

**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

Check if different than previously reported. (ACC)

McLean

VA

22102

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00168070

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

X October 15 Quarterly Report (Q3)

January 31 Quarterly Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the State of

(d) 30-Day Post-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

07

01

2005

through

09

30

2005

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

10

13

2005

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

Office Use Only

**FEC FORM 3X**  
(Rev. 02/2003)

**SUMMARY PAGE**

**OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

Report Covering the Period: From: <sup>M</sup>07 <sup>D</sup>01 <sup>Y</sup>2005 To: <sup>M</sup>09 <sup>D</sup>30 <sup>Y</sup>2005

	<b>COLUMN A</b> This Period	<b>COLUMN B</b> Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Y</sup> 2005		18743.12
(b) Cash on Hand at Beginning of Reporting Period .....	21188.22	
(c) Total Receipts (from Line 19) .....	5850.00	16758.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	27048.22	35502.12
<hr/>		
7. Total Disbursements (from Line 31) .....	8279.05	16731.95
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	18770.17	18770.17
<hr/>		
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**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

Report Covering the Period: From: <sup>M</sup>07 <sup>D</sup>01 <sup>Y</sup>2005 To: <sup>M</sup>09 <sup>D</sup>30 <sup>Y</sup>2005

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) .....	5025.00	11575.00
(ii) Unitemized .....	825.00	4715.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	5850.00	16290.00
(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) .....	5850.00	16290.00
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	35.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	434.00
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)) .....	5850.00	16759.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	5850.00	16759.00

**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.....	279.05	862.95
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	279.05	862.95
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6000.00	15500.00
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	205.00
(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	205.00
29. Other Disbursements.....	0.00	164.00
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 ActMty (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))..	6279.05	16731.95
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	6279.05	16731.95

**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) .....	5850.00	16290.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	205.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5850.00	16085.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	279.05	862.95
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	279.05	862.95

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

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

FOR LINE NUMBER: PAGE 6 / 20

(check only one)

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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) <b>A. Dale Berry</b>		Date of Receipt M / D / Y 07 / 20 / 2005
Mailing Address 2215 Hogback Road		Transaction ID: SA11A1.5561
City Ann Arbor	State MI	Zip Code 48105
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Huron Valley Ambulance	Occupation President	Contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) <b>B. Dale Berry</b>		Date of Receipt M / D / Y 08 / 12 / 2005
Mailing Address 2215 Hogback Road		Transaction ID: SA11A1.5566
City Ann Arbor	State MI	Zip Code 48105
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Huron Valley Ambulance	Occupation President	Contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>C. Dale Berry</b>		Date of Receipt M / D / Y 09 / 21 / 2005
Mailing Address 2215 Hogback Road		Transaction ID: SA11A1.5569
City Ann Arbor	State MI	Zip Code 48105
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Huron Valley Ambulance	Occupation President	Contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>300.00</b>
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  
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FOR LINE NUMBER:        PAGE 7 / 20  
(check only one)  
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NAME OF COMMITTEE (In Full)  
AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

Full Name (Last, First, Middle Initial) <b>A. Gerard Donahue</b>		Date of Receipt M / D / Y 07 / 20 / 2005
Mailing Address 931 North Webster Avenue		Transaction ID: SA11A1.5568
City Scranton	State PA	Zip Code 18510
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 225.00
Name of Employer	Occupation Owner/Operator	Contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>B. James Finger</b>		Date of Receipt M / D / Y 07 / 20 / 2005
Mailing Address 18 Central Avenue		Transaction ID: SA11A1.5568
City Rutland	State VT	Zip Code 05707
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 225.00
Name of Employer Regional Ambulance Service, Inc.	Occupation Administration	Contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>C. Bob Garner</b>		Date of Receipt M / D / Y 09 / 21 / 2005
Mailing Address 7255 Northwest 18th Street, NW Suite C		Transaction ID: SA11A1.5621
City Miami	State FL	Zip Code 33128
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer American Medical Response	Occupation Owner/Operator	Contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>700.00</b>
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

