

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) 8400 Westpark Drive 2nd Floor McLean VA 22102 5116 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, Convention, Special, Runoff (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 07 01 2009 through 12 31 2009

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 Denise Clark

Signature of Treasurer Electronically Filed by Denise Clark Date 02 25 2010

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. 12/2004)

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	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		26025.95
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	10699.55									
(c) Total Receipts (from Line 19)	30253.09	42743.46								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	40952.64	68769.41								
7. Total Disbursements (from Line 31)	16186.36	44003.13								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	24766.28	24766.28								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

Report Covering the Period: From: To:

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)	20308.34	28975.02
(ii) Unitemized	8243.34	8622.52
(iii) TOTAL (add Lines 11(a)(i) and (ii)	28551.68	37597.54
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	1666.68	5000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	30218.36	42597.54
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.)	34.73	145.92
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))	30253.09	42743.46
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	30253.09	42743.46

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	186.36	503.13
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	186.36	503.13
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16000.00	43500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	16186.36	44003.13
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16186.36	44003.13

DETAILED SUMMARY PAGE
of Disbursements

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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)	30218.36	42597.54
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	30218.36	42597.54
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	186.36	503.13
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	186.36	503.13

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 29
	<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)

A.	Full Name (Last, First, Middle Initial) Dale Berry		Date of Receipt
	Mailing Address 1200 State Circle		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Ann Arbor	MI	48108
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Huron Valley Ambulance		Occupation President	Transaction ID: SA11AI.7025
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="625.00"/>	<input type="text" value="125.00"/>
Contribution			

B.	Full Name (Last, First, Middle Initial) Dale Berry		Date of Receipt
	Mailing Address 1200 State Circle		<input type="text" value="10"/> / <input type="text" value="06"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Ann Arbor	MI	48108
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Huron Valley Ambulance		Occupation President	Transaction ID: SA11AI.7058
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="875.00"/>	<input type="text" value="250.00"/>
Contribution			

C.	Full Name (Last, First, Middle Initial) Dale Berry		Date of Receipt
	Mailing Address 1200 State Circle		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Ann Arbor	MI	48108
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Huron Valley Ambulance		Occupation President	Transaction ID: SA11AI.7137
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="1125.00"/>	<input type="text" value="250.00"/>
Contribution			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="625.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 29
	<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) Rod Carroll	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 2681 S. Pine Island Road	Transaction ID: SA11AI.7015
	City State Zip Code Beaumont TX 77713	Amount of Each Receipt this Period 375.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Stat Care EMS Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00	

B.	Full Name (Last, First, Middle Initial) Rod Carroll	Date of Receipt MM / DD / YYYY 12 / 10 / 2009
	Mailing Address 2681 S. Pine Island Road	Transaction ID: SA11AI.7086
	City State Zip Code Beaumont TX 77713	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Stat Care EMS Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 475.00	

C.	Full Name (Last, First, Middle Initial) Cindy Elbert	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 6508 W Crocus Dr	Transaction ID: SA11AI.7005
	City State Zip Code Obendale AZ 85306	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Cindy Elbert Insurance Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	725.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 8 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Cindy Elbert

Mailing Address 6508 W Crocus Dr

City State Zip Code
Obendale AZ 85306

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

Name of Employer: Cindy Elbert Insurance Occupation: President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 12 / 10 / 2009
Transaction ID: SA11AI.7197
Amount of Each Receipt this Period: 100.00
Contribution

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

Mailing Address 5720 Trowbridge NW

City State Zip Code
El Paso TX 79925

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

Name of Employer: Life Ambulance Occupation: CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 31 / 2009
Transaction ID: SA11AI.7013
Amount of Each Receipt this Period: 250.00
Contribution

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

Mailing Address 5720 Trowbridge NW

City State Zip Code
El Paso TX 79925

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

Name of Employer: Life Ambulance Occupation: CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 10 / 2009
Transaction ID: SA11AI.7179
Amount of Each Receipt this Period: 250.00
Contribution

SUBTOTAL of Receipts This Page (optional) ▶ 600.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 29
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) James Finger		Date of Receipt MM / DD / YYYY 12 / 10 / 2009
Mailing Address 18 Central Avenue		Transaction ID: SA11AI.7176
City Rutland	State VT	Zip Code 05707
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Regional Ambulance Service, Inc.	Occupation Administration	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

B.

Full Name (Last, First, Middle Initial) James D. Fuiten		Date of Receipt MM / DD / YYYY 07 / 31 / 2009
Mailing Address 9240 NW Groveland		Transaction ID: SA11AI.7022
City Hillsboro	State OR	Zip Code 97124
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 375.00
Name of Employer Metro West	Occupation Owner	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

C.

