



**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	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		21644.19
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period .....	21644.19									
(c) Total Receipts (from Line 19) .....	14620.67	14620.67								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	36264.86	36264.86								
7. Total Disbursements (from Line 31) .....	22466.01	22466.01								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	13798.85	13798.85								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

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) .....	11153.30	11153.30
(ii) Unitemized .....	2431.66	2431.66
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	13584.96	13584.96
(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) .....	13584.96	13584.96
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 .....	1000.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	35.71	35.71
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)) .....	14620.67	14620.67
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	14620.67	14620.67

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.....	966.01	966.01
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	966.01	966.01
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	21500.00	21500.00
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))..	22466.01	22466.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	22466.01	22466.01

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) .....	13584.96	13584.96
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	13584.96	13584.96
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	966.01	966.01
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	966.01	966.01

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

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

FOR LINE NUMBER: PAGE 6 / 34  
(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)

**A.** Full Name (Last, First, Middle Initial)  
Shawn Baird

Mailing Address 1346 SE Tenind St

City State Zip Code  
Portland OR 97202

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

Name of Employer Woodbern Ambulance      Occupation Owner

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

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	1	/	2	0	1	1

**Transaction ID:** SA11AI.7790

Amount of Each Receipt this Period  
125.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Dale Berry

Mailing Address 1200 State Circle

City State Zip Code  
Ann Arbor MI 48108

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

Name of Employer Huron Valley Ambulance      Occupation President

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

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	1	/	2	0	1	1

**Transaction ID:** SA11AI.7726

Amount of Each Receipt this Period  
250.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Dale Berry

Mailing Address 1200 State Circle

City State Zip Code  
Ann Arbor MI 48108

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

Name of Employer Huron Valley Ambulance      Occupation President

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

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	1	/	2	0	1	1

**Transaction ID:** SA11AI.7793

Amount of Each Receipt this Period  
250.00

Contribution

**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 7 / 34  
(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)  
 Howard Enloe  
 Mailing Address 103 Palonma Megd  
 City State Zip Code  
**Anthony NM 88021**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Life Ambulance Service, Inc. Occupation Owner/Operator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **375.00**  
 Date of Receipt **03 / 01 / 2011**  
**Transaction ID: SA11AI.7714**  
 Amount of Each Receipt this Period **375.00**  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
 Howard Enloe  
 Mailing Address 103 Palonma Megd  
 City State Zip Code  
**Anthony NM 88021**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Life Ambulance Service, Inc. Occupation Owner/Operator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **750.00**  
 Date of Receipt **06 / 01 / 2011**  
**Transaction ID: SA11AI.7803**  
 Amount of Each Receipt this Period **375.00**  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
 Harvey L. Hall  
 Mailing Address 1001 - 21st Street  
 City State Zip Code  
**Bakersfield CA 93301**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hall Ambulance Service Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **250.00**  
 Date of Receipt **01 / 28 / 2011**  
**Transaction ID: SA11AI.7664**  
 Amount of Each Receipt this Period **250.00**  
 Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**  
**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 8 / 34
	<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)**

<b>A.</b>	Full Name (Last, First, Middle Initial) Harvey L. Hall	Date of Receipt MM / DD / YYYY 03 / 08 / 2011
	Mailing Address 1001 - 21st Street	<b>Transaction ID:</b> SA11AI.7707
	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 ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Harvey L. Hall	Date of Receipt MM / DD / YYYY 03 / 14 / 2011
	Mailing Address 1001 - 21st Street	<b>Transaction ID:</b> SA11AI.7708
	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 ▼ 750.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Harvey L. Hall	Date of Receipt MM / DD / YYYY 04 / 13 / 2011
	Mailing Address 1001 - 21st Street	<b>Transaction ID:</b> SA11AI.7747
	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 ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	750.00
<b>TOTAL</b> 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 9 / 34  
(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)  
Harvey L. Hall

Mailing Address 1001 - 21st Street

City Bakersfield State CA Zip Code 93301

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

Name of Employer Hall Ambulance Service Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 05 / 12 / 2011

