation	Occupation Group President	Contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>760.00</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 15 / 35

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input 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) <b>A. Mr. Russell Maxwell</b>		Date of Receipt M / D / Y 11 / 12 / 2003
Mailing Address 322 G. Central Blvd		Transaction ID: SA11A1.4983
City Orlando	State FL	Zip Code 32801
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Rural/Metro Corporation	Occupation Group President	Donation
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00	

Full Name (Last, First, Middle Initial) <b>B. Jr. James McNeal</b>		Date of Receipt M / D / Y 08 / 13 / 2003
Mailing Address 414 West Elm Avenue		Transaction ID: SA11A1.4904
City Burbank	State CA	Zip Code 91506
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Schaefer Ambulance	Occupation CEO	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Jr. James McNeal</b>		Date of Receipt M / D / Y 11 / 07 / 2003
Mailing Address 414 West Elm Avenue		Transaction ID: SA11A1.4950
City Burbank	State CA	Zip Code 91506
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Schaefer Ambulance	Occupation CEO	Donation
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>2100.00</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 16 / 35  
(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. James McParton</b>		Date of Receipt M / D / Y 07 / 08 / 2003
Mailing Address 1015 DiBella Drive		Transaction ID: SA11A1.4868
City Schenectady	State NY	Zip Code 12303
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Mohawk Ambulance Service	Occupation Owner/Operator	Contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>B. James McParton</b>		Date of Receipt M / D / Y 08 / 12 / 2003
Mailing Address 1015 DiBella Drive		Transaction ID: SA11A1.4876
City Schenectady	State NY	Zip Code 12303
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 60.00
Name of Employer Mohawk Ambulance Service	Occupation Owner/Operator	Contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 860.00	

Full Name (Last, First, Middle Initial) <b>C. James McParton</b>		Date of Receipt M / D / Y 09 / 23 / 2003
Mailing Address 1015 DiBella Drive		Transaction ID: SA11A1.4958
City Schenectady	State NY	Zip Code 12303
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Mohawk Ambulance Service	Occupation Owner/Operator	Donation
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1110.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>560.00</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 17 / 35  
(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. James McParton</b>		Date of Receipt M / D / Y 11 / 12 / 2003
Mailing Address 1015 DiBella Drive		Transaction ID: SA11A1.4973
City Schenectady	State NY	Zip Code 12303
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Mohawk Ambulance Service	Occupation Owner/Operator	Donation
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 2110.00	

Full Name (Last, First, Middle Initial) <b>B. William Mergendahl</b>		Date of Receipt M / D / Y 07 / 08 / 2003
Mailing Address 3 Essex Street #32		Transaction ID: SA11A1.4887
City Charlestown	State MA	Zip Code 02129
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Professional Ambulance	Occupation COO	Contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. William Mergendahl</b>		Date of Receipt M / D / Y 09 / 23 / 2003
Mailing Address 3 Essex Street #32		Transaction ID: SA11A1.4884
City Charlestown	State MA	Zip Code 02129
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Professional Ambulance	Occupation COO	Donation
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>1500.00</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 18 / 35

(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. Lou Meyer</b>		Date of Receipt M / D / Y 08 / 06 / 2003
Mailing Address 7575 Southfront Road		Transaction ID: SA11A1.4852
City Livermore	State CA	Zip Code 94550
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 ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Lou Meyer</b>		Date of Receipt M / D / Y 09 / 28 / 2003
Mailing Address 7575 Southfront Road		Transaction ID: SA11A1.4855
City Livermore	State CA	Zip Code 94550
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	Donation
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Louis Meyer</b>		Date of Receipt M / D / Y 08 / 12 / 2003
Mailing Address 10844 N. Oakwilde Avenue		Transaction ID: SA11A1.4875
City Stockton	State CA	Zip Code 95212
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 180.00
Name of Employer AMR	Occupation CEO - Regional	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>690.00</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 / 35

(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. Louis Meyer</b>		Date of Receipt M / D / Y 11 / 12 / 2003
Mailing Address 10644 N. Oakwilde Avenue		Transaction ID: SA11A1.4996
City Stockton	State CA	Zip Code 95212
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer AMR	Occupation CEO - Regional	Donation
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1330.00	

