

**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) **1255 TWENTY-THIRD STREET NW**
SUITE 200
 Check if different than previously reported. (ACC) **WASHINGTON DC 20037**

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

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

5. Covering Period 01 01 2001 through 06 30 2001

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

Type or Print Name of Treasurer Tristan North
 Signature of Treasurer Electronically Filed by Tristan North Date 07 26 2001

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

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

Report Covering the Period: From: ^K01 ^D01 ^Y2001 To: ^K06 ^D30 ^Y2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2001		7521.46
(b) Cash on Hand at Beginning of Reporting Period	7521.46	
(c) Total Receipts (from Line 19)	25595.24	25595.24
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	33116.70	33116.70
7. Total Disbursements (from Line 30)	29577.46	29577.46
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	3539.24	3539.24
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 800-420-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

Report Covering the Period: From: ^{MM}01 ^{DD}01 ^{YYYY}2001 To: ^{MM}06 ^{DD}30 ^{YYYY}2001

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	18240.00	
(i) Itemized (use Schedule A)	7355.24	
(ii) Unitemized		
(iii) TOTAL (add Lines 11(a)(i) and (ii)	25595.24	25595.24
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4)	25595.24	25595.24
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	25595.24	25595.24
20. Total Federal Receipts (subtract Line 18 from Line 19)	25595.24	25595.24

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Revised 1/2001)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	77.46	77.46
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	77.46	77.46
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	29500.00	29500.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	29577.46	29577.46
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	29577.46	29577.46
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	25595.24	25595.24
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	25595.24	25595.24
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	77.46	77.46
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	77.46	77.46

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 / 25	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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)
A. Dale J. Berry

Mailing Address
 2215 Hogback Road
 City State Zip Code
 Ann Arbor MI 48105

Date of Receipt
 N M / D E / Y Y Y Y
 06 / 11 / 2001

Amount of Each Receipt this Period
 100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
 Huron Valley Ambulance Owner/Operator

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Transaction ID: SA11A1.4280

Full Name (Last, First, Middle Initial)
B. H. Robert Coulter

Mailing Address
 2806 Country Lane
 City State Zip Code
 Ellicott City MD 21042

Date of Receipt
 N M / D E / Y Y Y Y
 01 / 11 / 2001

Amount of Each Receipt this Period
 500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
 TransCare Maryland Owner/Operator

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

Transaction ID: SA11A1.4140

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

Mailing Address
 931 North Webster Avenue
 City State Zip Code
 Scranton PA 18510

Date of Receipt
 N M / D E / Y Y Y Y
 01 / 12 / 2001

Amount of Each Receipt this Period
 500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
 Owner/Operator

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

Transaction ID: SA11A1.4195

SUBTOTAL of Receipts This Page (optional) ▶ **1100.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

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

A. Full Name (Last, First, Middle Initial)
Howard Enloe

Date of Receipt
M M / D D / Y Y Y Y
01 / 11 / 2001

Mailing Address
7007 Commerce Avenue

City State Zip Code
El Paso TX 79915

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer
Life Ambulance Service, Inc.

Occupation
Owner/Operator

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

Transaction ID: SA11A1.4100

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

Date of Receipt
M M / D D / Y Y Y Y
01 / 11 / 2001

Mailing Address
7255 Northwest 18th Street, NW Suite C

City State Zip Code
Miami FL 33126

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer
American Medical Response

Occupation
Owner/Operator

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

Transaction ID: SA11A1.4165

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

Date of Receipt
M M / D D / Y Y Y Y
04 / 12 / 2001

Mailing Address
7255 Northwest 18th Street, NW Suite C

City State Zip Code
Miami FL 33126

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer
American Medical Response

Occupation
Owner/Operator

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

Transaction ID: SA11A1.4239

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

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

Date of Receipt
M M / D D / Y Y Y Y
01 / 11 / 2001

Mailing Address
5502 Northwest Highway

City State Zip Code
Waterford WI 53185

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
American Medical Response Owner/Operator

