

# 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 MEDICAL RESPONSE INC POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 6200 S SYRACUSE WAY STE 200  
 Check if different than previously reported. (ACC)  
GREENWOOD VILLAGE CO 80111

2. **FEC IDENTIFICATION NUMBER** C00389585  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 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 (12G)  
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 06 01 2007 through 06 30 2007

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 Mark Rector  
Signature of Treasurer Electronically Filed by Mark Rector Date 07 20 2007

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN MEDICAL RESPONSE INC POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		29204.87
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	34365.97									
(c) Total Receipts (from Line 19) .....	2048.39	12276.21								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	36414.36	41481.08								
7. Total Disbursements (from Line 31) .....	0.00	5066.72								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	36414.36	36414.36								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

AMERICAN MEDICAL RESPONSE INC POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	1732.63	7441.26
(i) Itemized (use Schedule A) .....	315.76	4834.95
(ii) Unitemized .....	2048.39	12276.21
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	2048.39	12276.21
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
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)) .....	2048.39	12276.21
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	2048.39	12276.21

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A</b> Total This Period	<b>COLUMN B</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.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	3000.00
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	2066.72
(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	2066.72
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))..	0.00	5066.72
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	0.00	5066.72

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	2048.39	12276.21
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	2066.72
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2048.39	10209.49
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 18
	<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 MEDICAL RESPONSE INC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A.</b> Scott S Bourn		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 10617 Stone Creek Ct.		<b>Transaction ID:</b> SA11A1.5913
City State Zip Code Parker CO 80134-2536	Amount of Each Receipt this Period 38.46	
FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$38.46 biweekly	
Name of Employer American Medical Response Occupation Manager, Clinical Ed.	Aggregate Year-to-Date ▼ 384.60	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Scott S Bourn		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 10617 Stone Creek Ct.		<b>Transaction ID:</b> SA11A1.5914
City State Zip Code Parker CO 80134-2536	Amount of Each Receipt this Period 38.46	
FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$38.46 biweekly	
Name of Employer American Medical Response Occupation Manager, Clinical Ed.	Aggregate Year-to-Date ▼ 423.06	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Steven Delahousey		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 2580 Rue Palafox		<b>Transaction ID:</b> SA11A1.5917
City State Zip Code Biloxi MS 39531-3733	Amount of Each Receipt this Period 38.46	
FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction \$38.46 biweekly	
Name of Employer American Medical Response Occupation VP, Operations	Aggregate Year-to-Date ▼ 384.60	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	115.38
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 18
	<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 MEDICAL RESPONSE INC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Steven Delahousey</b>		Date of Receipt MM / DD / YYYY 06 / 22 / 2007
Mailing Address 2580 Rue Palafox		<b>Transaction ID: SA11A1.5918</b>
City Biloxi	State MS	Zip Code 39531-3733
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 38.46	
Name of Employer American Medical Response	Occupation VP, Operations	Payroll Deduction \$38.46 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.06	

Full Name (Last, First, Middle Initial) <b>B. Alfred Dellavalle</b>		Date of Receipt MM / DD / YYYY 06 / 01 / 2007
Mailing Address 43 Oakwood Drive		<b>Transaction ID: SA11A1.5921</b>
City North Haven	State CT	Zip Code 06473
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 20.00	
Name of Employer American Medical Response	Occupation VP, Business Development	Payroll Deduction \$20.00 weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) <b>C. Alfred Dellavalle</b>		Date of Receipt MM / DD / YYYY 06 / 08 / 2007
Mailing Address 43 Oakwood Drive		<b>Transaction ID: SA11A1.5922</b>
City North Haven	State CT	Zip Code 06473
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 20.00	
Name of Employer American Medical Response	Occupation VP, Business Development	Payroll Deduction \$20.00 weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>78.46</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 18
	<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 MEDICAL RESPONSE INC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A.</b> Alfred Dellavalle		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 43 Oakwood Drive		<b>Transaction ID:</b> SA11A1.5923
City North Haven	State CT	Zip Code 06473
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 20.00
Name of Employer American Medical Response	Occupation VP, Business Development	Payroll Deduction \$20.00 weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Alfred Dellavalle		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 43 Oakwood Drive		<b>Transaction ID:</b> SA11A1.5924
City North Haven	State CT	Zip Code 06473
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 20.00
Name of Employer American Medical Response	Occupation VP, Business Development	Payroll Deduction \$20.00 weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Alfred Dellavalle		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 43 Oakwood Drive		<b>Transaction ID:</b> SA11A1.5978
City North Haven	State CT	Zip Code 06473
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 20.00
Name of Employer American Medical Response	Occupation VP, Business Development	Payroll Deduction \$20.00 weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	60.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 18
	<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 MEDICAL RESPONSE INC POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ronald Dire-Day