Transaction ID: SA11AI.7768

Amount of Each Receipt this Period 250.00

Contribution

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

Mailing Address 1001 - 21st Street

City Bakersfield State CA Zip Code 93301

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

Name of Employer Hall Ambulance Service Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 06 / 09 / 2011

Transaction ID: SA11AI.7786

Amount of Each Receipt this Period 250.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Mr. Ben Hinson

Mailing Address 2025 Vineville Ave

City Macon State GA Zip Code 31204

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

Name of Employer Mid Georgia Ambulance Occupation Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 01 / 2011

Transaction ID: SA11AI.7717

Amount of Each Receipt this Period 100.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **600.00**

**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 / 34  
(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) Mr. Ben Hinson		Date of Receipt MM / DD / YYYY 04 / 01 / 2011
Mailing Address 2025 Vineville Ave		<b>Transaction ID:</b> SA11AI.7744
City Macon	State GA	Zip Code 31204
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Mid Georgia Ambulance	Occupation Owner	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

**B.**

Full Name (Last, First, Middle Initial) Mr. Ben Hinson		Date of Receipt MM / DD / YYYY 05 / 01 / 2011
Mailing Address 2025 Vineville Ave		<b>Transaction ID:</b> SA11AI.7765
City Macon	State GA	Zip Code 31204
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Mid Georgia Ambulance	Occupation Owner	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**C.**

Full Name (Last, First, Middle Initial) Mr. Ben Hinson		Date of Receipt MM / DD / YYYY 06 / 01 / 2011
Mailing Address 2025 Vineville Ave		<b>Transaction ID:</b> SA11AI.7797
City Macon	State GA	Zip Code 31204
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Mid Georgia Ambulance	Occupation Owner	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	300.00
<b>TOTAL</b> 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 / 34  
(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) Russell Honeycutt		Date of Receipt MM / DD / YYYY 02 / 01 / 2011
Mailing Address 223 Pebblebrook Lane		<b>Transaction ID:</b> SA11AI.7684
City Macon	State GA	Zip Code 31220
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Hinson Systems/National Reimbu	Occupation Vice President	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

**B.**

Full Name (Last, First, Middle Initial) Russell Honeycutt		Date of Receipt MM / DD / YYYY 03 / 01 / 2011
Mailing Address 223 Pebblebrook Lane		<b>Transaction ID:</b> SA11AI.7712
City Macon	State GA	Zip Code 31220
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Hinson Systems/National Reimbu	Occupation Vice President	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

**C.**

Full Name (Last, First, Middle Initial) Russell Honeycutt		Date of Receipt MM / DD / YYYY 04 / 01 / 2011
Mailing Address 223 Pebblebrook Lane		<b>Transaction ID:</b> SA11AI.7742
City Macon	State GA	Zip Code 31220
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Hinson Systems/National Reimbu	Occupation Vice President	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	600.00
<b>TOTAL</b> 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 / 34  
(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)  
Russell Honeycutt

Mailing Address 223 Pebblebrook Lane

City Macon State GA Zip Code 31220

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

Name of Employer: Hinson Systems/National Reimbu  
Occupation: Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 05 / 01 / 2011  
Transaction ID: SA11AI.7762  
Amount of Each Receipt this Period: 200.00  
Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Russell Honeycutt

Mailing Address 223 Pebblebrook Lane

City Macon State GA Zip Code 31220

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

Name of Employer: Hinson Systems/National Reimbu  
Occupation: Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 06 / 01 / 2011  
Transaction ID: SA11AI.7792  
Amount of Each Receipt this Period: 200.00  
Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Jon Howell

Mailing Address 251 Bishop Farm Way

City Huntsville State AL Zip Code 35806

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

Name of Employer: HEMSI  
Occupation: CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 01 / 2011  
Transaction ID: SA11AI.7788  
Amount of Each Receipt this Period: 150.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 550.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 34  
(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) Thomas McEntee		Date of Receipt MM / DD / YYYY 03 / 01 / 2011
Mailing Address 8489 Sunshine Ln		<b>Transaction ID:</b> SA11AI.7724
City Riverside	State CA	Zip Code 92508
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer AMR - Riverside County	Occupation Manager	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