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

Transaction ID: SA11A1.4160

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

Date of Receipt
M M / D D / Y Y Y Y
04 / 12 / 2001

Mailing Address
5502 Northwest Highway

City State Zip Code
Waterford WI 53185

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
American Medical Response Owner/Operator

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

Transaction ID: SA11A1.4237

C. Full Name (Last, First, Middle Initial)
Gregory K. Guckes

Date of Receipt
M M / D D / Y Y Y Y
01 / 11 / 2001

Mailing Address
9921 East Progress Circle

City State Zip Code
Greenwood Village CO 80111

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
American Medical Response Owner/Operator

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

Transaction ID: SA11A1.4158

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

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

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Use separate schedule(s)
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 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Gregory K. Guckes

Mailing Address
9921 East Progress Circle

City State Zip Code
Greenwood Village CO 80111

Date of Receipt
M M / D D / Y Y Y Y
04 / 12 / 2001

FEC ID number of contributing federal political committee.

Name of Employer Occupation
American Medical Response Owner/Operator

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

Amount of Each Receipt this Period
250.00

Transaction ID: SA11A1.4236

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

Mailing Address
2948 Cashel Lane

City State Zip Code
Vienna VA 22181

Date of Receipt
M M / D D / Y Y Y Y
04 / 12 / 2001

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Hauck & Associates Executive Vice-President

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

Amount of Each Receipt this Period
125.00

Transaction ID: SA11A1.4233

C. Full Name (Last, First, Middle Initial)
David B. Hill III

Mailing Address
395 West Lake Street

City State Zip Code
Elmhurst IL 60126

Date of Receipt
M M / D D / Y Y Y Y
02 / 12 / 2001

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Owner/Operator

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 2000.00

Amount of Each Receipt this Period
2000.00

Transaction ID: SA11A1.4214

SUBTOTAL of Receipts This Page (optional) ▶ **2375.00**

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

**SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

A. Full Name (Last, First, Middle Initial)
Ben Hinson

Date of Receipt
M / D / Y Y Y Y
01 / 12 / 2001

Mailing Address
2025 Vineville Avenue

City State Zip Code
Macon GA 31203

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Mid-Georgia Ambulance Service Owner/Operator

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

Transaction ID: SA11A1.4181

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

Date of Receipt
M / D / Y Y Y Y
02 / 13 / 2001

Mailing Address
10841 Weaver Avenue

City State Zip Code
South El Mate CA 91733

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Leader Industries Owner/Operator

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 300.00

Transaction ID: SA11A1.4222

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

Date of Receipt
M / D / Y Y Y Y
01 / 12 / 2001

Mailing Address
321 West Elm

City State Zip Code
Enid OK 73701

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Owner/Operator

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

Transaction ID: SA11A1.4191

SUBTOTAL of Receipts This Page (optional)	▶	1450.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 / 25	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
Jack Kelleher

Date of Receipt
M / D / Y Y Y Y
01 / 11 / 2001

Mailing Address
7255 Northwest 19th Street

City State Zip Code
Miami FL 33126

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
American Medical Response Owner/Operator

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

Transaction ID: SA11A1.4146

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

Date of Receipt
M / D / Y Y Y Y
04 / 12 / 2001

Mailing Address
7255 Northwest 19th Street

City State Zip Code
Miami FL 33126

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
American Medical Response Owner/Operator

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

Transaction ID: SA11A1.4230

C. Full Name (Last, First, Middle Initial)
Greg B. Kirby

Date of Receipt
M / D / Y Y Y Y
01 / 11 / 2001

Mailing Address
124 Sandy Lane

City State Zip Code
Gaffney SC 29340

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
American TransMed, Inc. Owner/Operator

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

Transaction ID: SA11A1.4116

SUBTOTAL of Receipts This Page (optional)	▶	750.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
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	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
Kathleen Krachmal

Mailing Address
2500 Burr Oak

City State Zip Code
North Riverside IL 60546

Date of Receipt
M M / D D / Y Y Y Y
01 / 12 / 2001

Amount of Each Receipt this Period
240.00

FEC ID number of contributing federal political committee.

