

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

ADDRESS (number and street) 8201 Greensboro Drive Suite 300 McLean VA 22102 Check if different than previously reported. (ACC)

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 07 01 2006 through 09 30 2006

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

Type or Print Name of Treasurer Mr. Tristan North

Signature of Treasurer Electronically Filed by Mr. Tristan North Date 02 26 2007

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**

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

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		29998.45
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	24748.32									
(c) Total Receipts (from Line 19)	5189.99	11756.79								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	29938.31	41755.24								
7. Total Disbursements (from Line 31)	11882.70	23699.63								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	18055.61	18055.61								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	3689.99	8183.31
(i) Itemized (use Schedule A)	1500.00	2801.66
(ii) Unitemized	5189.99	10984.97
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	5189.99	10984.97
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	771.82
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))	5189.99	11756.79
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	5189.99	11756.79

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	182.70	669.63
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	182.70	669.63
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11700.00	22950.00
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	80.00
(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	80.00
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))..	11882.70	23699.63
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	11882.70	23699.63

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	5189.99	10984.97
34. Total Contribution Refunds (from Line 28(d))	0.00	80.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5189.99	10904.97
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	182.70	669.63
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	182.70	669.63

**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 6 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. Dale Berry		Date of Receipt MM / DD / YYYY 07 / 26 / 2006
Mailing Address 1200 State Circle		Transaction ID: SA11A1.5892
City Ann Arbor	State MI	Zip Code 48108
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer Huron Valley Ambulance	Occupation President	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. Dale Berry		Date of Receipt MM / DD / YYYY 09 / 28 / 2006
Mailing Address 1200 State Circle		Transaction ID: SA11A1.5936
City Ann Arbor	State MI	Zip Code 48108
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Huron Valley Ambulance	Occupation President	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

Full Name (Last, First, Middle Initial) C. Bob Garner		Date of Receipt MM / DD / YYYY 09 / 07 / 2006
Mailing Address 7255 Northwest 18th Street, NW Suite C		Transaction ID: SA11A1.5933
City Miami	State FL	Zip Code 33126
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer American Medical Response	Occupation Owner/Operator	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional)	600.00
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 7 / 19
	<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)

Full Name (Last, First, Middle Initial) A. Debora Mary Gault		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006
Mailing Address 5502 North West Highway		Transaction ID: SA11A1.5927
City State Zip Code Waterford WI 53185	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Occupation AMR VP Federal Reimbursements	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. Ben Hinson		Date of Receipt M M / D D / Y Y Y Y 07 / 27 / 2006
Mailing Address 675 Sioux Drive		Transaction ID: SA11A1.5885
City State Zip Code Macon GA 31210	Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Occupation Mid Georgia Ambulance President/Owner	Aggregate Year-to-Date ▼ 499.98	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. Ben Hinson		Date of Receipt M M / D D / Y Y Y Y 08 / 10 / 2006
Mailing Address 675 Sioux Drive		Transaction ID: SA11A1.5912
City State Zip Code Macon GA 31210	Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Occupation Mid Georgia Ambulance President/Owner	Aggregate Year-to-Date ▼ 583.31	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	291.66
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 675 Sioux Drive

City State Zip Code
Macon GA 31210

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

Name of Employer Occupation
Mid Georgia Ambulance President/Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 666.64

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 07 / 2006

Transaction ID: SA11A1.5923

Amount of Each Receipt this Period
83.33

Contribution

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

Mailing Address 803 Hillcrest

City State Zip Code
Sparta IL 62286

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

Name of Employer Occupation
MedStar Ambulance President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 07 / 2006

Transaction ID: SA11A1.5935

Amount of Each Receipt this Period
250.00

Contribution

C. Full Name (Last, First, Middle Initial)
Kurt M. Krumperman

Mailing Address 2120 E. Golf Avenue

City State Zip Code
Tempe AZ 85282

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

Name of Employer Occupation
Rural/Metro Group President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 26 / 2006

Transaction ID: SA11A1.5899

Amount of Each Receipt this Period
100.00

Contribution

SUBTOTAL of Receipts This Page (optional)	▶	433.33
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 19
	<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)

Full Name (Last, First, Middle Initial) A. Kurt M. Krumperman		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006	
Mailing Address 2120 E. Golf Avenue		Transaction ID: SA11A1.5934	
City State Zip Code Tempe AZ 85282	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Rural/Metro Occupation Group President	Aggregate Year-to-Date ▼ 350.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Brian Lovellette		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006	
Mailing Address 701 Britten Avenue		Transaction ID: SA11A1.5932	
City State Zip Code Lansing MI 48910-1321	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Association Services of Michigan Occupation President	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Thomas McEntee		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2006	
Mailing Address 2 Joseph Prince Lane		Transaction ID: SA11A1.5901	
City State Zip Code Amherst NH 03031	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Rockingham Ambulance Service Occupation Director, Operations	Aggregate Year-to-Date ▼ 420.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	275.00
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 / 19
	<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)