**B.**

Full Name (Last, First, Middle Initial) Thomas McEntee		Date of Receipt MM / DD / YYYY 04 / 01 / 2011
Mailing Address 8489 Sunshine Ln		<b>Transaction ID:</b> SA11AI.7739
City Riverside	State CA	Zip Code 92508
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer AMR - Riverside County	Occupation Manager	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

**C.**

Full Name (Last, First, Middle Initial) Thomas McEntee		Date of Receipt MM / DD / YYYY 05 / 01 / 2011
Mailing Address 8489 Sunshine Ln		<b>Transaction ID:</b> SA11AI.7761
City Riverside	State CA	Zip Code 92508
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer AMR - Riverside County	Occupation Manager	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	255.00
<b>TOTAL</b> 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 / 34
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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)**

<b>A.</b>	Full Name (Last, First, Middle Initial) Thomas McEntee	Date of Receipt MM / DD / YYYY 06 / 01 / 2011
	Mailing Address 8489 Sunshine Ln	<b>Transaction ID:</b> SA11AI.7795
	City State Zip Code Riverside CA 92508	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Occupation AMR - Riverside County Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) James McPartlon	Date of Receipt MM / DD / YYYY 02 / 01 / 2011
	Mailing Address 1015 DiBella Dr	<b>Transaction ID:</b> SA11AI.7686
	City State Zip Code Schenectady NY 12303	Amount of Each Receipt this Period 166.66
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Occupation Mohawk Ambulance Services VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.32	

<b>C.</b>	Full Name (Last, First, Middle Initial) James McPartlon	Date of Receipt MM / DD / YYYY 03 / 01 / 2011
	Mailing Address 1015 DiBella Dr	<b>Transaction ID:</b> SA11AI.7709
	City State Zip Code Schenectady NY 12303	Amount of Each Receipt this Period 166.66
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Occupation Mohawk Ambulance Services VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>418.32</b>
<b>TOTAL</b> 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 15 / 34  
(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)  
James McPartlon

Mailing Address 1015 DiBella Dr

City State Zip Code  
Schenectady NY 12303

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

Name of Employer Mohawk Ambulance Services Occupation VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
666.64

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 01 / 2011

**Transaction ID:** SA11AI.7743

Amount of Each Receipt this Period  
166.66

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
James McPartlon

Mailing Address 1015 DiBella Dr

City State Zip Code  
Schenectady NY 12303

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

Name of Employer Mohawk Ambulance Services Occupation VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
833.30

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 01 / 2011

**Transaction ID:** SA11AI.7766

Amount of Each Receipt this Period  
166.66

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
James McPartlon

Mailing Address 1015 DiBella Dr

City State Zip Code  
Schenectady NY 12303

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

Name of Employer Mohawk Ambulance Services Occupation VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
999.96

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 01 / 2011

**Transaction ID:** SA11AI.7805

Amount of Each Receipt this Period  
166.66

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **499.98**

**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 16 / 34  
(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)  
Louis Meyer

Mailing Address 10644 N. Oakwilde Avenue

City State Zip Code  
Stockton CA 95212

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

Name of Employer AMR Occupation CEO - Regional

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt MM / DD / YYYY  
02 / 01 / 2011

Transaction ID: SA11AI.7688

Amount of Each Receipt this Period 200.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Louis Meyer

Mailing Address 10644 N. Oakwilde Avenue

City State Zip Code  
Stockton CA 95212

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

Name of Employer AMR Occupation CEO - Regional

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt MM / DD / YYYY  
03 / 01 / 2011

Transaction ID: SA11AI.7725

Amount of Each Receipt this Period 200.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Louis Meyer

