

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) 8400 Westpark Drive
2nd Floor
 Check if different than previously reported. (ACC)
McLean VA 22102-5116

2. **FEC IDENTIFICATION NUMBER** C00168070
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (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 2010 through 09 30 2010

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

Type or Print Name of Treasurer Denise Clark

Signature of Treasurer Electronically Filed by Denise Clark Date 10 08 2010

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									
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		24766.28
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	20498.96									
(c) Total Receipts (from Line 19)	3788.39	13075.93								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	24287.35	37842.21								
7. Total Disbursements (from Line 31)	15379.60	28934.46								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	8907.75	8907.75								
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. 06/2004)

Write or Type Committee Name

AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	3725.04	11091.76
(ii) Unitemized	50.00	1933.36
(iii) TOTAL (add Lines 11(a)(i) and (ii)	3775.04	13025.12
(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)	3775.04	13025.12
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.)	13.35	50.81
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))	3788.39	13075.93
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3788.39	13075.93

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	129.60	684.46
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	129.60	684.46
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15250.00	28250.00
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. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	15379.60	28934.46
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15379.60	28934.46

DETAILED SUMMARY PAGE
of Disbursements

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)	3775.04	13025.12
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3775.04	13025.12
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	129.60	684.46
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	129.60	684.46

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) Dale Berry		Date of Receipt M M / D D / Y Y Y Y 09 / 10 / 2010
	Mailing Address 1200 State Circle		Transaction ID: SA11AI.7490
	City Ann Arbor	State MI	Zip Code 48108
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Huron Valley Ambulance	Occupation President	Contribution

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00
---	------------------------------------

B.	Full Name (Last, First, Middle Initial) Janice Carbonneau		Date of Receipt M M / D D / Y Y Y Y 09 / 10 / 2010
	Mailing Address 54 Ridgewood Drive		Transaction ID: SA11AI.7491
	City Atkinson	State NH	Zip Code 03811
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
	Name of Employer New Britain EMS	Occupation Assistant CEO	Contribution

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00
---	------------------------------------

C.	Full Name (Last, First, Middle Initial) Debora Mary Gault		Date of Receipt M M / D D / Y Y Y Y 09 / 10 / 2010
	Mailing Address 5502 North West Highway		Transaction ID: SA11AI.7497
	City Waterford	State WI	Zip Code 53185
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
	Name of Employer AMR	Occupation VP Federal Reimbursements	Contribution

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00
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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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Harvey L. Hall	Date of Receipt MM / DD / YYYY 07 / 14 / 2010
	Mailing Address 1001 - 21st Street	Transaction ID: SA11AI.7434
	City State Zip Code Bakersfield CA 93301	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Hall Ambulance Service Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00

B.	Full Name (Last, First, Middle Initial) Harvey L. Hall	Date of Receipt MM / DD / YYYY 08 / 10 / 2010
	Mailing Address 1001 - 21st Street	Transaction ID: SA11AI.7467
	City State Zip Code Bakersfield CA 93301	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Hall Ambulance Service Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00

C.	Full Name (Last, First, Middle Initial) Harvey L. Hall	Date of Receipt MM / DD / YYYY 09 / 10 / 2010
	Mailing Address 1001 - 21st Street	Transaction ID: SA11AI.7484
	City State Zip Code Bakersfield CA 93301	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Hall Ambulance Service Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 / 20						
	(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

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

A.	Full Name (Last, First, Middle Initial) Russell Honeycutt		Date of Receipt
	Mailing Address 223 Pebblebrook Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 10 / 2010
	City	State	Zip Code
	Macon	GA	31220
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7438
Name of Employer Hinson Systems/National Reimbu		Occupation Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 700.00	<input type="text"/> 100.00
Contribution			

B.	Full Name (Last, First, Middle Initial) Russell Honeycutt		Date of Receipt
	Mailing Address 223 Pebblebrook Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 10 / 2010
	City	State	Zip Code
	Macon	GA	31220
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7471
Name of Employer Hinson Systems/National Reimbu		Occupation Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 800.00	<input type="text"/> 100.00
Contribution			

