02/26/2007 16:35

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## FEC FORM 3X

Only

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC) 8201 Greensboro Drive ADDRESS (number and street) Suite 300 Check if different than previously VA 22102 McLean reported. (ACC) FEC IDENTIFICATION NUMBER STATE A CITY A ZIPCODE A IS THIS **AMENDED** NEW C00168070 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 07 0 1 2006 09 30 2006 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Mr. Tristan North Type or Print Name of Treasurer Mr. Tristan North Electronically Filed by 02 26 2007 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003)

FEC Form 3X (Rev. 02/2003)

## SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC) D " D 0.7 0 1 2006 0.9 3 0 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 29998.45 <sup>°</sup>2006 January 1 (b) Cash on Hand at 24748.32 Begining of Reporting Period ..... 5189.99 11756.79 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 29938.31 41755.24 6(a) and 6(c) for Column B) ..... 11882.70 23699.63 7. Total Disbursements (from Line 31) ...... Cash on Hand at Close of Reporting Period 18055.61 18055.61 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact:

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

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

### **DETAILED SUMMARY PAGE** OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

(subtract Line 18(c) from Line 19) .....

AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

0 1 3<sup>D</sup>0 м м 0 7 м м 0 9 2006 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** 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 ..... (iii) TOTAL (add 5189.99 10984.97 Lines 11(a)(i) and (ii) ...... 0.00 0.00 (b) Political Party Committees ..... Other Political Committees 0.00 0.00 (such as PACs) ..... Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 5189.99 10984.97 Totals to Line 33, page 5) ...... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees ..... 17. Other Federal Receipts 0.00 771.82 (Dividends, Interest, etc.) ..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (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)). 19. Total Receipts (add Lines 11(d), 5189.99 11756.79 12, 13, 14, 15, 16, 17, and 18(c)) ..... 20. Total Federal Receipts 5189.99 11756.79

## **DETAILED SUMMARY PAGE**

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1.	Operating Expenditures:  (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	182.70	669.63
	Expenditures(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii) and (b))	182.70	669.63
2.	Transfers to Affiliated/Other Party Committees	0.00	0.00
3.	Contributions to		
	Federal Candidates/Committeesand Other Political Committees	11700.00	22950.00
١.	Independent Expenditure	0.00	0.00
j.	(use Schedule E) Coordinated Expenditures Made by Party		0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
i.	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
3.	Refunds of Contributions To: (a) Individuals/Persons Other	0.00	80.00
	Than Political Committees		
	(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
).	Other Disbursements	0.00	0.00
).	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
	(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
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	11882.70	23699.63
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) from Line 30(a)(ii)	11000 70	00000.00
	from Line 31)	11882.70	23699.63

## **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	5189.99	10984.97
34. Total Contribution Refunds (from Line 28(d))	0.00	80.00
85. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5189.99	10904.97
66. 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
88. Net Operating Expenditures (subtract Line 37 from Line 36)	182.70	669.63

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 19
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one)    X   11a
Ar or	ny information copied from such Reports and Statem for commercial purposes, other than using the name	ents may and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE ASSOCIATION	FEDER	AL PAC (AKA AMBU-PAC)	
Α.	Full Name (Last, First, Middle Initial) Dale Berry			Date of Receipt
	Mailing Address 1200 State Circle			07 26 2006
		State	Zip Code	Transaction ID: SA11A1.5892
	EEC ID number of contributing	MI C	48108	Amount of Each Receipt this Period  100.00
	Huran Vallov Ambulanca	ccupation		Contribution
	Receipt For:  Primary General  Other (specify) ▼	ggregate	Year-to-Date ▼ 600.00	
В.	Full Name (Last, First, Middle Initial) Dale Berry			Date of Receipt
	Mailing Address 1200 State Circle			09 28 2006
	•	State	Zip Code	Transaction ID: SA11A1.5936
	Ann Arbor	MI	48108	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00  Contribution
	Huron Valley Ambulance	ccupatior resident		Contribution
		ggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		850.00	
<b>C</b> .	Full Name (Last, First, Middle Initial) Bob Garner			Date of Receipt
	Mailing Address 7255 Northwest 18th Street Suite C	t, NW		09 / 07 / 2006
	•	State FL	Zip Code 33126	Transaction ID: SA11A1.5933
	FEC. ID assembles of a settlibution.		33120	Amount of Each Receipt this Period
	federal political committee.	C		250.00 Contribution
	American Medical Response	ccupation wner/O	perator	Contribution
	Receipt For:  Primary General  Other (specify) ▼	ggregate	Year-to-Date ▼ 750.00	
s	UBTOTAL of Receipts This Page (optional)			600.00
  -	OTAL This Period (last page this line number only)			