Full Name (Last, First, Middle Initial) James D. Fuiten		Date of Receipt MM / DD / YYYY 12 / 10 / 2009
Mailing Address 9240 NW Groveland		Transaction ID: SA11AI.7182
City Hillsboro	State OR	Zip Code 97124
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Metro West	Occupation Owner	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1375.00	

SUBTOTAL of Receipts This Page (optional)	1625.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 29
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Thomas Goggan		Date of Receipt MM / DD / YYYY 12 / 10 / 2009
Mailing Address 1519 Greenbrier Dr		Transaction ID: SA11AI.7240
City Elkhart	State IN	Zip Code 46514
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Demers Ambulance	Occupation National Sales Manager	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

B.

Full Name (Last, First, Middle Initial) Harvey L. Hall		Date of Receipt MM / DD / YYYY 07 / 29 / 2009
Mailing Address 1001 - 21st Street		Transaction ID: SA11AI.6998
City Bakersfield	State CA	Zip Code 93301
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Hall Ambulance Service	Occupation CEO	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	

C.

Full Name (Last, First, Middle Initial) Harvey L. Hall		Date of Receipt MM / DD / YYYY 08 / 19 / 2009
Mailing Address 1001 - 21st Street		Transaction ID: SA11AI.7037
City Bakersfield	State CA	Zip Code 93301
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Hall Ambulance Service	Occupation CEO	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1001 - 21st Street

City Bakersfield State CA Zip Code 93301

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

Name of Employer Hall Ambulance Service Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt 09 / 17 / 2009

Transaction ID: SA11AI.7049

Amount of Each Receipt this Period 250.00

Contribution

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

Mailing Address 1001 - 21st Street

City Bakersfield State CA Zip Code 93301

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

Name of Employer Hall Ambulance Service Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 06 / 2009

Transaction ID: SA11AI.7057

Amount of Each Receipt this Period 250.00

Contribution

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

Mailing Address 1001 - 21st Street

City Bakersfield State CA Zip Code 93301

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

Name of Employer Hall Ambulance Service Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt 11 / 13 / 2009

Transaction ID: SA11AI.7066

Amount of Each Receipt this Period 250.00

Contribution

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 29

(check only one)

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

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

A.

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

Mailing Address 1001 - 21st Street

City State Zip Code
Bakersfield CA 93301

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

Name of Employer Occupation
Hall Ambulance Service CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.7091

Amount of Each Receipt this Period

250.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Rachel Harracksingh

Mailing Address 10629 Sombra Verde Drive

City State Zip Code
El Paso TX 79935

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

Name of Employer Occupation
Life Ambulance Service Vice President

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

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.7127

Amount of Each Receipt this Period

250.00

Contribution

C.

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

Mailing Address 251 Bishop Farm Way

City State Zip Code
Huntsville AL 35806

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

Name of Employer Occupation
HEMSI CEO

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

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.7007

Amount of Each Receipt this Period

250.00

Contribution

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1801 Mockingbird Lane

City State Zip Code
Enid OK 73703

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

Name of Employer Life EMS Occupation President

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	1	/	2	0	0	9

Transaction ID: SA11AI.7014

Amount of Each Receipt this Period
250.00

Contribution

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

Mailing Address 1801 Mockingbird Lane

City State Zip Code
Enid OK 73703

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

Name of Employer Life EMS Occupation President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	0	/	2	0	0	9

Transaction ID: SA11AI.7088

Amount of Each Receipt this Period
1000.00

Contribution

C. 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 MedStar Ambulance Occupation President

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	1	/	2	0	0	9

Transaction ID: SA11AI.6999

Amount of Each Receipt this Period
500.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 / 29
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) David Kuhn		Date of Receipt
	Mailing Address 3864 N SW		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Idalo Fall	ID	83401
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer GFES		Occupation President	Transaction ID: SA11AI.7204 Amount of Each Receipt this Period <input type="text" value="500.00"/> Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	

B.	Full Name (Last, First, Middle Initial) Brian Lovellette		Date of Receipt
	Mailing Address 701 Britten Avenue		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Lansing	MI	48910-1321
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Association Services of Michigan		Occupation President	Transaction ID: SA11AI.7203 Amount of Each Receipt this Period <input type="text" value="200.00"/> Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="325.00"/>	