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

Full Name (Last, First, Middle Initial) <b>A. Deb Gault</b>		Date of Receipt M / D / Y Y Y Y 07 / 20 / 2005
Mailing Address 5502 Northwest Highway		Transaction ID: SA11A1.5589
City Waterford	State WI	Zip Code 53185
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 75.00
Name of Employer American Medical Response	Occupation Owner/Operator	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) <b>B. Robert Holdsworth</b>		Date of Receipt M / D / Y Y Y Y 07 / 20 / 2005
Mailing Address 1224 Mill Street		Transaction ID: SA11A1.5571
City East Berlin	State CT	Zip Code 06023
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 400.00
Name of Employer	Occupation	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C. Dante Jackson</b>		Date of Receipt M / D / Y Y Y Y 09 / 21 / 2005
Mailing Address 2031 Winward Point		Transaction ID: SA11A1.5618
City Discover Bay	State CA	Zip Code 94514
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 125.00
Name of Employer American Medical Response	Occupation Vice President	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>600.00</b>
TOTAL This Period (last page this line number only) .....	



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

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

Full Name (Last, First, Middle Initial) <b>A. Kurt M. Kumpennan</b>		Date of Receipt M / D / Y Y Y Y 07 / 20 / 2005
Mailing Address 212D E. Golf Avenue		Transaction ID: SA11A1.5574
City	State	Zip Code
Tempe	AZ	85282
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 75.00
Name of Employer Rural/Metro	Occupation Group President	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) <b>B. Kurt M. Kumpennan</b>		Date of Receipt M / D / Y Y Y Y 09 / 21 / 2005
Mailing Address 212D E. Golf Avenue		Transaction ID: SA11A1.5616
City	State	Zip Code
Tempe	AZ	85282
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 125.00
Name of Employer Rural/Metro	Occupation Group President	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>C. Thomas McEntee</b>		Date of Receipt M / D / Y Y Y Y 07 / 20 / 2005
Mailing Address 2 Joseph Prince Lane		Transaction ID: SA11A1.5584
City	State	Zip Code
Amherst	NH	03031
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Rockingham Ambulance Service	Occupation Director, Operations	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>300.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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FOR LINE NUMBER: PAGE 10 / 20  
(check only one)  
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NAME OF COMMITTEE (In Full)  
AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

Full Name (Last, First, Middle Initial) <b>A. Thomas McEntee</b>		Date of Receipt M / D / Y 08 / 12 / 2005
Mailing Address 2 Joseph Prince Lane		Transaction ID: SA11A1.5599
City Amherst	State NH	Zip Code 03031
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Rockingham Ambulance Service	Occupation Director, Operations	Contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>B. Thomas McEntee</b>		Date of Receipt M / D / Y 09 / 21 / 2005
Mailing Address 2 Joseph Prince Lane		Transaction ID: SA11A1.5612
City Amherst	State NH	Zip Code 03031
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Rockingham Ambulance Service	Occupation Director, Operations	Contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>C. James McParton</b>		Date of Receipt M / D / Y 09 / 21 / 2005
Mailing Address 793 State Street		Transaction ID: SA11A1.5623
City Schenectady	State NY	Zip Code 12307
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Mohawk Ambulance Service	Occupation Owner/Operator	Contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>450.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 11 / 20

(check only one)

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

Full Name (Last, First, Middle Initial) A. Louis Meyer		Date of Receipt M / D / Y 09 / 21 / 2005
Mailing Address 10644 N. Oakwilde Avenue		Transaction ID: SA11A1.5619
City Stockton	State CA	Zip Code 95212
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer AMIR	Occupation CEO - Regional	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. Steven G. Murphy		Date of Receipt M / D / Y 09 / 21 / 2005
Mailing Address 6200 South Syracuse Way #200		Transaction ID: SA11A1.5622
City Greenwood Village	State CO	Zip Code 80111
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer American Medical Response	Occupation Exec. Vice Pres. (Gov. & Nat. Serv.)	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) C. Gloria Paradise		Date of Receipt M / D / Y 07 / 20 / 2005
Mailing Address 213 Highland Ave.		Transaction ID: SA11A1.5578
City Newport	State UT	Zip Code 05855
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 375.00
Name of Employer Newport Ambulance	Occupation Division Manager	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>875.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 12 / 20  
(check only one)  
 11a    11b    11c    12  
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NAME OF COMMITTEE (In Full)  
AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