Full Name (Last, First, Middle Initial) <b>B. Michael S. Moffitt</b>		Date of Receipt M / D / Y 09 / 23 / 2003
Mailing Address 2331 S. 1800 E.		Transaction ID: SA11A1.4965
City Salt Lake City	State UT	Zip Code 84106
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Gold Cross Services	Occupation Vice President	Donation
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Steven G. Murphy</b>		Date of Receipt M / D / Y 11 / 12 / 2003
Mailing Address 6200 South Syracuse Way #200		Transaction ID: SA11A1.4986
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 1000.00
Name of Employer American Medical Response	Occupation Exec. Vice Pres. (Gov. & Nat. Serv.)	Donation
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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 20 / 35

(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. David Nevins</b>		Date of Receipt M / D / Y 07 / 08 / 2003
Mailing Address 333 Diamond Oaks Road		Transaction ID: SA11A1.4868
City Roseville	State CA	Zip Code 95678
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Executive Management Services	Occupation Owner/Operator	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. David Nevins</b>		Date of Receipt M / D / Y 09 / 23 / 2003
Mailing Address 333 Diamond Oaks Road		Transaction ID: SA11A1.4963
City Roseville	State CA	Zip Code 95678
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Executive Management Services	Occupation Owner/Operator	Donation
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Tristan North</b>		Date of Receipt M / D / Y 08 / 13 / 2003
Mailing Address 2805 O Street, NW, #2		Transaction ID: SA11A1.4902
City Washington	State DC	Zip Code 20007
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 60.00
Name of Employer AMGAmerican Ambulance Association	Occupation Director of Gov't Affairs	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional) .....	560.00
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 21 / 35

(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. James O'Connor</b>		Date of Receipt M / D / Y 08 / 12 / 2008
Mailing Address 288B Heathercrest Drive		Transaction ID: SA11A1.4874
City Yorktown	State NY	Zip Code 10588
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 120.00
Name of Employer Metro Care Ambulance	Occupation Senior V.P.	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) <b>B. Jamie Pafford-Gresham</b>		Date of Receipt M / D / Y 11 / 12 / 2008
Mailing Address 3317 W 18		Transaction ID: SA11A1.4972
City Hope	State AR	Zip Code 71801
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1200.00
Name of Employer Pafford EMS	Occupation Owner/Operator	Donation
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1320.00	

Full Name (Last, First, Middle Initial) <b>C. William C. Pehl</b>		Date of Receipt M / D / Y 07 / 08 / 2008
Mailing Address 6200 S. Syracuse Way #200		Transaction ID: SA11A1.4889
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 AMR	Occupation CEO- Central Region	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1570.00</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 22 / 35  
(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. William C. Pahl</b>		Date of Receipt M / D / Y 09 / 23 / 2003
Mailing Address 8200 S. Syracuse Way #200		Transaction ID: SA11A1.4969
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 AMR	Occupation CEO- Central Region	Donation
Receipt For: Primary          General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>B. Stanley Portman</b>		Date of Receipt M / D / Y 09 / 23 / 2003
Mailing Address 28C Carnation Circle		Transaction ID: SA11A1.4962
City Reading	State MA	Zip Code 01867
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Action Ambulance	Occupation President	Donation
Receipt For: Primary          General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Stanley J. Portman</b>		Date of Receipt M / D / Y 07 / 08 / 2003
Mailing Address 28C Carnation Circle		Transaction ID: SA11A1.4890
City Reading	State MA	Zip Code 01867
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Action Ambulance Service	Occupation Owner/Operator	Contribution
Receipt For: Primary          General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>750.00</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 23 / 35

(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. Stanley J. Portman</b>		Date of Receipt M / D / Y 08 / 12 / 2008
Mailing Address 28C Camation Circle		Transaction ID: SA11A1.4869
City Reading	State MA	Zip Code 01867
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 180.00
Name of Employer Action Ambulance Service	Occupation Owner/Operator	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1280.00	