C.	Full Name (Last, First, Middle Initial) Kevin Lyons		Date of Receipt
	Mailing Address 38 Ledgewood Drive		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Danvers	MA	01923
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Lyons Ambulance Service		Occupation Owner	Transaction ID: SA11AI.7033 Amount of Each Receipt this Period <input type="text" value="250.00"/> Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="950.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 29
	<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) Kevin M. Lyons	Date of Receipt MM / DD / YYYY 12 / 10 / 2009
	Mailing Address 135 Maple St	Transaction ID: SA11AI.7205
	City State Zip Code Damens MA 01923	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Self Employed Occupation Ambulance Service Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00	

B.	Full Name (Last, First, Middle Initial) James McNeal, Jr.	Date of Receipt MM / DD / YYYY 09 / 17 / 2009
	Mailing Address 414 W. Elm	Transaction ID: SA11AI.7048
	City State Zip Code Burbank CA 91506	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Schaefer Ambulance Service Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) James McNeal, Jr.	Date of Receipt MM / DD / YYYY 12 / 10 / 2009
	Mailing Address 414 W. Elm	Transaction ID: SA11AI.7081
	City State Zip Code Burbank CA 91506	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Schaefer Ambulance Service Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1100.00	

SUBTOTAL of Receipts This Page (optional)	3100.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) James McNeal, Jr.		Date of Receipt
	Mailing Address 414 W. Elm		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Burbank	CA	91506
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Schaefer Ambulance Service		Occupation CEO	Transaction ID: SA11AI.7263
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="1200.00"/>	<input type="text" value="100.00"/>
			Contribution

B.	Full Name (Last, First, Middle Initial) James McPartlon		Date of Receipt
	Mailing Address 1015 DiBella Dr		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Schenectady	NY	12303
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Mohawk Ambulance Services		Occupation VP	Transaction ID: SA11AI.7021
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="875.00"/>	<input type="text" value="375.00"/>
			Contribution

C.	Full Name (Last, First, Middle Initial) James McPartlon		Date of Receipt
	Mailing Address 1015 DiBella Dr		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Schenectady	NY	12303
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Mohawk Ambulance Services		Occupation VP	Transaction ID: SA11AI.7136
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="1125.00"/>	<input type="text" value="250.00"/>
			Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="725.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 29
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Mark D Meijer		Date of Receipt
	Mailing Address 2568 Fletcher Drive, NE		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Grands Rapids	MI	49506
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7089
Name of Employer Life EMS Ambulance		Occupation Paramedic/Business Executive	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="1000.00"/>
		<input type="text" value="1000.00"/>	Contribution

B.	Full Name (Last, First, Middle Initial) Mark D Meijer		Date of Receipt
	Mailing Address 2568 Fletcher Drive, NE		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Grands Rapids	MI	49506
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7258
Name of Employer Life EMS Ambulance		Occupation Paramedic/Business Executive	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="100.00"/>
		<input type="text" value="1100.00"/>	Contribution

C.	Full Name (Last, First, Middle Initial) Louis Meyer		Date of Receipt
	Mailing Address 10644 N. Oakwilde Avenue		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Stockton	CA	95212
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7140
Name of Employer AMR		Occupation CEO - Regional	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1350.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Elbert Muncy	Date of Receipt MM / DD / YYYY 12 / 10 / 2009
	Mailing Address 831 W Main Street	Transaction ID: SA11AI.7180
	City State Zip Code Barstow CA 92311	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Dersert Ambulance Service Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Steve Murphy	Date of Receipt MM / DD / YYYY 12 / 10 / 2009
	Mailing Address 100 S Birch Rd #901	Transaction ID: SA11AI.7207
	City State Zip Code Ft Lauderdale FL 33316	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation AMR Exe VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

C.	Full Name (Last, First, Middle Initial) Tyron Picard	Date of Receipt MM / DD / YYYY 12 / 10 / 2009
	Mailing Address 2005 W Saint Mary Blvd	Transaction ID: SA11AI.7128
	City State Zip Code Lafayette LA 70506	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Acadian Ambulance Exec VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	1050.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 29
	<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) Darryl Quigley		Date of Receipt
	Mailing Address 10515 Hound Dog Trail		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Willis Point	TX	75169
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7208
Name of Employer Texas Lifeline Corp		Occupation President/CEO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
			Contribution

B.	Full Name (Last, First, Middle Initial) Julie Ann Rose		Date of Receipt
	Mailing Address 1123 Chestnut Drive		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Ashtabula	OH	44004
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7011
Name of Employer Community Care Ambulance		Occupation Executive Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="125.00"/>
			Contribution