Full Name (Last, First, Middle Initial) A. Thomas McEntee		Date of Receipt M M / D D / Y Y Y Y 07 / 27 / 2006	
Mailing Address 2 Joseph Prince Lane		Transaction ID: SA11A1.5886	
City Amherst	State NH	Zip Code 03031	Amount of Each Receipt this Period 80.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Rockingham Ambulance Service	Occupation Director, Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Thomas McEntee		Date of Receipt M M / D D / Y Y Y Y 08 / 10 / 2006	
Mailing Address 2 Joseph Prince Lane		Transaction ID: SA11A1.5913	
City Amherst	State NH	Zip Code 03031	Amount of Each Receipt this Period 80.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Rockingham Ambulance Service	Occupation Director, Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 580.00		

Full Name (Last, First, Middle Initial) C. Thomas McEntee		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006	
Mailing Address 2 Joseph Prince Lane		Transaction ID: SA11A1.5924	
City Amherst	State NH	Zip Code 03031	Amount of Each Receipt this Period 80.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Rockingham Ambulance Service	Occupation Director, Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00		

SUBTOTAL of Receipts This Page (optional) ▶	240.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. James McPartlon		Date of Receipt MM / DD / YYYY 07 / 26 / 2006
Mailing Address 1015 DiBella Dr		Transaction ID: SA11A1.5906
City State Zip Code Schenectady NY 12303	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 400.00
Name of Employer Mohawk Ambulance Services	Occupation VP	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Louis Meyer		Date of Receipt MM / DD / YYYY 09 / 07 / 2006
Mailing Address 10644 N. Oakwilde Avenue		Transaction ID: SA11A1.5925
City State Zip Code Stockton CA 95212	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer AMR	Occupation CEO - Regional	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) C. Steve Murphy		Date of Receipt MM / DD / YYYY 07 / 26 / 2006
Mailing Address 100 S Birch Rd #901		Transaction ID: SA11A1.5902
City State Zip Code Ft Lauderdale FL 33316	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00
Name of Employer AMR	Occupation Exe VP	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
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 Occupation
AMR Exe VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt
MM / DD / YYYY
09 / 28 / 2006

Transaction ID: SA11A1.5937

Amount of Each Receipt this Period
250.00

Contribution

B. Full Name (Last, First, Middle Initial)
Jamie Pafford-Gresham

Mailing Address 3317 W 16

City State Zip Code
Hope AR 71801

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

Name of Employer Occupation
Pafford EMS Owner/Operator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
09 / 07 / 2006

Transaction ID: SA11A1.5931

Amount of Each Receipt this Period
250.00

Contribution

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

Mailing Address 417 Holly Ridge Drive

City State Zip Code
Anderson SC 29621

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

Name of Employer Occupation
MedShore Ambulance President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
07 / 26 / 2006

Transaction ID: SA11A1.5890

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Trace Skeen		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006	
Mailing Address 6200 Syracuse Way #200		Transaction ID: SA11A1.5930	
City State Zip Code Greenwood Village CO 80111	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer AMR Occupation VP	Aggregate Year-to-Date ▼ 375.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Ronald Thackery		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006	
Mailing Address 6200 Syracuse Way #200		Transaction ID: SA11A1.5929	
City State Zip Code Greenwood Village CO 80111	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer AMR Occupation VP	Aggregate Year-to-Date ▼ 375.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Kurt Williams		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006	
Mailing Address 2122 Willow Street		Transaction ID: SA11A1.5926	
City State Zip Code San Diego CA 92106	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer American Medical Response Occupation Vice President	Aggregate Year-to-Date ▼ 375.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	375.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 14 / 19	
	(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)

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 ▼
 375.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 07 / 2006

Transaction ID: SA11A1.5928

Amount of Each Receipt this Period
 125.00

Contribution

SUBTOTAL of Receipts This Page (optional)	▶	125.00
TOTAL This Period (last page this line number only)	▶	3689.99

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 15 / 19

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

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

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: SB21B.5916 Date of Disbursement																					
Mailing Address PO Box 53852		<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>8</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		0	1		2	0	0	6														
City Phoenix	State AZ	Zip Code 85072-3852	Amount of Each Disbursement this Period																				
Purpose of Disbursement Merchant Fees			<table border="1"> <tr> <td>14.42</td> </tr> </table>	14.42																			
14.42																							
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State:	District:	Category/Type 001																					

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: SB21B.5939 Date of Disbursement																					
Mailing Address PO Box 53852		<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>9</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		0	1		2	0	0	6														
City Phoenix	State AZ	Zip Code 85072-3852	Amount of Each Disbursement this Period																				
Purpose of Disbursement Merchant Fees			<table border="1"> <tr> <td>7.42</td> </tr> </table>	7.42																			
7.42																							
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State:	District:	Category/Type 001																					