Mailing Address 243 Mulberry Ave

City State Zip Code  
Longview WA 98632-9417

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

Name of Employer American Medical Response  
Occupation Supervisor, Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
211.53

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 22 / 2007

Transaction ID: SA11A1.5926

Amount of Each Receipt this Period  
19.23

Payroll Deduction \$19.23  
biweekly

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

Mailing Address 3580 Diamond Ridge NE

City State Zip Code  
Rockford MI 49341-7935

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

Name of Employer American Medical Response  
Occupation Director, Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
269.22

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 01 / 2007

Transaction ID: SA11A1.5929

Amount of Each Receipt this Period  
38.46

Payroll Deduction \$38.46  
biweekly

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

Mailing Address 3580 Diamond Ridge NE

City State Zip Code  
Rockford MI 49341-7935

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

Name of Employer American Medical Response  
Occupation Director, Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
307.68

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 15 / 2007

Transaction ID: SA11A1.5930

Amount of Each Receipt this Period  
38.46

Payroll Deduction \$38.46  
biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	96.15
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 18
	<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 MEDICAL RESPONSE INC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Dale Feldhauser</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7	
Mailing Address 3580 Diamond Ridge NE		Transaction ID: SA11A1.5972	
City State Zip Code Rockford MI 49341-7935	Amount of Each Receipt this Period 38.46		
FEC ID number of contributing federal political committee. C		Payroll Deduction \$38.46 biweekly	
Name of Employer American Medical Response	Occupation Director, Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 346.14		

Full Name (Last, First, Middle Initial) <b>B. Debora Gault</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 8 / 2 0 0 7	
Mailing Address 5502 Northwest Highway		Transaction ID: SA11A1.5933	
City State Zip Code Waterford WI 53185-2829	Amount of Each Receipt this Period 38.46		
FEC ID number of contributing federal political committee. C		Payroll Deduction \$38.46 biweekly	
Name of Employer American Medical Response	Occupation VP, Federal Reimbursements		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.60		

Full Name (Last, First, Middle Initial) <b>C. Debora Gault</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 2 / 2 0 0 7	
Mailing Address 5502 Northwest Highway		Transaction ID: SA11A1.5934	
City State Zip Code Waterford WI 53185-2829	Amount of Each Receipt this Period 38.46		
FEC ID number of contributing federal political committee. C		Payroll Deduction \$38.46 biweekly	
Name of Employer American Medical Response	Occupation VP, Federal Reimbursements		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.06		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	115.38
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 18
	<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 MEDICAL RESPONSE INC POLITICAL ACTION COMMITTEE

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

Mailing Address 10644 N. Oakwilde Ave.

City State Zip Code  
Stockton CA 95212-9246

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

Name of Employer American Medical Response  
Occupation CEO Reginal

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1923.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 08 / 2007

Transaction ID: SA11A1.5943

Amount of Each Receipt this Period  
192.30

Payroll Deduction \$192.30  
biweekly

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

Mailing Address 10644 N. Oakwilde Ave.

City State Zip Code  
Stockton CA 95212-9246

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

Name of Employer American Medical Response  
Occupation CEO Reginal

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2115.30

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 22 / 2007

Transaction ID: SA11A1.5944

Amount of Each Receipt this Period  
192.30

Payroll Deduction \$192.30  
biweekly

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

Mailing Address 3242 N.E. 6th Street

City State Zip Code  
Pompano Beach FL 33062-4746

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

Name of Employer American Medical Response  
Occupation Executive Vice President GN&S

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
961.50

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 08 / 2007

Transaction ID: SA11A1.5945

Amount of Each Receipt this Period  
96.15

Payroll Deduction \$96.15  
biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	480.75
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 18
	<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 MEDICAL RESPONSE INC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Steve Murphy</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 3242 N.E. 6th Street		<b>Transaction ID: SA11A1.5946</b>
City Pompano Beach	State FL	Zip Code 33062-4746
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 96.15
Name of Employer American Medical Response	Occupation Executive Vice President GN&S	Payroll Deduction \$96.15 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1057.65	