9	COUEDINE A /EEC Form 2V)			FOR LINE NUMBER: PAGE 7/19			
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)			
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12			
			Detailed Summary Page	13 14 15 16 17			
۸r	y information copied from such Reports and St	atomonte may	unat ha cold or used by any perso				
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.			
$\setminus$	NAME OF COMMITTEE (In Full)						
$\rangle$	AMERICAN AMBULANCE ASSOCIATI	ON FEDER	RAL PAC (AKA AMBU-PAC)				
Α.	Full Name (Last, First, Middle Initial) Debora Mary Gault			Date of Receipt			
	Mailing Address 5502 North West Highw	vay		09 07 2006			
	City	State	Zip Code	Transaction ID: SA11A1.5927			
	Waterford	WI	53185	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		125.00			
	Name of Employer AMR	Occupation VP Feder	n ral Reimbursements	Contribution			
	Receipt For:	Aggregate	e Year-to-Date ▼	7			
	Primary General			1			
	Other (specify)		250.00				
В.	Full Name (Last, First, Middle Initial) Mr. Ben Hinson			Date of Receipt			
	Mailing Address 675 Sioux Drive			07 27 2006			
	City	State	Zip Code	Transaction ID: SA11A1.5885			
	Macon	GA	31210	Amount of Each Receipt this Period			
	FEC ID number of contributing						
	federal political committee.	C		83.33			
	Name of Employer Mid Georgia Ambulance	Occupation		Contribution			
	·	Presiden					
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General Other (specify) ▼	_ ' '	499.98				
	Other (specify)			J.			
_	Full Name (Last, First, Middle Initial)			Data of Passint			
C.	Mr. Ben Hinson  Mailing Address 675 Sioux Drive			Date of Receipt			
	Walling Address 675 Sloux Drive			08 10 2006			
	City	State	Zip Code	Transaction ID: SA11A1.5912			
	Macon	GA	31210	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		83.33			
	Name of Employer Mid Georgia Ambulance	Occupation Presiden		Contribution			
	Receipt For:		e Year-to-Date ▼	_			
	Primary General	33. 234.0		1			
	Other (specify) ▼		583.31				
				1			
ء	UBTOTAL of Receipts This Page (optional)			291.66			
$\vdash$							

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

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 / 19			
ıT	EMIZED RECEIPTS		or each category of the	(check only one)			
11	EIVIIZED RECEIP I 3		Detailed Summary Page	X 11a 11b 11c 12			
				13 14 15 16 17			
Ar	ly information copied from such Reports and Sta for commercial purposes, other than using the n	atements may	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full)						
$\rangle$	AMERICAN AMBULANCE ASSOCIATION	ON FEDER	AL PAC (AKA AMBU-PAC)				
Α.	Full Name (Last, First, Middle Initial) Mr. Ben Hinson			Date of Receipt			
	Mailing Address 675 Sioux Drive			09 / 07 / 2006			
	City	State	Zip Code	Transaction ID: SA11A1.5923			
	Macon	GA	31210	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		83.33			
	Name of Employer Mid Georgia Ambulance	Occupation Presiden		Contribution			
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 666.64	1			
_	Full Name (Last, First, Middle Initial)	0 0		2			
В.	Charles Kelley			Date of Receipt			
	Mailing Address 803 Hillcrest	Chaha	7'n Oada	09 07 2006			
	City	State	Zip Code	Transaction ID: SA11A1.5935			
	<u>Sparta</u>	IL	62286	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer MedStar Ambulance	Occupation Presiden		Contribution			
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General Other (specify) ▼		500.00	]			
<u>с</u> .	Full Name (Last, First, Middle Initial) Kurt M. Krumperman			Date of Receipt			
	Mailing Address 2120 E. Golf Avenue			07 26 2006			
	City	State	Zip Code	Transaction ID: SA11A1.5899			
	Tempe	AZ	85282	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		100.00			
	Name of Employer Rural/Metro	Occupation Group Pr		Contribution			
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00				
s	UBTOTAL of Receipts This Page (optional)			433.33			