Full Name (Last, First, Middle Initial) C. Nova Information Systems		Transaction ID: SB21B.5908 Date of Disbursement																					
Mailing Address 7300 Chapman Highway		<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>7</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	7		0	3		2	0	0	6														
City Knoxville	State TN	Zip Code 37920	Amount of Each Disbursement this Period																				
Purpose of Disbursement Merchant Fees			<table border="1"> <tr> <td>53.75</td> </tr> </table>	53.75																			
53.75																							
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State:	District:	Category/Type 001																					

SUBTOTAL of Disbursements This Page (optional)	▶	75.59
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 16 / 19

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

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NAME OF COMMITTEE (In Full)

AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

Full Name (Last, First, Middle Initial)

A. Nova Information Systems

Mailing Address 7300 Chapman Highway

City Knoxville State TN Zip Code 37920

Purpose of Disbursement

Merchant Fees

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.5914

Date of Disbursement

08 / 01 / 2006

Amount of Each Disbursement this Period

53.55

Full Name (Last, First, Middle Initial)

B. Nova Information Systems

Mailing Address 7300 Chapman Highway

City Knoxville State TN Zip Code 37920

Purpose of Disbursement

Merchant Fees

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.5938

Date of Disbursement

09 / 01 / 2006

Amount of Each Disbursement this Period

3.87

SUBTOTAL of Disbursements This Page (optional)

57.42

TOTAL This Period (last page this line number only)

133.01

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)

PAGE 17 / 19

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

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

Full Name (Last, First, Middle Initial) A. NANCY L. JOHNSON		Transaction ID: SB23.5911 Date of Disbursement MM / DD / YYYY 07 / 03 / 2006	
Mailing Address P. O. Box 1986		Amount of Each Disbursement this Period 2500.00	
City New Britain	State CT		Zip Code 06050
Purpose of Disbursement Contribution			011 Category/ Type
Candidate Name Nancy Johnson			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CT District: 05			

Full Name (Last, First, Middle Initial) B. NANCY L. JOHNSON		Transaction ID: SB23.5944 Date of Disbursement MM / DD / YYYY 09 / 21 / 2006	
Mailing Address P. O. Box 1986		Amount of Each Disbursement this Period 2000.00	
City New Britain	State CT		Zip Code 06050
Purpose of Disbursement Contribution			011 Category/ Type
Candidate Name NANCY L JOHNSON			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CT District: 05			

Full Name (Last, First, Middle Initial) C. NANCY L. JOHNSON		Transaction ID: SB23.5945 Date of Disbursement MM / DD / YYYY 09 / 29 / 2006	
Mailing Address P. O. Box 1986		Amount of Each Disbursement this Period 2000.00	
City New Britain	State CT		Zip Code 06050
Purpose of Disbursement Contribution			011 Category/ Type
Candidate Name NANCY L. JOHNSON			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CT District: 05			

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)

PAGE 18 / 19

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

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

Full Name (Last, First, Middle Initial) A. PETER KING		Transaction ID: SB23.5946 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6
Mailing Address 1442 Roth Road		Amount of Each Disbursement this Period 2000.00
City Seaford State NY Zip Code 11783	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Peter King		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 03	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Robert Ryrd		Transaction ID: SB23.5918 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 6
Mailing Address P O Box 2572		Amount of Each Disbursement this Period 1000.00
City Charleston State WV Zip Code 25329	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Robert Byrd		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WV District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. SCHWARZ FOR CONGRESS		Transaction ID: SB23.5922 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Mailing Address POST OFFICE BOX 2063		Amount of Each Disbursement this Period 1000.00
City BATTLE CREEK State MI Zip Code 49016	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name SCHWARZ FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 07	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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)

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

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

Full Name (Last, First, Middle Initial) A. BENNIE G. THOMPSON		Transaction ID: SB23.5949 Date of Disbursement 09 / 28 / 2006	
Mailing Address P.O. Box 100		Amount of Each Disbursement this Period 200.00	
City BOLTON	State MS	Zip Code 39041	011 Category/ Type
Purpose of Disbursement Contribution		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name Robert Byrd			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MS District: 02		

Full Name (Last, First, Middle Initial) B. GREGORY PAUL WALDEN		Transaction ID: SB23.5941 Date of Disbursement 09 / 28 / 2006	
Mailing Address 1504 Sherman Street		Amount of Each Disbursement this Period 1000.00	
City Hood River	State OR	Zip Code 97031	011 Category/ Type
Purpose of Disbursement Contribution		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name Greg Walden			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: OR District: 2		

SUBTOTAL of Disbursements This Page (optional) ►

1200.00

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

11700.00