Name of Employer Superior Air-Ground Ambulance Service
Occupation Owner/Operator

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 240.00

Transaction ID: SA11A1.4177

B. Full Name (Last, First, Middle Initial)
Stephen D. Madison

Mailing Address
7575 Southfront Road

City State Zip Code
Livermore CA 94550

Date of Receipt
M M / D D / Y Y Y Y
08 / 11 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer American Medical Response
Occupation Owner/Operator

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

Transaction ID: SA11A1.4281

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

Mailing Address
414 West Elm Avenue

City State Zip Code
Burbank CA 91506

Date of Receipt
M M / D D / Y Y Y Y
01 / 12 / 2001

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Schaefer Ambulance
Occupation Owner/Operator

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

Transaction ID: SA11A1.4193

SUBTOTAL of Receipts This Page (optional) ▶ **1490.00**

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

**SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

A. Full Name (Last, First, Middle Initial)
James McNeal

Mailing Address
414 West Elm Avenue

City State Zip Code
Burbank CA 91506

Date of Receipt
M M / D D / Y Y Y Y
02 / 12 / 2001

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Schaefer Ambulance Owner/Operator

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 2000.00

Transaction ID: SA11A1.4213

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

Mailing Address
1015 DiBella Drive

City State Zip Code
Schenectady NY 12303

Date of Receipt
M M / D D / Y Y Y Y
01 / 11 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Mohawk Ambulance Service Owner/Operator

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

Transaction ID: SA11A1.4148

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

Mailing Address
1015 DiBella Drive

City State Zip Code
Schenectady NY 12303

Date of Receipt
M M / D D / Y Y Y Y
04 / 12 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Mohawk Ambulance Service Owner/Operator

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

Transaction ID: SA11A1.4231

SUBTOTAL of Receipts This Page (optional) ▶ **1500.00**

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

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

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

FOR LINE NUMBER:
(check only one)

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<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)

A. Lou Meyer

Full Name (Last, First, Middle Initial)

Mailing Address
7575 Southfront Road

City State Zip Code
Livermore CA 94550

Date of Receipt
M / D / Y Y Y Y
01 / 11 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
American Medical Response Owner/Operator

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

Transaction ID: SA11A1.4154

B. Lou Meyer

Full Name (Last, First, Middle Initial)

Mailing Address
7575 Southfront Road

City State Zip Code
Livermore CA 94550

Date of Receipt
M / D / Y Y Y Y
04 / 12 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
American Medical Response Owner/Operator

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

Transaction ID: SA11A1.4234

C. Steve Murphy

Full Name (Last, First, Middle Initial)

Mailing Address
2821 South Parker Road 10th Floor

City State Zip Code
Aurora CO 80014

Date of Receipt
M / D / Y Y Y Y
01 / 11 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
American Medical Response Owner/Operator

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

Transaction ID: SA11A1.4156

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 / 25	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Steve Murphy Date of Receipt

Mailing Address M M / D D / Y Y Y Y
2821 South Parker Road 10th Floor 04 12 2001

City State Zip Code
Aurora CO 80014 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 250.00

Name of Employer American Medical Response	Occupation Owner/Operator
---	------------------------------

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

Transaction ID: SA11A1.4235

B. Tristan North Date of Receipt

Mailing Address M M / D D / Y Y Y Y
2805 O Street, NW Suite 2 01 11 2001

City State Zip Code
Washington DC 20007 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 250.00

Name of Employer Hauck & Associates	Occupation Director of Gov't Affairs
--	---

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

Transaction ID: SA11A1.4144

C. Jamie Pafford-Gresham Date of Receipt

Mailing Address M M / D D / Y Y Y Y
3317 West 16th 02 13 2001

City State Zip Code
Hope AR 71801 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 1200.00