C.	Full Name (Last, First, Middle Initial) Julie Ann Rose		Date of Receipt
	Mailing Address 1123 Chestnut Drive		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Ashtabula	OH	44004
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7087
Name of Employer Community Care Ambulance		Occupation Executive Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="300.00"/>
			Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="675.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Julie Ann Rose		Date of Receipt
	Mailing Address 1123 Chestnut Drive		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Ashtabula	OH	44004
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7183
Name of Employer Community Care Ambulance		Occupation Executive Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="83.34"/>
		<input type="text" value="841.70"/>	Contribution

B.	Full Name (Last, First, Middle Initial) Lauren Rubinson		Date of Receipt
	Mailing Address 123 Oakmont		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Deerfield	IL	60015
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7138
Name of Employer MEA Service		Occupation CEO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	Contribution

C.	Full Name (Last, First, Middle Initial) John Russell		Date of Receipt
	Mailing Address 2034 Pamela		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Cape Girardeau	MO	63701
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7090
Name of Employer Cape County Private Ambulance		Occupation President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="1000.00"/>
		<input type="text" value="1000.00"/>	Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1333.34"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 29
(check only one)

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

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

A.

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

Mailing Address 2106 17th Ave

City State Zip Code
Juschoose AL 35401

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

Name of Employer Occupation
Northstar EMS Corporate Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.7129

Amount of Each Receipt this Period
1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Randy Strozyk

Mailing Address 9209 181 Street Avenue East

City State Zip Code
Bonney Lake WA 98390

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

Name of Employer Occupation
American Medical Response Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.7134

Amount of Each Receipt this Period
100.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Ronald Thackery

Mailing Address 6200 Syracuse Way #200

City State Zip Code
Greenwood Village CO 80111

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

Name of Employer Occupation
AMR VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.7059

Amount of Each Receipt this Period
250.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **1350.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 29

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

A.

Full Name (Last, First, Middle Initial)

Ronald Thackery

Mailing Address 9922 S. Silver Maple Road

City State Zip Code
Highlands Ranch CO 80129

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

Name of Employer Occupation
American Medical Response VP Risk Management

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

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.7184

Amount of Each Receipt this Period

250.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Tinia Tubbs

Mailing Address 3351 Co Rd 50

City State Zip Code
Moundville AL 35474

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

Name of Employer Occupation
NorthStar EMS Inc Business Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.7023

Amount of Each Receipt this Period

375.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Larry Wiersch

Mailing Address 4846 Five Point Road

City State Zip Code
New Tripoli PA 18066

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

Name of Employer Occupation
Cetronia Ambulance Administrator

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

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.7206

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional) ▶

875.00

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

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

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

FOR LINE NUMBER: PAGE 23 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Michael Woronka
Mailing Address 50 Hill Street
City Methuen State MA Zip Code 01844
FEC ID number of contributing federal political committee. **C**
Name of Employer Action Ambulance Service Occupation Paramedic
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 12 / 10 / 2009
Transaction ID: SA11AI.7181
Amount of Each Receipt this Period 1000.00
Contribution

B. Full Name (Last, First, Middle Initial)
Gerald Zapolnik
Mailing Address 1116 Rathfan Circle
City Saline State MI Zip Code 48176
FEC ID number of contributing federal political committee. **C**
Name of Employer Huron Valley Ambulance Occupation VP Support Operations
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 625.00
Date of Receipt 07 / 31 / 2009
Transaction ID: SA11AI.7009
Amount of Each Receipt this Period 125.00
Contribution

C. Full Name (Last, First, Middle Initial)
Gerald Zapolnik
Mailing Address 1116 Rathfan Circle
City Saline State MI Zip Code 48176
FEC ID number of contributing federal political committee. **C**
Name of Employer Huron Valley Ambulance Occupation VP Support Operations
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 875.00
Date of Receipt 10 / 06 / 2009
Transaction ID: SA11AI.7060
Amount of Each Receipt this Period 250.00
Contribution

SUBTOTAL of Receipts This Page (optional) ► 1375.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 24 / 29	
	(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		Date of Receipt	
	Mailing Address 1116 Rathfan Circle		M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.7135
	Saline	MI	48176	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		C	100.00
	Name of Employer Huron Valley Ambulance		Occupation VP Support Operations	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	975.00	

SUBTOTAL of Receipts This Page (optional)	▶	100.00
TOTAL This Period (last page this line number only)	▶	20308.34