Mailing Address 10644 N. Oakwilde Avenue

City State Zip Code  
Stockton CA 95212

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

Name of Employer AMR Occupation CEO - Regional

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt MM / DD / YYYY  
04 / 01 / 2011

Transaction ID: SA11AI.7745

Amount of Each Receipt this Period 200.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **600.00**

**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 17 / 34  
(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)  
Louis Meyer

Mailing Address 10644 N. Oakwilde Avenue

City State Zip Code  
Stockton CA 95212

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

Name of Employer AMR Occupation CEO - Regional

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 01 / 2011

**Transaction ID:** SA11AI.7764

Amount of Each Receipt this Period  
200.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Louis Meyer

Mailing Address 10644 N. Oakwilde Avenue

City State Zip Code  
Stockton CA 95212

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

Name of Employer AMR Occupation CEO - Regional

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
MM / DD / YYYY  
06 / 01 / 2011

**Transaction ID:** SA11AI.7794

Amount of Each Receipt this Period  
200.00

Contribution

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

Mailing Address 100 S Birch Rd #901

City State Zip Code  
Ft Lauderdale FL 33316

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

Name of Employer AMR Occupation Exe VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
MM / DD / YYYY  
01 / 14 / 2011

**Transaction ID:** SA11AI.7668

Amount of Each Receipt this Period  
255.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 655.00

**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 18 / 34  
(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)  
Steve Murphy  
 Mailing Address 100 S Birch Rd #901  
 City Ft Lauderdale State FL Zip Code 33316  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AMR Occupation Exe VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 510.00  
 Date of Receipt 03 / 01 / 2011  
**Transaction ID:** SA11AI.7713  
 Amount of Each Receipt this Period 255.00  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
Steve Murphy  
 Mailing Address 100 S Birch Rd #901  
 City Ft Lauderdale State FL Zip Code 33316  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AMR Occupation Exe VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 765.00  
 Date of Receipt 06 / 01 / 2011  
**Transaction ID:** SA11AI.7791  
 Amount of Each Receipt this Period 255.00  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
Jamie Pafford-Gresham  
 Mailing Address 3317 W 16  
 City Hope State AR Zip Code 71801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pafford EMS Occupation Owner/Operator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00  
 Date of Receipt 06 / 01 / 2011  
**Transaction ID:** SA11AI.7799  
 Amount of Each Receipt this Period 1200.00  
 Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1710.00  
**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 19 / 34

(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)

Aaron Reinert

Mailing Address 29251 Potassium St NW

City State Zip Code  
Isanti MN 55040

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

Name of Employer Occupation  
Lake Regions EMS Manager

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 01 / 2011

Transaction ID: SA11AI.7711

Amount of Each Receipt this Period

300.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Aaron Reinert

Mailing Address 29251 Potassium St NW

City State Zip Code  
Isanti MN 55040

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

Name of Employer Occupation  
Lake Regions EMS Manager

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 01 / 2011

Transaction ID: SA11AI.7802

Amount of Each Receipt this Period

300.00

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 ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
02 / 01 / 2011

Transaction ID: SA11AI.7682

Amount of Each Receipt this Period

200.00

Contribution

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

800.00

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

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

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

FOR LINE NUMBER: PAGE 20 / 34  
(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)  
Randy Strozyk  
 Mailing Address 9209 181 Street Avenue East  
 City State Zip Code  
 Bonney Lake WA 98390  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 01 / 2011  
**Transaction ID:** SA11AI.7720  
 Amount of Each Receipt this Period  
 200.00  
 Contribution  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Medical Response Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

**B.** Full Name (Last, First, Middle Initial)  
Randy Strozyk  
 Mailing Address 9209 181 Street Avenue East  
 City State Zip Code  
 Bonney Lake WA 98390  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 01 / 2011  
**Transaction ID:** SA11AI.7741  
 Amount of Each Receipt this Period  
 200.00  
 Contribution  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Medical Response Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