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

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 19 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE ASSOCIATION	ON FEDER	RAL PAC (AKA AMBU-PAC)	
Α.	Full Name (Last, First, Middle Initial) Kurt M. Krumperman			Date of Receipt
	Mailing Address 2120 E. Golf Avenue			09 07 2006
	City Tempe	State AZ	Zip Code 85282	Transaction ID: SA11A1.5934  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Rural/Metro	Occupation Group Pr		Contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
В.	Full Name (Last, First, Middle Initial) Brian Lovellette			Date of Receipt
	Mailing Address 701 Britten Avenue			09 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.5932
	Lansing FEC ID number of contributing federal political committee.	C	48910-1321	Amount of Each Receipt this Period  50.00
	Name of Employer Association Services of Michigan	Occupation President		Contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Thomas McEntee			Date of Receipt
	Mailing Address 2 Joseph Prince Lane			07 26 2006
	City Amherst	State NH	Zip Code 03031	Transaction ID: SA11A1.5901  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Rockingham Ambulance Service Receipt For:  Primary General Other (specify) ▼		n Operations e Year-to-Date ▼ 420.00	Contribution
s	UBTOTAL of Receipts This Page (optional)			275.00

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

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 10 / 19			
ıT	EMIZED RECEIPTS		or each category of the	(check only one)			
11	EINIZED RECEIPTS		Detailed Summary Page	X 11a   11b   11c   12			
				13 14 15 16 17			
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full)						
$\rangle$	AMERICAN AMBULANCE ASSOCIATION	ON FEDER	AL PAC (AKA AMBU-PAC)				
Α.	Full Name (Last, First, Middle Initial) Thomas McEntee			Date of Receipt			
	Mailing Address 2 Joseph Prince Lane			07 27 2006			
	City	State	Zip Code	Transaction ID: SA11A1.5886			
	Amherst	NH	03031	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		80.00			
	Name of Employer Rockingham Ambulance Serv- ice	Occupation Director,	n Operations	Contribution			
	Receipt For:	Aggregate	· • Year-to-Date ▼				
	Primary General			1			
	Other (specify) ▼	0 0	500.00				
В.	Full Name (Last, First, Middle Initial) Thomas McEntee			Date of Receipt			
	Mailing Address 2 Joseph Prince Lane			08 10 2006			
	City	State	Zip Code	Transaction ID: SA11A1.5913			
	Amherst	NH	03031	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	0 0 0 0 0	80.00			
	Todoral political committee.			Contribution			
	Name of Employer Rockingham Ambulance Service	Occupation Director.	n Operations	Contribution			
	Receipt For:		Year-to-Date ▼				
	Primary General	199.19		1			
	Other (specify) ▼	0 0	580.00				
<u> </u>	Full Name (Last, First, Middle Initial) Thomas McEntee			Date of Receipt			
	Mailing Address 2 Joseph Prince Lane			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City	State	Zip Code	Transaction ID: SA11A1.5924			
	Amherst	NH	03031	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		80.00			
	Name of Employer Rockingham Ambulance Serv- ice	Occupation Director,	n Operations	Contribution			
	Receipt For:		e Year-to-Date ▼				
	Primary General			1			
	Other (specify) ▼		660.00				
s	UBTOTAL of Receipts This Page (optional)			240.00			
1							