C.	Full Name (Last, First, Middle Initial) Russell Honeycutt		Date of Receipt
	Mailing Address 223 Pebblebrook Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 10 / 2010
	City	State	Zip Code
	Macon	GA	31220
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7488
Name of Employer Hinson Systems/National Reimbu		Occupation Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 900.00	<input type="text"/> 100.00
Contribution			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 300.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 9 / 20
(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)

A.	Full Name (Last, First, Middle Initial) Jon Howell	Date of Receipt MM / DD / YYYY 09 / 10 / 2010
	Mailing Address 112 Cheyenne Trail	Transaction ID: SA11AI.7492
	City State Zip Code Huntsville AL 35806	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Huntsville EMS CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Louis Meyer	Date of Receipt MM / DD / YYYY 09 / 10 / 2010
	Mailing Address 10644 N. Oakwilde Avenue	Transaction ID: SA11AI.7494
	City State Zip Code Stockton CA 95212	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation AMR CEO - Regional	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

C.	Full Name (Last, First, Middle Initial) Steve Murphy	Date of Receipt MM / DD / YYYY 09 / 10 / 2010
	Mailing Address 100 S Birch Rd #901	Transaction ID: SA11AI.7495
	City State Zip Code Ft Lauderdale FL 33316	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation AMR Exe VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional)	▶	625.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 20
(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)

A.

Full Name (Last, First, Middle Initial) Julie Ann Rose		Date of Receipt MM / DD / YYYY 07 / 10 / 2010
Mailing Address 1123 Chestnut Drive		Transaction ID: SA11AI.7435
City Ashtabula	State OH	Zip Code 44004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.34
Name of Employer Community Care Ambulance	Occupation Executive Director	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 583.38	

B.

Full Name (Last, First, Middle Initial) Julie Ann Rose		Date of Receipt MM / DD / YYYY 08 / 10 / 2010
Mailing Address 1123 Chestnut Drive		Transaction ID: SA11AI.7468
City Ashtabula	State OH	Zip Code 44004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.34
Name of Employer Community Care Ambulance	Occupation Executive Director	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.72	

C.

Full Name (Last, First, Middle Initial) Julie Ann Rose		Date of Receipt MM / DD / YYYY 09 / 10 / 2010
Mailing Address 1123 Chestnut Drive		Transaction ID: SA11AI.7489
City Ashtabula	State OH	Zip Code 44004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.34
Name of Employer Community Care Ambulance	Occupation Executive Director	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.06	

SUBTOTAL of Receipts This Page (optional)	▶	250.02
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 11 / 20
(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)
Lauren Rubinson

Mailing Address 123 Oakmont

City State Zip Code
Deerfield IL 60015

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

Name of Employer Occupation
MEA Service CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2010

Transaction ID: SA11AI.7493

Amount of Each Receipt this Period
250.00

Contribution

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

Mailing Address 9209 181 Street Avenue East

City State Zip Code
Bonney Lake WA 98390

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

Name of Employer Occupation
American Medical Response Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 10 / 2010

Transaction ID: SA11AI.7437

Amount of Each Receipt this Period
100.00

Contribution

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

Mailing Address 9209 181 Street Avenue East

City State Zip Code
Bonney Lake WA 98390

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

Name of Employer Occupation
American Medical Response Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 10 / 2010

Transaction ID: SA11AI.7470

Amount of Each Receipt this Period
100.00

Contribution

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 20

(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)

A.