**C.** Full Name (Last, First, Middle Initial)  
Randy Strozyk  
 Mailing Address 9209 181 Street Avenue East  
 City State Zip Code  
 Bonney Lake WA 98390  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 01 / 2011  
**Transaction ID:** SA11AI.7760  
 Amount of Each Receipt this Period  
 200.00  
 Contribution  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Medical Response Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 600.00  
**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 21 / 34  
(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)  
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 American Medical Response      Occupation Vice President

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  M  M /  D  D /  Y  Y  Y  Y  
06 / 01 / 2011

**Transaction ID:** SA11AI.7800

Amount of Each Receipt this Period 200.00

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 American Medical Response      Occupation VP Risk Management

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  M  M /  D  D /  Y  Y  Y  Y  
03 / 01 / 2011

**Transaction ID:** SA11AI.7716

Amount of Each Receipt this Period 250.00

Contribution

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

Mailing Address 2122 Willow Street

City State Zip Code  
San Diego CA 92106

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

Name of Employer American Medical Response      Occupation CEO

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  M  M /  D  D /  Y  Y  Y  Y  
03 / 01 / 2011

**Transaction ID:** SA11AI.7722

Amount of Each Receipt this Period 85.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **535.00**

**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 22 / 34  
(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)  
Kurt Williams

Mailing Address 2122 Willow Street

City San Diego State CA Zip Code 92106

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

Name of Employer American Medical Response Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 04 / 01 / 2011

Transaction ID: SA11AI.7740

Amount of Each Receipt this Period 85.00

Contribution

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

Mailing Address 2122 Willow Street

City San Diego State CA Zip Code 92106

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

Name of Employer American Medical Response Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 01 / 2011

Transaction ID: SA11AI.7763

Amount of Each Receipt this Period 85.00

Contribution

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

Mailing Address 2122 Willow Street

City San Diego State CA Zip Code 92106

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

Name of Employer American Medical Response Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 01 / 2011

Transaction ID: SA11AI.7789

Amount of Each Receipt this Period 85.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 255.00

**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 23 / 34

(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)  
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 ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.7718

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 ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 5 / 2 0 1 1

Transaction ID: SA11AI.7746

Amount of Each Receipt this Period

100.00

Contribution

**C.**

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 ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.7767

Amount of Each Receipt this Period

100.00

Contribution

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

300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 24 / 34	
	(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"/> 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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Gerald Zapolnik		Date of Receipt																					
	Mailing Address 1116 Rathfan Circle		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	1		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	6		0	1		2	0	1	1														
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.7798																				
	Saline	MI	48176	Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		C	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 ▼ 600.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	11153.30



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 25 / 34	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) FRIENDS OF KENT CONRAD		Date of Receipt																					
	Mailing Address PO BOX 812		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	2		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	4		2	2		2	0	1	1														
	City State Zip Code BISMARCK ND 58502		<b>Transaction ID:</b> SA16.7769																					
FEC ID number of contributing federal political committee. <b>C</b> C00202754		Amount of Each Receipt this Period 1000.00																						
Name of Employer Occupation		Refund of Contribution Ck-5312																						
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	1000.00