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

S	CHEDULE A (FEC Form 3X)		lles servets selective(s)	FOR LINE NUMBER: PAGE 11 / 19		
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)		
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12		
				13 14 15 16 17		
Ar	y information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any person	on for the purpose of soliciting contributions		
<u>~</u>	NAME OF COMMITTEE (In Full)	Tarrio aria ade	reso or any pontion committee to	Solioti contributions from Such Committee.		
$  \rangle$	AMERICAN AMBULANCE ASSOCIATI	ON EEDER	AL DAC (AKA AMBILDAC)			
	AMERICAN AMBOLANCE ASSOCIATI	ONTEDEN	AL FAO (ANA AIVIDO-FAO)			
	Full Name (Last, First, Middle Initial)					
A.	James McPartlon			Date of Receipt		
	Mailing Address 1015 DiBella Dr			07 26 YYYY 2006		
	City	State	Zip Code	Transaction ID: SA11A1.5906		
	Schenectady	NY	12303			
	· · · · · · · · · · · · · · · · · · ·	191	12303	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		400.00		
				Contribution		
	Name of Employer Mohawk Ambulance Services	Occupation	1	Contribution		
		VP	Voor to Data T	_		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	1		
	Other (specify)		400.00			
		0 0				
	Full Name (Last, First, Middle Initial)					
В.				Date of Receipt		
	Mailing Address 10644 N. Oakwilde Ave	nue		09 07 2006		
	City	State	Zip Code	Transaction ID: SA11A1.5925		
	Stockton	CA	95212	Amount of Each Receipt this Period		
	FEC ID number of contributing		UGETE			
	federal political committee.	C		250.00		
	N (5 )	10		Contribution		
	Name of Employer AMR	Occupation CEO - Re				
	Receipt For:		Year-to-Date <b>V</b>			
	Primary General	Aggregate	Teal to Bate V	1		
	Other (specify) ▼		750.00			
_	Full Name (Last, First, Middle Initial)			D. (D. )		
C.	Steve Murphy  Mailing Address 400 C Di L D L (1004)			Date of Receipt		
	Mailing Address 100 S Birch Rd #901			07 26 2006		
	City	State	Zip Code	Transaction ID: SA11A1.5902		
	<u>Ft Lauderdale</u>	FL	33316	Amount of Each Receipt this Period		
	FEC ID number of contributing					
	federal political committee.	C		100.00		
	Name of Employer	Occupation	<u> </u>	Contribution		
	Name of Employer AMR	Exe VP	ı			
	Receipt For:		Year-to-Date ▼	_		
	Primary General	33 3		1		
	Other (specify) ▼		600.00			
_						
				750.00		
S	UBTOTAL of Receipts This Page (optional)	·····	<b>)</b>	750.00		

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

S	CHEDULE A (FEC Form 3X)		11	FOR LINE NUMBER: PAGE 12 / 19
			Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			_ common common, raigo	13 14 15 16 17
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	AMERICAN AMBULANCE ASSOCIATION	ON FEDER	AL PAC (AKA AMBU-PAC)	
$\angle$				
A.	Full Name (Last, First, Middle Initial)			Date of Respire
Α.	Steve Murphy Mailing Address 100 S Birch Rd #901			Date of Receipt
	Walling Address 100 S BITCH Rd #901			09 28 2006
	City	State	Zip Code	Transaction ID: SA11A1.5937
	Ft Lauderdale	FL	33316	Amount of Each Receipt this Period
			333.0	
	FEC ID number of contributing federal political committee.	C		250.00
	•			Contribution
	Name of Employer AMR	Occupation	n	Contribution
		Exe VP		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1	850.00	1
	Other (specify) ▼			J
В.	Full Name (Last, First, Middle Initial) Jamie Pafford-Gresham			Date of Receipt
٥.	Mailing Address 3317 W 16			M M / D D / Y Y Y Y
	Willing / (doi:033 - 331 / VV 10			0 7 2 0 0 6
	City	State	Zip Code	Transaction ID: SA11A1.5931
	Hope	AR	71801	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
				Contribution
	Name of Employer Pafford EMS	Occupation		
	Baselia Ferr	Owner/O	•	
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		750.00	
	☐ Other (specify) ♥			J
	Full Name (Last, First, Middle Initial)			
C.	Greg Shore			Date of Receipt
	Mailing Address 417 Holly Ridge Drive			M M / D D / Y Y Y Y
				07 26 2006
	City	State	Zip Code	Transaction ID: SA11A1.5890
	Anderson	SC	29621	Amount of Each Receipt this Period
	FEC ID number of contributing			100.00
	federal political committee.	C		100.00
	Name of Employer	Occupation	2	Contribution
	Name of Employer MedShore Ambulance	President		
	Receipt For:		e Year-to-Date ▼	-
	Primary General	, iggi ogale		1
	Other (specify)		600.00	
			0 0 0 0 0 0 0	1
	I			
ء ا	UBTOTAL of Receipts This Page (optional)			600.00
$\vdash$				