Full Name (Last, First, Middle Initial) <b>B. Daryl Quigley</b>		Date of Receipt M / D / Y 11 / 07 / 2008
Mailing Address 181D Country Club Circle		Transaction ID: SA11A1.4954
City Garland	State TX	Zip Code 75043
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Texas Lifeline Corp.	Occupation President/CEO	Donation
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>C. Stewart Stipac</b>		Date of Receipt M / D / Y 11 / 25 / 2008
Mailing Address 380 North Grattot		Transaction ID: SA11A1.5002
City Clinton	State MI	Zip Code 48043
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Medstar, Inc.	Occupation Owner/Operator	Donation
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1280.00</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 24 / 35  
(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. Brenda Staffan</b>		Date of Receipt M / D / Y 08 / 12 / 2008
Mailing Address 3236 Old Coach Way		Transaction ID: SA11A1.4865
City Reno	State NV	Zip Code 89511
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 120.00
Name of Employer Rural/Metro Corporation	Occupation Owner/Operator	Contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) <b>B. Brenda Staffan</b>		Date of Receipt M / D / Y 11 / 12 / 2008
Mailing Address 3236 Old Coach Way		Transaction ID: SA11A1.4978
City Reno	State NV	Zip Code 89511
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Rural/Metro Corporation	Occupation Owner/Operator	Donation
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 770.00	

Full Name (Last, First, Middle Initial) <b>C. Edward Stoffcheck, Jr.</b>		Date of Receipt M / D / Y 08 / 13 / 2008
Mailing Address 220 S. High Street		Transaction ID: SA11A1.4859
City LaRue	State OH	Zip Code 43332
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 120.00
Name of Employer Stoffcheck Ambulance Service	Occupation Owner	Contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>740.00</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 25 / 35  
(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. Edward Stofcheck, Jr.</b>		Date of Receipt M / D / Y 11 / 07 / 2003
Mailing Address 220 S. High Street		Transaction ID: SA11A1.4947
City State Zip Code LaRue OH 43332	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 100.00
Name of Employer Stofcheck Ambulance Service	Occupation Owner	Donation
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) <b>B. Ronald Thacker</b>		Date of Receipt M / D / Y 09 / 28 / 2003
Mailing Address 9922 S. Silver Maple Road		Transaction ID: SA11A1.4956
City State Zip Code Highlands Ranch CO 80129	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 100.00
Name of Employer American Medical Response	Occupation VP Risk Management	Donation
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Wachovia Bank, N.A.</b>		Date of Receipt M / D / Y 11 / 07 / 2003
Mailing Address 1970 Chain Bridge Road 3rd Floor		Transaction ID: SA11A1.5005
City State Zip Code McLean VA 22102	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 830.00
Name of Employer	Occupation	Cash Contributions from 9/25/03 Raffle
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 830.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1030.00</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 26 / 35  
(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. Kurt Williams</b>		Date of Receipt M / D / Y 11 / 12 / 2003
Mailing Address P.O. Box 420400		Transaction ID: SA11A1.4970
City San Diego	State CA	Zip Code 92142
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 Vice President of Operations	Donation
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Gerald Zapotnik</b>		Date of Receipt M / D / Y 07 / 08 / 2003
Mailing Address 1116 Rathfan Circle		Transaction ID: SA11A1.4891
City Saline	State MI	Zip Code 48176
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Huron Valley Ambulance	Occupation VP Support Operations	Contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

Full Name (Last, First, Middle Initial) <b>C. Gerald Zapotnik</b>		Date of Receipt M / D / Y 08 / 12 / 2003
Mailing Address 1116 Rathfan Circle		Transaction ID: SA11A1.4882
City Saline	State MI	Zip Code 48176
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 120.00
Name of Employer Huron Valley Ambulance	Occupation VP Support Operations	Contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 645.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>620.00</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

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(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. Gerald Zapolnik</b>		Date of Receipt M / D / Y 09 / 23 / 2003
Mailing Address 1118 Rathfan Circle		Transaction ID: SA11A1.4967
City Saline	State MI	Zip Code 48176
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Huron Valley Ambulance	Occupation VP Support Operations	Donation
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 895.00	