**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)

<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.7680 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="01"/> / <input type="text" value="03"/> / <input type="text" value="2011"/>
	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="268.75"/>
	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.7691 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="02"/> / <input type="text" value="08"/> / <input type="text" value="2011"/>
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
	Purpose of Disbursement AmEx Merchant Fee Candidate Name	<input type="text" value="30.46"/>
	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) American Express	Transaction ID: SB21B.7706 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="03"/> / <input type="text" value="01"/> / <input type="text" value="2011"/>
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
	Purpose of Disbursement AmEx Merchant Fee Candidate Name	<input type="text" value="30.46"/>
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="329.67"/>
<b>TOTAL</b> 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 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.7737 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="04"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	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="53.46"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B.7756 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="05"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	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="30.46"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B.7773 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="06"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
	Purpose of Disbursement AmEx Merchant Fee Candidate Name	<input type="text" value="30.46"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="114.38"/>
<b>TOTAL</b> 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 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	Transaction ID: SB21B.7679 Date of Disbursement
	Mailing Address P.O. Box 622227	<input type="text" value="01"/> / <input type="text" value="10"/> / <input type="text" value="2011"/>
	City Orlando State FL Zip Code 32862-2227	Amount of Each Disbursement this Period
	Purpose of Disbursement SunTrust Merchant Fee Candidate Name	<input type="text" value="415.75"/>
	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) SunTrust Bank	Transaction ID: SB21B.7690 Date of Disbursement
	Mailing Address P.O. Box 622227	<input type="text" value="02"/> / <input type="text" value="10"/> / <input type="text" value="2011"/>
	City Orlando State FL Zip Code 32862-2227	Amount of Each Disbursement this Period
	Purpose of Disbursement SunTrust Merchant Fee Candidate Name	<input type="text" value="25.30"/>
	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.7705 Date of Disbursement
	Mailing Address P.O. Box 622227	<input type="text" value="03"/> / <input type="text" value="10"/> / <input type="text" value="2011"/>
	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="9.94"/>
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="450.99"/>
<b>TOTAL</b> 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 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	Transaction ID: SB21B.7738 Date of Disbursement																			
	Mailing Address P.O. Box 622227	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	1		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	1		2	0	1	1												
	City Orlando State FL Zip Code 32862-2227	Amount of Each Disbursement this Period																			
	Purpose of Disbursement SunTrust Merchant Fees Candidate Name	<table border="1"><tr><td>49.55</td></tr></table>	49.55																		
49.55																					
	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) ▼																			
		<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					

B.	Full Name (Last, First, Middle Initial) SunTrust Bank	Transaction ID: SB21B.7755 Date of Disbursement																			
	Mailing Address P.O. Box 622227	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>5</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	0		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	0		2	0	1	1												
	City Orlando State FL Zip Code 32862-2227	Amount of Each Disbursement this Period																			
	Purpose of Disbursement SunTrust Merchant Fees Candidate Name	<table border="1"><tr><td>10.71</td></tr></table>	10.71																		
10.71																					
	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) ▼																			
		<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					

C.	Full Name (Last, First, Middle Initial) SunTrust Bank	Transaction ID: SB21B.7772 Date of Disbursement																			
	Mailing Address P.O. Box 622227	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	0		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	0		2	0	1	1												
	City Orlando State FL Zip Code 32862-2227	Amount of Each Disbursement this Period																			
	Purpose of Disbursement SunTrust Merchant Fee Candidate Name	<table border="1"><tr><td>10.71</td></tr></table>	10.71																		
10.71																					
	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) ▼																			
		<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>70.97</td></tr></table>	70.97
70.97		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td>966.01</td></tr></table>	966.01
966.01		

**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)  
BOEHNER FOR SPEAKER CONGRESSMAN LATOURETTE JUNE RECEPTION CTME

Mailing Address 228 S WASHINGTON ST STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
Contribution for joint fund-raising committee

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼  
None

Transaction ID: SB23.7774

Date of Disbursement

06 / 07 / 2011

Amount of Each Disbursement this Period

2500.00

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

Mailing Address P. O. Box 17813

City Richmond State VA Zip Code 23226

Purpose of Disbursement  
Contribution

Candidate Name  
ERIC CANTOR

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

State: VA District: 07

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.7697

Date of Disbursement

02 / 15 / 2011

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
CHARLES BOUSTANY JR. MD FOR CONGRESS, INC.