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

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
			Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
Ar or	ly information copied from such Reports and Stater for commercial purposes, other than using the nam	ments may ne and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\left. \right\rangle$	NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE ASSOCIATION	I FEDER	AL PAC (AKA AMBU-PAC)	
Α.	Full Name (Last, First, Middle Initial) Trace Skeen			Date of Receipt
	Mailing Address 6200 Syracuse Way #200			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.5930
	Greenwood Village  FEC ID number of contributing federal political committee.	C	80111	Amount of Each Receipt this Period  125.00
	AMD ' '	Occupation /P	1	Contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00	
В.	Full Name (Last, First, Middle Initial) Ronald Thackery Mailing Address (2000 Surrayus May #000			Date of Receipt
	Mailing Address 6200 Syracuse Way #200			09 07 2006
	City	State	Zip Code	Transaction ID: SA11A1.5929
	Greenwood Village	CO	80111	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		125.00 Contribution
	AMP ' '	Occupation /P	1	Contribution
		Aggregate	Year-to-Date ▼	_
	Primary General Other (specify) ▼		375.00	
<u>с</u> .	Full Name (Last, First, Middle Initial) Kurt Williams			Date of Receipt
	Mailing Address 2122 Willow Street			09 07 2006
	City San Diego	State CA	Zip Code	Transaction ID: SA11A1.5926
	FEC ID number of contributing	C	92106	Amount of Each Receipt this Period
	federal political committee.	<u> </u>		Contribution
	American Madiáal Despasse	Occupation /ice Pres		Contribution
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	1
	Other (specify) ▼	0 0	375.00	
s	UBTOTAL of Receipts This Page (optional)			375.00
Ļ	OTAL This Period (last page this line number only)	1		

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

FOR LINE NUMBER: PAGE 14/19 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c Detailed Summary Page 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC) Full Name (Last, First, Middle Initial) Gerald Zapolnik Date of Receipt Mailing Address 1116 Rathfan Circle 09 07 2006 City State Zip Code Transaction ID: SA11A1.5928 Saline MI 48176 Amount of Each Receipt this Period FEC ID number of contributing C 125.00 federal political committee. Contribution Name of Employer Huron Valley Ambulance Occupation VP Support Operations Aggregate Year-to-Date ▼ Receipt For: Primary General 375.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	125.00
TOTAL This Period (last page this line number only)	<b>•</b>	3689.99

3(	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)		NUMBER:	PAGE 15/19
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	22 23 23 28a 28b	24 25 26 28c 29 30l
	y Information copied from such Reports and Stateme or commercial purposes, other than using the name				
	NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE ASSOCIATION	·			
Α.	Full Name (Last, First, Middle Initial) American Express			Transaction ID: SI	
	Mailing Address PO Box 53852			08 / 01	<sup>'</sup> 2006
		State Zip Code AZ 85072-3852		Amount of Each Di	sbursement this Period
	Purpose of Disbursement Merchant Fees		001		14.42
	Candidate Name  Office Sought: House Disburser	ment For:	Category/ Type		
	Senate President	Primary General Other (specify)			
В.	State: District:  Full Name (Last, First, Middle Initial)  American Express			Transaction ID: SI	
	Mailing Address PO Box 53852		09 / 01	Y 2006	
	,	State Zip Code AZ 85072-3852		Amount of Each Di	sbursement this Period
	Purpose of Disbursement Merchant Fees Candidate Name		001 Category/		7.42
	Office Sought: House Senate President State: District:	ment For: Primary General Other (specify)	Туре		
C.	Full Name (Last, First, Middle Initial) Nova Information Systems			Transaction ID: SI Date of Disburseme	ent
	Mailing Address 7300 Chapman Highway			07 03	<sup>'</sup> 2006 <sup>'</sup>
	Knoxville	State Zip Code TN 37920		Amount of Each Di	sbursement this Period
	Purpose of Disbursement Merchant Fees Candidate Name	001 Category/		53.75	
	Office Sought: House Disburser		Туре		
	Senate President State: District:	Primary ☐ General Other (specify) ▼			
S	JBTOTAL of Disbursements This Page (optional)		<b>&gt;</b>		75.59