Name of Employer Pafford EMS	Occupation Owner/Operator
---------------------------------	------------------------------

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1200.00

Transaction ID: SA11A1.4223

SUBTOTAL of Receipts This Page (optional)	1700.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 / 25	
	<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. Daryl Quigley Date of Receipt

Mailing Address N M / D E / Y Y Y Y
1B10 Country Club Circle 01 11 2001

City State Zip Code
Garland TX 75043 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 1000.00

Name of Employer Texas Lifeline Corp.	Occupation Owner/Operator
--	------------------------------

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

Transaction ID: SA11A1.4136

B. Walter Reiser Date of Receipt

Mailing Address N M / D E / Y Y Y Y
1B58 Olean Portville Road 05 16 2001

City State Zip Code
Olean NY 14760 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 250.00

Name of Employer Trans Am Ambulance Service, Inc.	Occupation Owner/Operator
--	------------------------------

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

Transaction ID: SA11A1.4269

C. Michael Rine Date of Receipt

Mailing Address N M / D E / Y Y Y Y
5935 Henninger Drive 02 13 2001

City State Zip Code
Omaha NE 68104-1269 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 500.00

Name of Employer Omaha Ambulance Service, Inc.	Occupation Owner/Operator
---	------------------------------

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

Transaction ID: SA11A1.4220

SUBTOTAL of Receipts This Page (optional)	1750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 / 25	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
Roy L. Ryals

Date of Receipt
M M / D D / Y Y Y Y
01 / 11 / 2001

Mailing Address
222 East Main Street

City State Zip Code
Mesa AZ 85201

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer
Rural/Metro Corporation

Occupation
Owner/Operator

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

Transaction ID: SA11A1.4138

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

Date of Receipt
M M / D D / Y Y Y Y
04 / 12 / 2001

Mailing Address
402 West Broadway 23rd Floor

City State Zip Code
San Diego CA 92101

Amount of Each Receipt this Period
125.00

FEC ID number of contributing federal political committee.

Name of Employer
Foley Lardner

Occupation
Owner/Operator

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

Transaction ID: SA11A1.4240

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

Date of Receipt
M M / D D / Y Y Y Y
02 / 12 / 2001

Mailing Address
8026 Vantage Drive Suite 226

City State Zip Code
San Antonio TX 78230

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer
Medix Healthcare, LLC

Occupation
Owner/Operator

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

Transaction ID: SA11A1.4211

SUBTOTAL of Receipts This Page (optional) ▶ **875.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 / 25	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
 Joyce M. Stature
 Mailing Address
 135 West 7th Street
 City State Zip Code
 Eureka CA 95501
 Date of Receipt
 M / D / Y Y Y Y
 05 / 16 / 2001
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee.
 Name of Employer Occupation
 City Ambulance of Eureka, Inc. Owner/Operator
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00
 Transaction ID: SA11A1.4275

B. Full Name (Last, First, Middle Initial)
 Ed Stofcheck
 Mailing Address
 220 South High Street
 City State Zip Code
 LaRue OH 43332
 Date of Receipt
 M / D / Y Y Y Y
 01 / 12 / 2001
 Amount of Each Receipt this Period
 1000.00
 FEC ID number of contributing federal political committee.
 Name of Employer Occupation
 Owner/Operator
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00
 Transaction ID: SA11A1.4189

C. Full Name (Last, First, Middle Initial)
 Fred Gundquist, Jr.
 Mailing Address
 135 West 7th Street
 City State Zip Code
 Eureka CA 95501
 Date of Receipt
 M / D / Y Y Y Y
 05 / 16 / 2001
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee.
 Name of Employer Occupation
 City Ambulance of Eureka, Inc. Owner/Operator
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00
 Transaction ID: SA11A1.4273

SUBTOTAL of Receipts This Page (optional) ► **1500.00**
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER:
(check only one)