Full Name (Last, First, Middle Initial)
Randy Strozyk

Mailing Address 9209 181 Street Avenue East

City State Zip Code
Bonney Lake WA 98390

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

Name of Employer Occupation
American Medical Response Vice President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 900.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 10 / 2010

Transaction ID: SA11AI.7487

Amount of Each Receipt this Period

100.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Ronald Thackery

Mailing Address 9922 S. Silver Maple Road

City State Zip Code
Highlands Ranch CO 80129

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

Name of Employer Occupation
American Medical Response VP Risk Management

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 10 / 2010

Transaction ID: SA11AI.7498

Amount of Each Receipt this Period

250.00

Contribution

C.

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

Mailing Address 1200 S Martin Luther King

City State Zip Code
Las Vegas NV 89102

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

Name of Employer Occupation
American Medical Response CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 583.38

Date of Receipt

M M / D D / Y Y Y Y
07 / 10 / 2010

Transaction ID: SA11AI.7436

Amount of Each Receipt this Period

83.34

Contribution

SUBTOTAL of Receipts This Page (optional) ▶

433.34

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 20
(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)

A.

Full Name (Last, First, Middle Initial) Kurt Williams		Date of Receipt MM / DD / YYYY 08 / 10 / 2010
Mailing Address 1200 S Martin Luther King		Transaction ID: SA11AI.7469
City Las Vegas	State NV	Zip Code 89102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.34
Name of Employer American Medical Response	Occupation CEO	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.72	

B.

Full Name (Last, First, Middle Initial) Kurt Williams		Date of Receipt MM / DD / YYYY 09 / 10 / 2010
Mailing Address 1200 S Martin Luther King		Transaction ID: SA11AI.7486
City Las Vegas	State NV	Zip Code 89102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.34
Name of Employer American Medical Response	Occupation CEO	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.06	

C.

Full Name (Last, First, Middle Initial) Gerald Zapolnik		Date of Receipt MM / DD / YYYY 07 / 10 / 2010
Mailing Address 1116 Rathfan Circle		Transaction ID: SA11AI.7439
City Saline	State MI	Zip Code 48176
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Huron Valley Ambulance	Occupation VP Support Operations	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

SUBTOTAL of Receipts This Page (optional)	▶	266.68
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 14 / 20
(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)
Gerald Zapolnik

Mailing Address 1116 Rathfan Circle

City State Zip Code
Saline MI 48176

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

Name of Employer Occupation
Huron Valley Ambulance VP Support Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
MM / DD / YYYY
08 / 10 / 2010

Transaction ID: SA11AI.7472

Amount of Each Receipt this Period
100.00

Contribution

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

Mailing Address 1116 Rathfan Circle

City State Zip Code
Saline MI 48176

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

Name of Employer Occupation
Huron Valley Ambulance VP Support Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
09 / 10 / 2010

Transaction ID: SA11AI.7485

Amount of Each Receipt this Period
100.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **200.00**

TOTAL This Period (last page this line number only) ► **3725.04**

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

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

FOR LINE NUMBER: (check only one)

PAGE 15 / 20

<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)

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B.7464 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="08"/> / <input type="text" value="05"/> / <input type="text" value="2010"/>
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
	Purpose of Disbursement AmEx Merchant Fees Candidate Name	<input type="text" value="16.63"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<input type="text" value="001"/> Category/Type

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B.7474 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
	Purpose of Disbursement AmEx Merchant Fees Candidate Name	<input type="text" value="16.63"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<input type="text" value="001"/> Category/Type

C.	Full Name (Last, First, Middle Initial) SunTrust Bank	Transaction ID: SB21B.7442 Date of Disbursement
	Mailing Address P.O. Box 622227	<input type="text" value="07"/> / <input type="text" value="12"/> / <input type="text" value="2010"/>
	City Orlando State FL Zip Code 32862-2227	Amount of Each Disbursement this Period
	Purpose of Disbursement SunTrust Merchant Fees Candidate Name	<input type="text" value="33.67"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<input type="text" value="001"/> Category/Type

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="66.93"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

PAGE 16 / 20

<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)