Transaction ID: SB21B.5914 Date of Disbursement Mailing Address  Tany and Disbursement Merchant Fees  Candidate Name  Disbursement Merchant Fees  Candidate Name  City Purpose of Disbursement Merchant Fees  Candidate Name  Disbursement Mailing Address  Tansaction ID: SB21B.5938 Date of Disbursement Merchant Fees Candidate Name  City Purpose of Disbursement Merchant Fees Candidate Name  City Purpose of Disbursement Merchant Fees Candidate Name  Disbursement Merchant Fees Candidate Name  City Purpose of Disbursement Merchant Fees Candidate Name  Disbursement Merchant Fees Candidate Name  City Purpose of Disbursement Merchant Fees Candidate Name  Disbursement Merchant Fees Candidate Name  City Purpose of Disbursement Merchant Fees Candidate Name  Disbursement For: State District:  Full Name (Last, First, Middle Initial)  Nova Information Systems  Mailing Address  Transaction ID: SB21B.5914 Date of Disbursement this Peric  District:  Full Name (Last, First, Middle Initial)  Nova Information Systems  Mailing Address  Transaction ID: SB21B.5938 Date of Disbursement  Dis	S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)  FOR LINE NUMBER:								28c 29 30b						
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)  Nova Information Systems  Mailing Address 7300 Chapman Highway  City Knoxville TN 37920  Purpose of Disbursement Merchant Fees Candidate Name  Office Sought:  Full Name (Last, First, Middle Initial)  State: District:  Full Name (Last, First, Middle Initial)  Nova Information Systems  Mailing Address 7300 Chapman Highway  Transaction ID: SB21B.5914  Amount of Each Disbursement this Peric  Category/ Type  Office Sought:  Full Name (Last, First, Middle Initial)  Nova Information Systems  Mailing Address 7300 Chapman Highway  City Knoxville TN 37920  Amount of Each Disbursement this Peric  Transaction ID: SB21B.5938  Date of Disbursement  Mo 9 M / D D D / Y 2 0 0 6  Amount of Each Disbursement this Peric  To D D D D D D D D D D D D D D D D D D D	IT	EMIZED DISBURSEMENTS			I —	21b	22		-		l - ·						
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 Purpose of Disbursement Merchant Fees Candidate Name  Office Sought: House Senate Prisident State: District:  Full Name (Last, First, Middle Initial) B. Nova Information Systems  Mailing Address 7300 Chapman Highway  City Knoxville Transaction ID: SB21B.5914 Date of Disbursement this Perio  Transaction ID: SB21B.5938 Date of Disbursement  Disbursement Disbursement Disbursement Disbursement Disbursement Disbursement Disbursement Disbursement Disbursement Disbursement Disbursement Disbursement Disbursement Disbursement Disbursement Hore Category/ Type  Office Sought: House Candidate Name  Office Sought: Disbursement For: Senate Primary General Disbursement this Perio  Amount of Each Disbursement this Perio  3.87														S			
A. Nova Information Systems    Mailing Address   7300 Chapman Highway		, ,	N FEDERA	L PAC (AKA A	MBU-F	PAC)											
City Knoxville  State Zip Code TN 37920  Amount of Each Disbursement this Perio  State: District:  Disbursement For: Senate Primary General Primary General Other (specify)  Mailing Address 7300 Chapman Highway  City Knoxville Transaction ID: SB21B.5938 Date of Disbursement Mog M / Do 1 / Y Y Y O 0 6  Mog M / Do 1 / Y Y Y O 0 6  Mog M / Do 1 / Y Y Y O 0 6  Mog M / Do 1 / Y Y Y O 0 6  Mog M / Do 1 / Y Y Y O 0 6  Mog M / Do 1 / Y Y Y O 0 6  Mog M / Do 1 / Y Y Y O 0 6  Mog M / Do 1 / Y Y Y O 0 6  Mog M / Do 1 / Y Y Y O 0 6  Mog M / Do 1 / Y Y Y O 0 6  Mog M / Do 1 / Y Y Y O 0 6  Mog M / Do 1 / Y Y Y O 0 6  Mog M / Do 1 / Y Y Y O 0 6  Mog M / Do 1 / Y Y Y O 0 6  Mog M / Do 1 / Y Y Y O 0 6  Mog M / Do 1 / Y Y Y O 0 6  Mog M / Do 1 / Y Y Y Y O 0 6  Mog M / Do 1 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Α.	,					Date	of D	isburs	eme				Y			
Knoxville  Purpose of Disbursement Merchant Fees  Candidate Name  Office Sought:  B. Nova Information Systems  Mailing Address  City Knoxville  City Knoxville  Tin  State  City Knoxville  Tin  State  City Knoxville  Tin  Tin  Tin  Tin  Tin  Tin  Tin  Ti		Mailing Address 7300 Chapman Highway							$\begin{array}{c ccccccccccccccccccccccccccccccccccc$								
Merchant Fees Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial)  Nova Information Systems  Mailing Address 7300 Chapman Highway  City State Zip Code Knoxville TN 37920  Purpose of Disbursement Merchant Fees  Candidate Name  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  Office Sought: House Disbursement For: General Other (specify) ▼							Amou	ınt o	f Each	Dis	sburse	men			d		
Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial) Nova Information Systems  Mailing Address 7300 Chapman Highway  City State Zip Code Knoxville TN 37920  Purpose of Disbursement Merchant Fees Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  Office Sought: House Senate Primary General Other (specify) ▼  Office Sought: House Senate Primary General Other (specify) ▼					00	1	] L.	-	_			_	53.	55			
Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial) Nova Information Systems  Mailing Address 7300 Chapman Highway  City State Zip Code Knoxville TN 37920  Purpose of Disbursement  Primary General Other (specify) ▼  Transaction ID: SB21B.5938 Date of Disbursement  M 9 M / D 1 / Y 2 0 0 6 Y  Amount of Each Disbursement this Perior And Type  Office Sought: House Senate Primary General Other (specify) ▼  Office Sought: Other (specify) ▼						•											
B. Full Name (Last, First, Middle Initial) Nova Information Systems  Mailing Address 7300 Chapman Highway  City State Zip Code Knoxville TN 37920  Purpose of Disbursement Merchant Fees Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  Office Sought: President  Transaction ID: SB21B.5938 Date of Disbursement  Amount of Each Disbursement this Period Category/ Type  Office Sought: Primary General Other (specify) ▼		Senate President	Primary														
B. Nova Information Systems    Mailing Address   T300 Chapman Highway   Date of Disbursement							<b>T</b>		ID		2040						
City State Zip Code Knoxville TN 37920  Purpose of Disbursement Merchant Fees  Candidate Name  O 9 0 1 2 0 0 6  Amount of Each Disbursement this Period State TN 37920  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼	В.	,					Date	of D	isburs	eme				V			
Knoxville  Purpose of Disbursement  Merchant Fees  Candidate Name  Office Sought:    House		Mailing Address 7300 Chapman Highwa		$\begin{array}{cccccccccccccccccccccccccccccccccccc$													
Merchant Fees  Candidate Name  Office Sought:  House Senate Primary Primary General Other (specify)  Other (specify)  Other (specify)							Amou	ınt o	f Each	Dis	sburse	men			od		
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Senate Primary General President Other (specify) ▼		Candidate Name			_												
State: District:		Senate President	Primary														