Full Name (Last, First, Middle Initial) <b>B. Kimberly Norman</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 10331 Royal Eagle Lane		<b>Transaction ID: SA11A1.5947</b>
City Highlands Ranch	State CO	Zip Code 80129
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 57.69
Name of Employer American Medical Response	Occupation SR. VP. Human Resources	Payroll Deduction \$57.69 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.90	

Full Name (Last, First, Middle Initial) <b>C. Kimberly Norman</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 10331 Royal Eagle Lane		<b>Transaction ID: SA11A1.5948</b>
City Highlands Ranch	State CO	Zip Code 80129
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 57.69
Name of Employer American Medical Response	Occupation SR. VP. Human Resources	Payroll Deduction \$57.69 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 634.59	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>211.53</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 18
	<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 MEDICAL RESPONSE INC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A.</b> Daniel O'Brien		Date of Receipt M M / D D / Y Y Y Y 06 / 01 / 2007	
Mailing Address 1005 Dunbar Hill Rd		Transaction ID: SA11A1.5949	
City State Zip Code Hamden CT 06514	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction \$15.00 weekly		
Name of Employer American Medical Response	Occupation VP, Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Daniel O'Brien		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007	
Mailing Address 1005 Dunbar Hill Rd		Transaction ID: SA11A1.5950	
City State Zip Code Hamden CT 06514	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction \$15.00 weekly		
Name of Employer American Medical Response	Occupation VP, Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Daniel O'Brien		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007	
Mailing Address 1005 Dunbar Hill Rd		Transaction ID: SA11A1.5951	
City State Zip Code Hamden CT 06514	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction \$15.00 weekly		
Name of Employer American Medical Response	Occupation VP, Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	45.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 18
	<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 MEDICAL RESPONSE INC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A.</b> Daniel O'Brien		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 2 / 2 0 0 7	
Mailing Address 1005 Dunbar Hill Rd		Transaction ID: SA11A1.5952	
City Hamden	State CT	Zip Code 06514	Amount of Each Receipt this Period 15.00
FEC ID number of contributing federal political committee. C		Payroll Deduction \$15.00 weekly	
Name of Employer American Medical Response	Occupation VP, Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Daniel O'Brien		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7	
Mailing Address 1005 Dunbar Hill Rd		Transaction ID: SA11A1.5976	
City Hamden	State CT	Zip Code 06514	Amount of Each Receipt this Period 15.00
FEC ID number of contributing federal political committee. C		Payroll Deduction \$15.00 weekly	
Name of Employer American Medical Response	Occupation VP, Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Randall Strozyk		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 8 / 2 0 0 7	
Mailing Address 9209 181st Ave E		Transaction ID: SA11A1.5957	
City Bonney Lake	State WA	Zip Code 98390-7187	Amount of Each Receipt this Period 57.69
FEC ID number of contributing federal political committee. C		Payroll Deduction \$57.69 biweekly	
Name of Employer American Medical Response	Occupation VP, Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.90		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	87.69
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 18
	<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 MEDICAL RESPONSE INC POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Randall Strozyk

Mailing Address 9209 181st Ave E

City State Zip Code  
Bonney Lake WA 98390-7187

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

Name of Employer American Medical Response Occupation VP, Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 634.59

Date of Receipt  
MM / DD / YYYY  
06 / 22 / 2007

Transaction ID: SA11A1.5958

Amount of Each Receipt this Period  
57.69

Payroll Deduction \$57.69  
biweekly

**B.** Full Name (Last, First, Middle Initial)  
David Sutton

Mailing Address 5709 Quintana Street

City State Zip Code  
Riverdale MD 20737-2836

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

Name of Employer American Medical Response Occupation Operations Supervisor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 269.22

Date of Receipt  
MM / DD / YYYY  
06 / 15 / 2007

Transaction ID: SA11A1.5959

Amount of Each Receipt this Period  
38.46

Payroll Deduction \$38.46  
biweekly

**C.** Full Name (Last, First, Middle Initial)  
David Sutton

Mailing Address 5709 Quintana Street

City State Zip Code  
Riverdale MD 20737-2836

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

Name of Employer American Medical Response Occupation Operations Supervisor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 307.68

Date of Receipt  
MM / DD / YYYY  
06 / 29 / 2007

Transaction ID: SA11A1.5974

Amount of Each Receipt this Period  
38.46

Payroll Deduction \$38.46  
biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	134.61
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 18
	<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 MEDICAL RESPONSE INC POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ronald Thackery

Mailing Address 9922 S. Silver Maple Rd.