Full Name (Last, First, Middle Initial) <b>B. Gerald Zapolnik</b>		Date of Receipt M / D / Y 11 / 12 / 2003
Mailing Address 1118 Rathfan Circle		Transaction ID: SA11A1.4969
City Saline	State MI	Zip Code 48176
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 400.00
Name of Employer Huron Valley Ambulance	Occupation VP Support Operations	Donation
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1295.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	850.00
TOTAL This Period (last page this line number only) .....	▶	25860.00

**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)

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<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  
Credit Card Merchant Fee - Amex

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type 001

Transaction ID: SB21B.4936  
Date of Disbursement  
09 / 05 / 2003

Amount of Each Disbursement this Period  
21.35

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

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Credit Card Merchant Fee - Amex

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type 001

Transaction ID: SB21B.4937  
Date of Disbursement  
10 / 01 / 2003

Amount of Each Disbursement this Period  
4.50

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

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Credit Card Merchant Fee - Amex

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type 001

Transaction ID: SB21B.4939  
Date of Disbursement  
10 / 06 / 2003

Amount of Each Disbursement this Period  
26.25

**SUBTOTAL** of Disbursements This Page (optional) ▶ **52.10**

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

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

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  
Credit Card Merchant Fee - Amex

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type: 001

Transaction ID: SB21B.4940  
Date of Disbursement  
11 / 03 / 2003

Amount of Each Disbursement this Period  
4.50

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

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type: 001

Transaction ID: SB21B.4941  
Date of Disbursement  
11 / 05 / 2003

Amount of Each Disbursement this Period  
6.75

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

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Credit Card Merchant Fee - Amex

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type: 001

Transaction ID: SB21B.4943  
Date of Disbursement  
12 / 02 / 2003

Amount of Each Disbursement this Period  
4.50

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ **17.75**

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

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

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  
Credit Card Merchant Fee - Amex

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type 001

Transaction ID: SB21B.4944  
Date of Disbursement  
12 / 05 / 2003

Amount of Each Disbursement this Period  
141.75

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  
Merchant fee

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type 001

Transaction ID: SB21B.4945  
Date of Disbursement  
08 / 04 / 2003

Amount of Each Disbursement this Period  
41.14

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  
Credit Card Merchant Fee - Nova

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type 001

Transaction ID: SB21B.4934  
Date of Disbursement  
09 / 02 / 2003

Amount of Each Disbursement this Period  
35.63

**SUBTOTAL** of Disbursements This Page (optional) ▶ **218.52**

**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 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  
Credit Card Merchant Fees - NOVA

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

001  
Category/  
Type

Transaction ID: SB21B.4938  
Date of Disbursement  
10 / 02 / 2003

Amount of Each Disbursement this Period  
55.02

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  
Credit Card Merchant Fee - Nova

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

001  
Category/  
Type

Transaction ID: SB21B.4942  
Date of Disbursement  
12 / 01 / 2003

Amount of Each Disbursement this Period  
170.77

SUBTOTAL of Disbursements This Page (optional) .....	▶	225.79
TOTAL This Period (last page this line number only) .....	▶	514.16

**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	<input type="checkbox"/> 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. ARMPAC**

Mailing Address 1155 - 21ST STREET NW SUITE 300

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement  
Leadership Pol Action Comm Contribution

Candidate Name  
ARMPAC

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

State: District

011  
Category/  
Type

Transaction ID: SB23.4924

Date of Disbursement

11 / 19 / 2003

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. BUSH-CHENEY '04 INC**

Mailing Address PO Box 10648

City Arlington State VA Zip Code 22210

Purpose of Disbursement  
Contribution

Candidate Name  
BUSH-CHENEY '04 INC

Office Sought: House Senate President  
Disbursement For: 2004 X Primary General Other (specify) ▼

State: District 03

011  
Category/  
Type

Transaction ID: SB23.4911

Date of Disbursement

09 / 29 / 2003

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. CAMPBELL FOR COLORADO**

Mailing Address 6950 East Bellview Avenue  
Suite 200

City Greenwood Village State CO Zip Code 80111

Purpose of Disbursement  
Primary Election Contribution

Candidate Name  
CAMPBELL FOR COLORADO

Office Sought: House Senate President  
Disbursement For: 2004 X Primary General Other (specify) ▼