		F7.40
SUBTOTAL of Disbursements This Page (optional)	<b>&gt;</b>	57.42
TOTAL This Period (last page this line number only)	•	133.01

# SCHEDULE B (FEC Form 3X)

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	y Information copied from such Reports and State for commercial purposes, other than using the na											ıs
Ë	NAME OF COMMITTEE (In Full)	The drid dddress of driy pointed			ittoo to o	onoit cont	iibatic	7110 110	/// Juo		11111100	
$ \rangle$	AMERICAN AMBULANCE ASSOCIATIO	N FEDERAL PAC (AKA A	MBL	J-	PAC)							
<b>—</b> А.	Full Name (Last, First, Middle Initial) NANCY L. JOHNSON								SB23	.5911		
						M 0.7	M /	burse	D /	Y	ž 0 Ŏ 6	a Y
	Mailing Address P. O. Box 1986					0 7			3		- 0 0 0	
	City New Britain	State Zip Code CT 06050				Amou	ınt of	Each	Disbur	semer	nt this I	Period
	Purpose of Disbursement Contribution			0	11	L.					2500.	00
	Candidate Name Nancy Johnson		Ca		egory/ rpe							
		sement For: 2006 Primary X General Other (specify)		т у	pe	_						
— В	Full Name (Last, First, Middle Initial)					Trans	sactio	n ID:	SB23	.5944	ļ	
B.	NANCY L. JOHNSON						of Dis	burse	ement	Y	ΥΥΥ	Y
	Mailing Address P. O. Box 1986							2	1	2	ž 0 Ŏ 6	6
	City New Britain	State Zip Code CT 06050				Amou	ınt of	Each	Disbur			
	Purpose of Disbursement Contribution			0	11		_				2000.	00
	Candidate Name NANCY L JOHNSON				egory/ pe							
	Senate President	sement For: 2006 Primary X General Other (specify) ▼	•									
	State: CT District: 05											
C.	Full Name (Last, First, Middle Initial) NANCY L. JOHNSON					Date	of Dis	burse	SB23 ment			_
	Mailing Address P. O. Box 1986					0 <sup>M</sup> 9	M /	<sup>D</sup> 2	9 /	Y 2	ž 0 ŏ (	3 <sup>Y</sup>
	City New Britain	State Zip Code CT 06050				Amou	ınt of	Each	Disbur	semer	nt this	Period
	Purpose of Disbursement Contribution			0	11	L.					2000.	00
	Candidate Name NANCY L. JOHNSON		Ca	ate	gory/ pe							
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# SCHEDULE B (FEC Form 3X)