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 25 / 29	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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) ACADIAN AMBULANCE SERVICE INC. EMPLOYEE PAC		Date of Receipt
	Mailing Address P.O. BOX 98000		<input type="text" value="07"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	LAFAYETTE	LA	70509
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: SA11C.6990 Amount of Each Receipt this Period <input type="text" value="1666.68"/> Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1666.68"/>
TOTAL This Period (last page this line number only)	<input type="text" value="1666.68"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) SunTrust Bank	Transaction ID: SB21B.7043 Date of Disbursement																			
	Mailing Address P.O. Box 622227	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	0		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	0		2	0	0	9												
	City Orlando State FL Zip Code 32862-2227	Amount of Each Disbursement this Period																			
	Purpose of Disbursement SunTrust Merchant Fees Candidate Name	<table border="1"><tr><td>20.59</td></tr></table>	20.59																		
20.59																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		001 Category/Type																			

B.	Full Name (Last, First, Middle Initial) SunTrust Bank	Transaction ID: SB21B.7051 Date of Disbursement																			
	Mailing Address P.O. Box 622227	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	0		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	0		2	0	0	9												
	City Orlando State FL Zip Code 32862-2227	Amount of Each Disbursement this Period																			
	Purpose of Disbursement SunTrust Merchant Fees Candidate Name	<table border="1"><tr><td>58.59</td></tr></table>	58.59																		
58.59																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		001 Category/Type																			

C.	Full Name (Last, First, Middle Initial) SunTrust Bank	Transaction ID: SB21B.7070 Date of Disbursement																			
	Mailing Address P.O. Box 622227	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	0		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	0		2	0	0	9												
	City Orlando State FL Zip Code 32862-2227	Amount of Each Disbursement this Period																			
	Purpose of Disbursement SunTrust Merchant Fees Candidate Name	<table border="1"><tr><td>21.72</td></tr></table>	21.72																		
21.72																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		001 Category/Type																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>100.90</td></tr></table>	100.90
100.90		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td>100.90</td></tr></table>	100.90
100.90		

**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 27 / 29

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

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

A.	Full Name (Last, First, Middle Initial) ARKANSAS SENATE 2010	Transaction ID: SB23.7055 Date of Disbursement 09 / 17 / 2009
	Mailing Address 124 W. Capital	Amount of Each Disbursement this Period 2500.00
	City Little Rock State AR Zip Code 72201	
	Purpose of Disbursement Contribution Candidate Name	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ None

B.	Full Name (Last, First, Middle Initial) DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE - CONTRIBUTIONS	Transaction ID: SB23.7076 Date of Disbursement 12 / 09 / 2009
	Mailing Address 430 South Capitol Street SE 2nd Floor	Amount of Each Disbursement this Period 3500.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Contribution Candidate Name	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ None

C.	Full Name (Last, First, Middle Initial) FRIENDS OF BLANCHE LINCOLN	Transaction ID: SB23.7077 Date of Disbursement 12 / 11 / 2009
	Mailing Address PO BOX 3197	Amount of Each Disbursement this Period 500.00
	City LITTLE ROCK State AR Zip Code 72203	
	Purpose of Disbursement Contribution Candidate Name BLANCHE L LINCOLN	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	6500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) FRIENDS OF KENT CONRAD <hr/> Mailing Address PO BOX 812 <hr/> City BISMARCK State ND Zip Code 58502 <hr/> Purpose of Disbursement Contribution Candidate Name GAYLORD KENT CONRAD Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.7078 Date of Disbursement 12 / 17 / 2009
	Amount of Each Disbursement this Period 2500.00
	011 Category/ Type
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) GEORGIANS FOR ISAKSON <hr/> Mailing Address POST OFFICE BOX 250116 <hr/> City ATLANTA State GA Zip Code 30325 <hr/> Purpose of Disbursement Contribution Candidate Name JOHN HARDY ISAKSON Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.7045 Date of Disbursement 08 / 05 / 2009
	Amount of Each Disbursement this Period 2500.00
	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) NAT'L REPUBLICAN CONGRESSIONAL CMTE <hr/> Mailing Address 320 First Street SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.7074 Date of Disbursement 11 / 13 / 2009
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 29 / 29

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

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

A. Full Name (Last, First, Middle Initial) PETE STARK RE-ELECTION COMMITTEE Mailing Address P.O. Box 8331 City Fremont State CA Zip Code 94537 Purpose of Disbursement Contribution Candidate Name FORTNEY P. STARK Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 13 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.7071 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00 Category/Type 011
B. Full Name (Last, First, Middle Initial) RICHARD E NEAL FOR CONGRESS COMMITTEE Mailing Address 76 MAGNOLIA TERRACE City SPRINGFIELD State MA Zip Code 01108 Purpose of Disbursement Contribution Candidate Name RICHARD E MR. NEAL Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.7053 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 7 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00 Category/Type 011

SUBTOTAL of Disbursements This Page (optional) ►

3500.00

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

16000.00