State: CO District 00

011  
Category/  
Type

Transaction ID: SB23.4916

Date of Disbursement

10 / 31 / 2003

Amount of Each Disbursement this Period

1000.00

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 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. DEMOCRATIC CONGRESSIONAL CAMP CMTE**

Mailing Address 430 South Capitol Street SE  
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution-Democrat. Camp. Comm-House

Candidate Name  
DEMOCRATIC CONGRESSIONAL CAMP CMTE

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

State: District

Transaction ID: SB23.4918  
Date of Disbursement  
10 / 31 / 2003

Amount of Each Disbursement this Period  
2000.00

011  
Category/  
Type

Full Name (Last, First, Middle Initial)  
**B. DREIER FOR CONGRESS COMMITTEE**

Mailing Address P.O. BOX 505

City UPLAND State CA Zip Code 01785

Purpose of Disbursement  
Contribution

Candidate Name  
DREIER FOR CONGRESS COMMITTEE

Office Sought:  House  Senate  President  
Disbursement For: 2004  
 Primary General Other (specify) ▼

State: CA District 26

Transaction ID: SB23.4914  
Date of Disbursement  
10 / 17 / 2003

Amount of Each Disbursement this Period  
1000.00

011  
Category/  
Type

Full Name (Last, First, Middle Initial)  
**C. FRIENDS OF SCHUMER**

Mailing Address 80 MADISON AVE SUITE 1028

City NEW YORK State NY Zip Code 10010

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
FRIENDS OF SCHUMER

Office Sought:  House  Senate  President  
Disbursement For: 2004  
 Primary General Other (specify) ▼

State: NY District 00

Transaction ID: SB23.4998  
Date of Disbursement  
07 / 29 / 2003

Amount of Each Disbursement this Period  
1000.00

011  
Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional) ▶ **4000.00**

**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 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 SCHUMER**

Mailing Address 60 MADISON AVE SUITE 1028

City NEW YORK State NY Zip Code 10010

Purpose of Disbursement Campaign Contribution

Candidate Name FRIENDS OF SCHUMER

Office Sought: House Disbursement For: 2004  
 Senate X Primary General  
 President Other (specify) ▼

State: NY District: D0

Transaction ID: SB23.4909  
Date of Disbursement  
09 / 12 / 2003

Amount of Each Disbursement this Period  
1000.00

011  
Category/  
Type

Full Name (Last, First, Middle Initial)  
**B. GRASSLEY COMMITTEE**

Mailing Address PO BOX 1000

City DES MOINES State IA Zip Code 50304

Purpose of Disbursement Political Committee Contribution

Candidate Name GRASSLEY COMMITTEE

Office Sought: House Disbursement For: 2004  
 Senate X Primary General  
 President Other (specify) ▼

State: IA District: D0

Transaction ID: SB23.4922  
Date of Disbursement  
11 / 12 / 2003

Amount of Each Disbursement this Period  
1000.00

011  
Category/  
Type

Full Name (Last, First, Middle Initial)  
**C. JOHN T DOOLITTLE FOR CONGRESS**

Mailing Address 400 CAPITOL MALL SUITE 158D

City SACRAMENTO State CA Zip Code 95814

Purpose of Disbursement Campaign Contribution

Candidate Name JOHN T DOOLITTLE FOR CONGRESS

Office Sought:  House Disbursement For: 2004  
 Senate X Primary General  
 President Other (specify) ▼

State: CA District: D4

Transaction ID: SB23.4906  
Date of Disbursement  
09 / 12 / 2003

Amount of Each Disbursement this Period  
1000.00

011  
Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional) ▶ **3000.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 35 / 35

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

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

Full Name (Last, First, Middle Initial)  
A. KAREN MCCARTHY FOR CONGRESS

Transaction ID: SB23.4921

Date of Disbursement

Mailing Address 1111 Valentine Road

11 / 12 / 2003

City State Zip Code  
Kansas City MO 64111

Amount of Each Disbursement this Period

Purpose of Disbursement  
Political Committee Contribution

011  
Category/  
Type

1000.00

Candidate Name  
KAREN MCCARTHY FOR CONGRESS

Office Sought:  House  
Senate  
President

Disbursement For: 2004  
 Primary General  
Other (specify) ▼

State: MO District: D5

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

15000.00