PAGE 18 / 25

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)
Ron Thackeray

Date of Receipt
M M / D D / Y Y Y Y
01 / 11 / 2001

Mailing Address
2B21 South Parker Road 10th Floor
City State Zip Code
Aurora CO 80014

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
American Medical Response Owner/Operator

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

Transaction ID: SA11A1.4162

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

Date of Receipt
M M / D D / Y Y Y Y
04 / 12 / 2001

Mailing Address
2B21 South Parker Road 10th Floor
City State Zip Code
Aurora CO 80014

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
American Medical Response Owner/Operator

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

Transaction ID: SA11A1.4238

C. Full Name (Last, First, Middle Initial)
Michael S. Witkowski

Date of Receipt
M M / D D / Y Y Y Y
05 / 04 / 2001

Mailing Address
8 Silvers Place
City State Zip Code
Beacon NY 12508

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Rockland Mobile Care, Inc. Owner/Operator

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

Transaction ID: SA11A1.4252

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

TOTAL This Period (last page this line number only) ▶ **18240.00**

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

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

Full Name (Last, First, Middle Initial) A. BAYOU LEADER POLITICAL ACTION CMTE			Date of Disbursement 03 / 02 / 2001	
Mailing Address 524 FORT WILLIAMS PARKWAY City: ALEXANDRIA State: VA Zip Code: 22304			Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement			Transaction ID: SB23.4292	
Candidate Name		Category/Type		
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: X Primary General Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. BECERRA FOR CONGRESS			Date of Disbursement 06 / 25 / 2001	
Mailing Address PO BOX 281080 City: LOS ANGELES State: CA Zip Code: 90028			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement			Transaction ID: SB23.4323	
Candidate Name		Category/Type		
Office Sought: X House Senate President	Disbursement For: X Primary General Other (specify) ▼			
State: CA District: 30				

Full Name (Last, First, Middle Initial) C. BEN CARDIN FOR CONGRESS			Date of Disbursement 05 / 04 / 2001	
Mailing Address 100 EAST PRATT STREET 27TH FLOOR City: BALTIMORE State: MD Zip Code: 21202			Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement			Transaction ID: SB23.4315	
Candidate Name		Category/Type		
Office Sought: X House Senate President	Disbursement For: X Primary General Other (specify) ▼			
State: MD District: 03				

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)

PAGE 20 / 25

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

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

Full Name (Last, First, Middle Initial) A. MICHAEL BILIRAKIS		Date of Disbursement 05 / 14 / 2001
Mailing Address 304 DRIFTWOOD DR W City PALM HARBOR State FL Zip Code 34883		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB23.4317
State: FL District: 09		

Full Name (Last, First, Middle Initial) B. BILL THOMAS CAMPAIGN COMMITTEE		Date of Disbursement 06 / 14 / 2001
Mailing Address PO BOX 395 City BAKERSFIELD State CA Zip Code 93302		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB23.4321
State: CA District: 21		

Full Name (Last, First, Middle Initial) C. SHERROD BROWN		Date of Disbursement 05 / 14 / 2001
Mailing Address 2625 EAST ERIE City LORAIN State OH Zip Code 44052		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB23.4319
State: OH District: 13		

SUBTOTAL of Disbursements This Page (optional)	3500.00
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 21 / 25

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

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

Full Name (Last, First, Middle Initial) A. DOGGETT FOR U S CONGRESS COMMITTEE		Date of Disbursement 03 / 27 / 2001
Mailing Address PO BOX 5843 City: AUSTIN State: TX Zip Code: 78763		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Candidate Name		Transaction ID: SB23.4302
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 10	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. GEPHARDT IN CONGRESS COMMITTEE		Date of Disbursement 04 / 16 / 2001
Mailing Address 7435 WATSON ROAD SUITE 107 City: ST LOUIS State: MO Zip Code: 63119		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement Candidate Name		Transaction ID: SB23.4308
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 03	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. AMORY JR HOUGHTON		Date of Disbursement 03 / 12 / 2001
Mailing Address 33 EAST THIRD STREET City: CORNING State: NY Zip Code: 14830		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement Candidate Name		Transaction ID: SB23.4298
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 31	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
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 22 / 25