City State Zip Code  
Highlands Ranch CO 80129-5460

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

Name of Employer American Medical Response  
Occupation VP, Safety Risk mgmt & Fleet

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
384.60

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 8 / 2 0 0 7

Transaction ID: SA11A1.5962

Amount of Each Receipt this Period  
38.46

Payroll Deduction \$38.46  
biweekly

**B.** Full Name (Last, First, Middle Initial)  
Ronald Thackery

Mailing Address 9922 S. Silver Maple Rd.

City State Zip Code  
Highlands Ranch CO 80129-5460

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

Name of Employer American Medical Response  
Occupation VP, Safety Risk mgmt & Fleet

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
423.06

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 2 / 2 0 0 7

Transaction ID: SA11A1.5963

Amount of Each Receipt this Period  
38.46

Payroll Deduction \$38.46  
biweekly

**C.** Full Name (Last, First, Middle Initial)  
David Tice

Mailing Address 1900 Clark St

City State Zip Code  
Charles City IA 50616

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

Name of Employer American Medical Response  
Occupation Manager, Operations I

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
211.53

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 2 / 2 0 0 7

Transaction ID: SA11A1.5965

Amount of Each Receipt this Period  
19.23

Payroll Deduction \$19.23  
biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	96.15
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 18
	<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 MEDICAL RESPONSE INC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Dorothy Vanbuskirk</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 2 / 2 0 0 7	
Mailing Address 6820 Barker Way		Transaction ID: SA11A1.5969	
City State Zip Code San Diego CA 92119-1301	Amount of Each Receipt this Period 19.23		
FEC ID number of contributing federal political committee. C	Payroll Deduction \$19.23 biweekly		
Name of Employer American Medical Response	Occupation Manager, Business Systems		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.53		

Full Name (Last, First, Middle Initial) <b>B. Edward Van Horne</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 7	
Mailing Address 7752 Hess Pl.		Transaction ID: SA11A1.5966	
City State Zip Code Rancho Cucamonga CA 91739	Amount of Each Receipt this Period 38.46		
FEC ID number of contributing federal political committee. C	Payroll Deduction \$38.46 biweekly		
Name of Employer American Medical Response	Occupation Director, Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 269.22		

Full Name (Last, First, Middle Initial) <b>C. Edward Van Horne</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7	
Mailing Address 7752 Hess Pl.		Transaction ID: SA11A1.5967	
City State Zip Code Rancho Cucamonga CA 91739	Amount of Each Receipt this Period 38.46		
FEC ID number of contributing federal political committee. C	Payroll Deduction \$38.46 biweekly		
Name of Employer American Medical Response	Occupation Director, Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 307.68		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	96.15
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 18
	<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 MEDICAL RESPONSE INC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Edward Van Horne</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 7752 Hess Pl.		Transaction ID: SA11A1.5979
City State Zip Code Rancho Cucamonga CA 91739	Amount of Each Receipt this Period 38.46	
FEC ID number of contributing federal political committee. <b>C</b>		Payroll Deduction \$38.46 biweekly
Name of Employer American Medical Response	Occupation Director, Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 346.14	

Full Name (Last, First, Middle Initial) <b>B. Edward Wetzel</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address P.O. Box 50689		Transaction ID: SA11A1.5970
City State Zip Code Henderson NV 89016-0689	Amount of Each Receipt this Period 38.46	
FEC ID number of contributing federal political committee. <b>C</b>		Payroll Deduction \$38.46 biweekly
Name of Employer American Medical Response	Occupation Director, Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.60	

Full Name (Last, First, Middle Initial) <b>C. Edward Wetzel</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address P.O. Box 50689		Transaction ID: SA11A1.5971
City State Zip Code Henderson NV 89016-0689	Amount of Each Receipt this Period 38.46	
FEC ID number of contributing federal political committee. <b>C</b>		Payroll Deduction \$38.46 biweekly
Name of Employer American Medical Response	Occupation Director, Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.06	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	115.38
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	1732.63