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	y Information copied from such Reports and State for commercial purposes, other than using the na													
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$ \rangle$	AMERICAN AMBULANCE ASSOCIATIO	N FEDERAL PAC (AKA A	MBL	J-	PAC	)								
Α.	Full Name (Last, First, Middle Initial)									_	23.59	946		
Α.	PETER KING						М	of D	isburs	eme	nt / Y	Y _	ŏ 6	Y
	Mailing Address 1442 Roth Road						0 9		2	2 5		20	0 6	
	City Seaford	State Zip Code NY 11783					Amou	ınt o	f Each	n Dis	burser	nent th	nis Pe	eriod
	Purpose of Disbursement	111 11703		_		_						200	0.00	0
	Contribution		l L	Ò	11,									
	Candidate Name Peter King				egory/ /pe									
	Senate President	sement For: 2006 Primary X General Other (specify) ▼	•											
	State: NY District: 03													
B.	Full Name (Last, First, Middle Initial) Robert Ryrd								on ID	_	23.59 nt	18		
	Mailing Address P O Box 2572						0 <sup>M</sup> 8	М	/ D	1 0	/ Y	ž o	ŏ 6	Y
	City Charleston	State Zip Code WV 25329					Amount of Each Disbursement this Peri						-	
	Purpose of Disbursement Contribution			0	11	7	L.	_	_			100	0.00	0
	Candidate Name Robert Byrd		Ca	ate	egory/ pe	-								
	Office Sought:    House   Disbur	sement For: 2006 Primary X General Other (specify)	•											
	State: WV District:													
C.	Full Name (Last, First, Middle Initial) SCHWARZ FOR CONGRESS						Date	of D	isburs	eme	23.59 nt			7
	Mailing Address POST OFFICE BOX 20	063					0 <sup>M</sup> 8	М	/ D.	16	/   Y	ž 0	ŏ6	
	City BATTLE CREEK	State Zip Code MI 49016					Amou	ınt o	f Each	n Dis	burser	nent th	nis Pe	eriod
	Purpose of Disbursement Contribution			0	11	7	L.	_	_			100	0.00	0
	Candidate Name SCHWARZ FOR CONGRESS		Ca	ate	egory/									
	Office Sought: X House Disbur Senate President	sement For: 2006 Primary X General Other (specify)	<u> </u>											
	State: MI District: 07													
s	UBTOTAL of Disbursements This Page (optional	)				<u> </u>			-			400	0.00	) <u> </u>
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S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)			NE NUMBER: PAGE 19/19
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		neck or 21b 27	inly one) 22 X 23 24 25 26 28 28b 28c 29 30b
	y Information copied from such Reports and Stator commercial purposes, other than using the r				
$\rangle$	NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE ASSOCIATION	ON FEDERAL PAC (AKA A	MBU-F	PAC)	
Α.	Full Name (Last, First, Middle Initial) BENNIE G. THOMPSON				Transaction ID: SB23.5949 Date of Disbursement
	Mailing Address P.O. Box 100				09
	City BOLTON	State Zip Code MS 39041			Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution		01	1.	200.00
	Candidate Name Robert Byrd		Cate Typ		
	Office Sought:  X House Senate President State: MS District: 02	rrsement For: 2006 Primary X General Other (specify) ▼			
В.	Full Name (Last, First, Middle Initial)				Transaction ID: SB23.5941 Date of Disbursement
	Mailing Address 1504 Sherman Street				09
	City Hood River	State Zip Code OR 97031			Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution		01	1	1000.00
	Candidate Name Greg Walden		Cate Ty		
	Office Sought:  X House Senate President State: OR Disb	ursement For: 2006 Primary X General Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional)	•	1200.00
TOTAL This Period (last page this line number only)	•	11700.00