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

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

Full Name (Last, First, Middle Initial) A. HOYER FOR CONGRESS		Date of Disbursement 03 / 27 / 2001	
Mailing Address 7605 MALCOLM ROAD SUITE 102 City State Zip Code CLINTON MD 20735		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.4304	
Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: MD District: 05			

Full Name (Last, First, Middle Initial) B. JEFFORDS FOR VERMONT COMMITTEE INC		Date of Disbursement 01 / 15 / 2001	
Mailing Address P.O. BOX 246 City State Zip Code MONTPELIER VT 05601		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.4286	
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: VT District: 00			

Full Name (Last, First, Middle Initial) C. JOHN D DINGELL FOR CONGRESS CMTE.		Date of Disbursement 03 / 12 / 2001	
Mailing Address 607 FOURTEENTH STREET NW City State Zip Code WASHINGTON DC 20005		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.4284	
Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: MI District: 18			

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 23 / 25

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

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

Full Name (Last, First, Middle Initial) A. NANCY L JOHNSON		Date of Disbursement 03 / 27 / 2001	
Mailing Address 141 SOUTH MOUNTAIN DRIVE City NEW BRITAIN State CT Zip Code 08052		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement		Transaction ID: SB23.4306	
Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: CT District: 06			

Full Name (Last, First, Middle Initial) B. LUTHER FOR CONGRESS VOLUNTEER CMTE		Date of Disbursement 01 / 15 / 2001	
Mailing Address 1399 GENEVA AVENUE NORTH SUITE 20 City OAKDALE State MN Zip Code 55128		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.4288	
Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: MN District: 06			

Full Name (Last, First, Middle Initial) C. LUTHER FOR CONGRESS VOLUNTEER CMTE		Date of Disbursement 04 / 26 / 2001	
Mailing Address 1399 GENEVA AVENUE NORTH SUITE 20 City OAKDALE State MN Zip Code 55128		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.4314	
Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: MN District: 06			

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)

PAGE 24 / 25

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

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

Full Name (Last, First, Middle Initial) A. NAT'L REPUBLICAN CONGRESSIONAL CMTE			Date of Disbursement 02 / 12 / 2001	
Mailing Address 320 FIRST STREET SE City: WASHINGTON State: DC Zip Code: 20003			Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement Candidate Name			Transaction ID: SB23.4290	
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: District:	Disbursement For: <input checked="" type="checkbox"/> Primary General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. PEOPLE FOR ENGLISH			Date of Disbursement 03 / 12 / 2001	
Mailing Address PO BOX 1940 City: ERIE State: PA Zip Code: 16507			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Candidate Name			Transaction ID: SB23.4296	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: PA District: 21	Disbursement For: <input checked="" type="checkbox"/> Primary General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. PETE STARK RE-ELECTION COMMITTEE			Date of Disbursement 03 / 12 / 2001	
Mailing Address PO BOX 8331 City: FREMONT State: CA Zip Code: 94537			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Candidate Name			Transaction ID: SB23.4300	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: CA District: 13	Disbursement For: <input checked="" type="checkbox"/> Primary General <input type="checkbox"/> Other (specify) ▼			

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)

PAGE 25 / 25

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

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

Full Name (Last, First, Middle Initial) A. UPTON FOR ALL OF US		Date of Disbursement 04 / 16 / 2001
Mailing Address PO BOX 490 City State Zip Code ST JOSEPH MI 49085		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement		Transaction ID: SB23.4312
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 06	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. WALLY HERGER FOR CONGRESS COMMITTEE		Date of Disbursement 04 / 16 / 2001
Mailing Address PO BOX 1500 City State Zip Code CHICO CA 95927		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		Transaction ID: SB23.431D
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 02	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	

C.

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	29500.00