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement  
Contribution

Candidate Name  
CHARLES DR. JR. BOUSTANY

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

State: LA District: 07

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.7728

Date of Disbursement

04 / 14 / 2011

Amount of Each Disbursement this Period

2500.00

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

6000.00

**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)

<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	Transaction ID: SB23.7698 Date of Disbursement																			
	Mailing Address 5915 Eastman Avenue Suite 100	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	5		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	5		2	0	1	1												
	City Midland State MI Zip Code 48640	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>2500.00</td></tr></table>	2500.00																		
2500.00																					
	Candidate Name DAVID CAMP	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE	Transaction ID: SB23.7777 Date of Disbursement																			
	Mailing Address 120 MARYLAND AVENUE NE	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	7		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	7		2	0	1	1												
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>2000.00</td></tr></table>	2000.00																		
2000.00																					
	Candidate Name	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) FRIENDS OF ROSA DELAURO	Transaction ID: SB23.7699 Date of Disbursement																			
	Mailing Address 12 TRUMBULL STREET	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	5		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	5		2	0	1	1												
	City NEW HAVEN State CT Zip Code 06511	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>1250.00</td></tr></table>	1250.00																		
1250.00																					
	Candidate Name ROSA L DELAURO	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 03	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>5750.00</td></tr></table>	5750.00
5750.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

**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 SHERROD BROWN

Mailing Address PO BOX 76187  
Suite 800

City WASHINGTON State DC Zip Code 20013

Purpose of Disbursement  
Contribution

Candidate Name  
SHERROD BROWN

Office Sought:  House  
 Senate  
 President  
State: OH District: 00

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.7782  
Date of Disbursement

06 / 07 / 2011

Amount of Each Disbursement this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
HATCH ELECTION COMMITTEE INC

Mailing Address 175 SOUTH WEST TEMPLE SUITE 650

City SALT LAKE CITY State UT Zip Code 84101

Purpose of Disbursement  
Contribution

Candidate Name  
ORRIN G HATCH

Office Sought:  House  
 Senate  
 President  
State: UT District: 00

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.7783  
Date of Disbursement

06 / 27 / 2011

Amount of Each Disbursement this Period

2500.00

**C.** Full Name (Last, First, Middle Initial)  
KEVIN MCCARTHY FOR CONGRESS

Mailing Address PO BOX 12667

City BAKERSFIELD State CA Zip Code 93389

Purpose of Disbursement  
Contribution

Candidate Name  
KEVIN MCCARTHY

Office Sought:  House  
 Senate  
 President  
State: CA District: 22

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.7729  
Date of Disbursement

04 / 14 / 2011

Amount of Each Disbursement this Period

3500.00

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

6500.00

**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)

<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) MICA FOR CONGRESS	Transaction ID: SB23.7757 Date of Disbursement																			
	Mailing Address P. O. BOX 181546	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>5</td><td>/</td><td>2</td><td>0</td><td>/</td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5	/	2	0	/	2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5	/	2	0	/	2	0	1	1												
	City CASSELBERRY State FL Zip Code 32718	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name JOHN L. MR. MICA	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 07	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) POE FOR CONGRESS	Transaction ID: SB23.7692 Date of Disbursement																			
	Mailing Address P.O. BOX 14222	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td>/</td><td>1</td><td>3</td><td>/</td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	1	3	/	2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2	/	1	3	/	2	0	1	1												
	City HUMBLE State TX Zip Code 77347	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name TED POE	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 02	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) RICHARD E NEAL FOR CONGRESS	Transaction ID: SB23.7735 Date of Disbursement																			
	Mailing Address 76 MAGNOLIA TERRACE	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td>/</td><td>2</td><td>8</td><td>/</td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4	/	2	8	/	2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4	/	2	8	/	2	0	1	1												
	City SPRINGFIELD State MA Zip Code 01108	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>250.00</td></tr></table>	250.00																		
250.00																					
	Candidate Name RICHARD E NEAL	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 02	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>2250.00</td></tr></table>	2250.00
2250.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td> </td></tr></table>	

**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 34 / 34

<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)

SENSENBRENNER COMMITTEE

Mailing Address P. O. BOX 575

City  
BROOKFIELD

State  
WI

Zip Code  
53008

Purpose of Disbursement  
Contribution

Candidate Name  
F JAMES JR SENSENBRENNER

Office Sought:  House  
 Senate  
 President

State: WI District: 05

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.7779

Date of Disbursement

06 / 07 / 2011

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

1000.00

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

21500.00