Full Name (Last, First, Middle Initial) <b>A. Stanley Portman</b>		Date of Receipt MM / DD / YYYY 07 / 20 / 2005
Mailing Address 28C Camation Circle		Transaction ID: SA11A1.5577
City Reading	State MA	Zip Code 01867
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Action Ambulance	Occupation President	Contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Gregory Reid</b>		Date of Receipt MM / DD / YYYY 07 / 20 / 2005
Mailing Address 205 South 7th Street		Transaction ID: SA11A1.5578
City Okemah	State OK	Zip Code 74859
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer React Ambulance Authority	Occupation Director	Contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>C. Gregory Reid</b>		Date of Receipt MM / DD / YYYY 09 / 21 / 2005
Mailing Address 205 South 7th Street		Transaction ID: SA11A1.5614
City Okemah	State OK	Zip Code 74859
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer React Ambulance Authority	Occupation Director	Contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	550.00
TOTAL This Period (last page this line number only) .....	▶	

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

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FOR LINE NUMBER:        PAGE 13 / 20  
(check only one)  
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NAME OF COMMITTEE (In Full)  
AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

Full Name (Last, First, Middle Initial) <b>A. John K. Rester</b>		Date of Receipt M / D / Y Y Y Y 09 / 21 / 2005
Mailing Address 997 Wildwood Drive		Transaction ID: SA11A1.5617
City	State	Zip Code
Biloxi	MS	39532
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 125.00
Name of Employer AMR	Occupation Government Relations Consultant	Contribution
Receipt For: Primary          General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) <b>B. Julie Ann Rose</b>		Date of Receipt M / D / Y Y Y Y 07 / 20 / 2005
Mailing Address 1123 Chestnut Drive		Transaction ID: SA11A1.5562
City	State	Zip Code
Ashtabula	OH	44004
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Community Care Ambulance	Occupation Executive Director	Contribution
Receipt For: Primary          General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) <b>C. Julie Ann Rose</b>		Date of Receipt M / D / Y Y Y Y 08 / 12 / 2005
Mailing Address 1123 Chestnut Drive		Transaction ID: SA11A1.5597
City	State	Zip Code
Ashtabula	OH	44004
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Community Care Ambulance	Occupation Executive Director	Contribution
Receipt For: Primary          General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>325.00</b>
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 / 20

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

Full Name (Last, First, Middle Initial) <b>A. Julie Ann Rose</b>		Date of Receipt M / D / Y 09 / 21 / 2005
Mailing Address 1123 Chestnut Drive		Transaction ID: SA11A1.5610
City Ashtabula	State OH	Zip Code 44004
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Community Care Ambulance	Occupation Executive Director	Contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>B. Greg Shore</b>		Date of Receipt M / D / Y 09 / 21 / 2005
Mailing Address 417 Holly Ridge Drive		Transaction ID: SA11A1.5620
City Anderson	State SC	Zip Code 29621
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer MedShore Ambulance	Occupation President	Contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>C. Kurt Williams</b>		Date of Receipt M / D / Y 07 / 20 / 2005
Mailing Address 2122 Willow Street		Transaction ID: SA11A1.5583
City San Diego	State CA	Zip Code 92108
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer American Medical Response	Occupation Vice President	Contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>400.00</b>
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 15 / 20

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

Full Name (Last, First, Middle Initial) <b>A. Kurt Williams</b>		Date of Receipt M / D / Y 07 / 20 / 2005
Mailing Address 2122 Willow Street		Transaction ID: SA11A1.5582
City San Diego	State CA	Zip Code 92106
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 75.00
Name of Employer American Medical Response	Occupation Vice President	Contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) <b>B. Kurt Williams</b>		Date of Receipt M / D / Y 08 / 12 / 2005
Mailing Address 2122 Willow Street		Transaction ID: SA11A1.5598
City San Diego	State CA	Zip Code 92106
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer American Medical Response	Occupation Vice President	Contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

Full Name (Last, First, Middle Initial) <b>C. Kurt Williams</b>		Date of Receipt M / D / Y 09 / 21 / 2005
Mailing Address 2122 Willow Street		Transaction ID: SA11A1.5611
City San Diego	State CA	Zip Code 92106
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer American Medical Response	Occupation Vice President	Contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>175.00</b>
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 16 / 20