A. Full Name (Last, First, Middle Initial) SunTrust Bank <hr/> Mailing Address P.O. Box 622227 <hr/> City Orlando State FL Zip Code 32862-2227 <hr/> Purpose of Disbursement SunTrust Merchant Fees Candidate Name	Transaction ID: SB21B.7465 Date of Disbursement 08 / 05 / 2010 <hr/> Amount of Each Disbursement this Period 3.35
B. Full Name (Last, First, Middle Initial) SunTrust Bank <hr/> Mailing Address P.O. Box 622227 <hr/> City Orlando State FL Zip Code 32862-2227 <hr/> Purpose of Disbursement SunTrust Merchant Fees Candidate Name	Transaction ID: SB21B.7475 Date of Disbursement 09 / 10 / 2010 <hr/> Amount of Each Disbursement this Period 3.35

SUBTOTAL of Disbursements This Page (optional) ►

6.70

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

73.63

**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)

<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)

A.	Full Name (Last, First, Middle Initial) CANTOR FOR CONGRESS	Transaction ID: SB23.7444 Date of Disbursement
	Mailing Address P. O. Box 17813	<input type="text" value="07"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Richmond State VA Zip Code 23226	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="3000.00"/>
	Candidate Name ERIC CANTOR	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CANTOR FOR CONGRESS	Transaction ID: SB23.7452 Date of Disbursement
	Mailing Address P. O. Box 17813	<input type="text" value="08"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Richmond State VA Zip Code 23226	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="250.00"/>
	Candidate Name ERIC CANTOR	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CHARLIE DENT FOR CONGRESS	Transaction ID: SB23.7447 Date of Disbursement
	Mailing Address PO Box 442	<input type="text" value="07"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Allentown State PA Zip Code 18105	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name DENT, CHARLES W.	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 15	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4250.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

<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)

A.	Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS 2010	Transaction ID: SB23.7449 Date of Disbursement
	Mailing Address 5915 Eastman Avenue Suite 100	<input type="text" value="07"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
	City Midland State MI Zip Code 48640	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="2500.00"/>
	Candidate Name DAVID CAMP	<input type="text" value="010"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF BLANCHE LINCOLN	Transaction ID: SB23.7453 Date of Disbursement
	Mailing Address PO BOX 3197	<input type="text" value="08"/> / <input type="text" value="13"/> / <input type="text" value="2010"/>
	City LITTLE ROCK State AR Zip Code 72203	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name BLANCHE L LINCOLN	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF JIM OBERSTAR	Transaction ID: SB23.7446 Date of Disbursement
	Mailing Address 1017 8th St NE	<input type="text" value="07"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name JAMES L OBERSTAR	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 08	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

<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)

A.	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BOEHRNER	Transaction ID: SB23.7454 Date of Disbursement
	Mailing Address 7908 Cincinnati Dayton Road Suite I	<input type="text" value="08"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City West Chester State OH Zip Code 45069	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name JOHN A BOEHRNER	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) HAL ROGERS FOR CONGRESS	Transaction ID: SB23.7450 Date of Disbursement
	Mailing Address P.O. BOX 1214 EAST MT VERNON ST	<input type="text" value="07"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
	City SOMERSET State KY Zip Code 42502	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name HAROLD DALLAS ROGERS	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 05	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PETE KING FOR CONGRESS COMMITTEE	Transaction ID: SB23.7480 Date of Disbursement
	Mailing Address POST OFFICE BOX 1428	<input type="text" value="09"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City SEAFORD State NY Zip Code 11783	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="2000.00"/>
	Candidate Name PETER KING	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 03	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 20 / 20

<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)

A.

Full Name (Last, First, Middle Initial)
WALDEN FOR CONGRESS

Transaction ID: SB23.7478

Date of Disbursement

Mailing Address PO Box 1091

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	1	0

City Hood River State OR Zip Code 97031

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
Contribution

011
Category/ Type

Candidate Name
GREGORY PAUL WALDEN

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: OR District: 02

SUBTOTAL of Disbursements This Page (optional) ►

2500.00

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

15250.00