(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Gerald Zapcnik</b>		Date of Receipt M / D / Y Y Y Y 07 / 20 / 2005
Mailing Address 1118 Rathfan Circle		Transaction ID: SA11A1.5585
City	State	Zip Code
Saline	MI	48176
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 125.00
Name of Employer Huron Valley Ambulance	Occupation VP Support Operations	Contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Gerald Zapcnik</b>		Date of Receipt M / D / Y Y Y Y 07 / 20 / 2005
Mailing Address 1118 Rathfan Circle		Transaction ID: SA11A1.5586
City	State	Zip Code
Saline	MI	48176
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Huron Valley Ambulance	Occupation VP Support Operations	Contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>C. Gerald Zapcnik</b>		Date of Receipt M / D / Y Y Y Y 09 / 21 / 2005
Mailing Address 1118 Rathfan Circle		Transaction ID: SA11A1.5615
City	State	Zip Code
Saline	MI	48176
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 125.00
Name of Employer Huron Valley Ambulance	Occupation VP Support Operations	Contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>350.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>5025.00</b>



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		Transaction ID: SB21B.5589 Date of Disbursement 07 / 01 / 2005	
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 58.75	
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement Merchant Fees Candidate Name	001 Category/ Type	
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		Transaction ID: SB21B.5600 Date of Disbursement 08 / 01 / 2005	
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 53.34	
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement Merchant Fees Candidate Name	001 Category/ Type	
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		Transaction ID: SB21B.5625 Date of Disbursement 09 / 01 / 2005	
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 6.25	
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement Merchant Fees Candidate Name	001 Category/ Type	
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **118.34**

**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)

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<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

Office Sought: House Senate President  
State: District

Disbursement For: Primary General  
Other (specify) ▼

001  
Category/  
Type

Transaction ID: SB21B.5500  
Date of Disbursement  
07 / 01 / 2005

Amount of Each Disbursement this Period  
67.92

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

Office Sought: House Senate President  
State: District

Disbursement For: Primary General  
Other (specify) ▼

001  
Category/  
Type

Transaction ID: SB21B.5601  
Date of Disbursement  
08 / 01 / 2005

Amount of Each Disbursement this Period  
62.15

Full Name (Last, First, Middle Initial)  
**C. Nova Information Systems**

Mailing Address 7300 Chapman Highway

City Knoxville State TN Zip Code 37920

Purpose of Disbursement Merchant Fees  
Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General  
Other (specify) ▼

001  
Category/  
Type

Transaction ID: SB21B.5626  
Date of Disbursement  
09 / 01 / 2005

Amount of Each Disbursement this Period  
8.18

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>138.26</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>256.60</b>

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

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

FOR LINE NUMBER:  
(check only one)

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

Mailing Address P O BOX 340188

City State Zip Code  
COLUMBUS OH 43234

Purpose of Disbursement  
Contribution

Candidate Name  
Mike Dewine for U.S. Senate

Office Sought: House Disbursement For: 2006  
 Senate X Primary General  
President  
State: OH District Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.5804  
Date of Disbursement  
08 / 24 / 2005

Amount of Each Disbursement this Period  
1000.00

Full Name (Last, First, Middle Initial)  
B. KENT FRIENDS OF KENT CONRAD

Mailing Address

City State Zip Code

Purpose of Disbursement  
Contribution

Candidate Name  
FRIENDS OF KENT CONRAD

Office Sought: House Disbursement For: 2006  
Senate X Primary General  
President  
State: District Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.5594  
Date of Disbursement  
07 / 11 / 2005

Amount of Each Disbursement this Period  
1000.00

Full Name (Last, First, Middle Initial)  
C. MARKEY COMMITTEE, THE

Mailing Address P.O. Box 528

City State Zip Code  
Medford MA 02155

Purpose of Disbursement  
Contribution

Candidate Name  
MARKEY COMMITTEE, THE

Office Sought:  House Disbursement For: 2006  
Senate X Primary General  
President  
State: MA District 07 Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.5593  
Date of Disbursement  
07 / 05 / 2005

Amount of Each Disbursement this Period  
1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 20

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

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

Full Name (Last, First, Middle Initial)  
A. REYNOLDS FOR CONGRESS

Mailing Address PO Box 15388  
PITTSFORD

City Rochester State NY Zip Code 14615

Purpose of Disbursement  
Contribution

Candidate Name  
REYNOLDS FOR CONGRESS

Office Sought:  House  
Senate  
President

State: NY District: 26

Disbursement For: 2006  
Primary  General   
Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.5624

Date of Disbursement

09 / 28 / 2005

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

8000.00