

**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) **1255 TWENTY-THIRD STREET NW**  
**SUITE 200**  
 Check if different than previously reported. (ACC) **WASHINGTON DC 20037**

2. **FEC IDENTIFICATION NUMBER** **C00168070** **CITY** **STATE** **ZIP CODE**  
 3. **IS THIS REPORT**  **NEW (N)** **OR** **AMENDED (A)**

4. **TYPE OF REPORT (Choose One)**  
 (a) Quarterly Reports:  
 April 15 Quarterly Report(Q1) Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)  
 July 15 Quarterly Report(Q2) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)  
 October 15 Quarterly Report(Q3) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (M13)  
 X January 31 Quarterly Report(YE) Election on in the State of  
 July 31 Mid-Year Report(Non-election Year Only) (MY) (d) 30-Day Post -Election Report for the: General (30G) Runoff (30R) Special (30S)  
 Termination Report (TER) Election on in the State of

5. **Covering Period** 07 01 2001 through 12 31 2001

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 **Tristan North**  
 Signature of Treasurer Electronically Filed by Tristan North Date **01 24 2002**

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 (Revised 1/2001)

Page 2

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

Report Covering the Period: From: <sup>h</sup>07 <sup>D</sup>01 <sup>v</sup>2001 To: <sup>h</sup>12 <sup>D</sup>31 <sup>v</sup>2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>v</sup> 2001		7521.46
(b) Cash on Hand at Beginning of Reporting Period .....	3539.24	
(c) Total Receipts (from Line 19) .....	29739.13	55334.37
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	33278.37	62855.63
7. Total Disbursements (from Line 30) .....	8611.29	38188.75
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	24667.08	24667.08
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

Report Covering the Period: From: <sup>MM</sup>07 <sup>DD</sup>01 <sup>YYYY</sup>2001 To: <sup>MM</sup>12 <sup>DD</sup>31 <sup>YYYY</sup>2001

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) .....	28372.49	
(ii) Unitemized .....	1366.64	
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	29739.13	55334.37
(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 32, page 4) .....	29739.13	55334.37
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 36, page 4) .....	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 Nonfederal Account for Joint Activity .....	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) .....	29739.13	55334.37
20. Total Federal Receipts (subtract Line 18 from Line 19) .....	29739.13	55334.37

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	111.29	188.75
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	111.29	188.75
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8500.00	38000.00
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. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	8611.29	38188.75
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	8611.29	38188.75
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	29739.13	55334.37
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	29739.13	55334.37
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	111.29	188.75
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	111.29	188.75

**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 5 / 31

11a  11b  11c  12  
 13  14  15  16  17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Larry Anderson

Mailing Address  
330 Hamblin Avenue

City State Zip Code  
Battle Creek MI 49015

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 11 / 2001

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Life Care Ambulance Service Owner/Operator

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 300.00

Transaction ID: SA11A1.4344

**B.** Full Name (Last, First, Middle Initial)  
Larry Anderson

Mailing Address  
330 Hamblin Avenue

City State Zip Code  
Battle Creek MI 49015

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 14 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Life Care Ambulance Service Owner/Operator

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 550.00

Transaction ID: SA11A1.4390

**C.** Full Name (Last, First, Middle Initial)  
Larry Anderson

Mailing Address  
330 Hamblin Avenue

City State Zip Code  
Battle Creek MI 49015

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 31 / 2001

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Life Care Ambulance Service Owner/Operator

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 650.00

Transaction ID: SA11A1.4436

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **450.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 / 31	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. Dale J. Berry**

Mailing Address  
 2215 Hogback Road

City State Zip Code  
 Ann Arbor MI 48105

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 11 / 2001

Amount of Each Receipt this Period  
 100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
 Huron Valley Ambulance Owner/Operator

Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ 400.00

Transaction ID: SA11A1.4356

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

Mailing Address  
 2215 Hogback Road

City State Zip Code  
 Ann Arbor MI 48105

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 13 / 2001

Amount of Each Receipt this Period  
 100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
 Huron Valley Ambulance Owner/Operator

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

Transaction ID: SA11A1.4364

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

Mailing Address  
 2215 Hogback Road

City State Zip Code  
 Ann Arbor MI 48105

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 14 / 2001

Amount of Each Receipt this Period  
 250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
 Huron Valley Ambulance Owner/Operator

Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ 750.00

Transaction ID: SA11A1.4391

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **450.00**

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

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

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

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

Full Name (Last, First, Middle Initial)  
**A. Dale J. Berry**

Mailing Address  
2215 Hogback Road

City State Zip Code  
Ann Arbor MI 48105

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 10 / 2001

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Huron Valley Ambulance Owner/Operator

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 850.00

Transaction ID: SA11A1.4426

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

Mailing Address  
2215 Hogback Road

City State Zip Code  
Ann Arbor MI 48105

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 31 / 2001

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Huron Valley Ambulance Owner/Operator

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 950.00

Transaction ID: SA11A1.4444

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

Mailing Address  
2215 Hogback Road

City State Zip Code  
Ann Arbor MI 48105

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 30 / 2001

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Huron Valley Ambulance Owner/Operator

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 1050.00

Transaction ID: SA11A1.4449

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **300.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 / 31	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. Dale J. Berry**

Mailing Address  
 2215 Hogback Road  
 City State Zip Code  
 Ann Arbor MI 48105

Date of Receipt  
 N M / D E / Y Y Y Y  
 12 / 27 / 2001

Amount of Each Receipt this Period  
 100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
 Huron Valley Ambulance Owner/Operator

Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ 1150.00

Transaction ID: SA11A1.4457

Full Name (Last, First, Middle Initial)  
**B. Glenn A. Brown, II**

Mailing Address  
 1117 Broadway Avenue  
 City State Zip Code  
 Masury OH 44438

Date of Receipt  
 N M / D E / Y Y Y Y  
 10 / 31 / 2001

Amount of Each Receipt this Period  
 25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
 Rural/Metro Ambulance Owner/Operator

Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ 225.00

Transaction ID: SA11A1.4443

Full Name (Last, First, Middle Initial)  
**C. Glenn A. Brown, II**

Mailing Address  
 1117 Broadway Avenue  
 City State Zip Code  
 Masury OH 44438

Date of Receipt  
 N M / D E / Y Y Y Y  
 11 / 30 / 2001

Amount of Each Receipt this Period  
 25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
 Rural/Metro Ambulance Owner/Operator

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

Transaction ID: SA11A1.4448

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **150.00**

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 / 31	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A.** Full Name (Last, First, Middle Initial)  
Glenn A. Brown, II

Mailing Address  
1117 Broadway Avenue

City State Zip Code  
Masury OH 44438

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 27 / 2001

Amount of Each Receipt this Period  
25.00

FEC ID number of contributing federal political committee.

Name of Employer  
Rural/Metro Ambulance

Occupation  
Owner/Operator

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 275.00

Transaction ID: SA11A1.4456

**B.** Full Name (Last, First, Middle Initial)  
(Under \$100 per person) Cash Proceeds from Raffle

Mailing Address  
1255 Twenty-Third Street, NW

City State Zip Code  
Washington DC 20037

Date of Receipt  
N M / D E / Y Y Y Y  
09 / 17 / 2001

Amount of Each Receipt this Period  
6351.67

FEC ID number of contributing federal political committee.

Name of Employer  
Occupation

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 9210.00

Transaction ID: SA11A1.4508

**C.** Full Name (Last, First, Middle Initial)  
Sharon & Vince Glassl

Mailing Address  
5893 South Prince

City State Zip Code  
Littleton CO 80120

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 27 / 2001

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer  
Columbine Ambulance

Occupation  
Owner/Operator

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

Transaction ID: SA11A1.4469

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **6876.67**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 / 31	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A. Howard Enloe** Date of Receipt  
 Mailing Address: 7007 Commerce Avenue  
 City: El Paso State: TX Zip Code: 79915  
 Amount of Each Receipt this Period: 250.00  
 FEC ID number of contributing federal political committee: \_\_\_\_\_  
 Name of Employer: Life Ambulance Service, Inc. Occupation: Owner/Operator  
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1250.00  
 Transaction ID: SA11A1.4401

**B. James Finger** Date of Receipt  
 Mailing Address: 275 Stratton Road  
 City: Rutland State: VT Zip Code: 05701  
 Amount of Each Receipt this Period: 250.00  
 FEC ID number of contributing federal political committee: \_\_\_\_\_  
 Name of Employer: Regional Ambulance Service, Inc. Occupation: Owner/Operator  
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00  
 Transaction ID: SA11A1.4394

**C. Bob Garner** Date of Receipt  
 Mailing Address: 7255 Northwest 18th Street, NW Suite C  
 City: Miami State: FL Zip Code: 33126  
 Amount of Each Receipt this Period: 250.00  
 FEC ID number of contributing federal political committee: \_\_\_\_\_  
 Name of Employer: American Medical Response Occupation: Owner/Operator  
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00  
 Transaction ID: SA11A1.4350

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 / 31	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A.** Full Name (Last, First, Middle Initial)  
Bob Garner

Date of Receipt  
N M / D E / Y Y Y Y  
09 / 14 / 2001

Mailing Address  
7255 Northwest 18th Street, NW Suite C  
City State Zip Code  
Miami FL 33126

Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 250.00

Name of Employer Occupation  
American Medical Response Owner/Operator

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 1000.00

Transaction ID: SA11A1.4395

**B.** Full Name (Last, First, Middle Initial)  
Bob Garner

Date of Receipt  
N M / D E / Y Y Y Y  
10 / 31 / 2001

Mailing Address  
7255 Northwest 18th Street, NW Suite C  
City State Zip Code  
Miami FL 33126

Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 250.00

Name of Employer Occupation  
American Medical Response Owner/Operator

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

Transaction ID: SA11A1.4440

**C.** Full Name (Last, First, Middle Initial)  
Deb Gault

Date of Receipt  
N M / D E / Y Y Y Y  
07 / 11 / 2001

Mailing Address  
5502 Northwest Highway  
City State Zip Code  
Waterford WI 53185

Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 250.00

Name of Employer Occupation  
American Medical Response Owner/Operator

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 750.00

Transaction ID: SA11A1.4349

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

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

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

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

FOR LINE NUMBER: PAGE 12 / 31

(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)

Full Name (Last, First, Middle Initial)  
**A. Deb Gault**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 14 / 2001

Mailing Address  
5502 Northwest Highway

City State Zip Code  
Waterford WI 53185

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
American Medical Response Owner/Operator

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 1000.00

Transaction ID: SA11A1.4389

Full Name (Last, First, Middle Initial)  
**B. Deb Gault**

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 31 / 2001

Mailing Address  
5502 Northwest Highway

City State Zip Code  
Waterford WI 53185

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
American Medical Response Owner/Operator

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

Transaction ID: SA11A1.4439

Full Name (Last, First, Middle Initial)  
**C. Daniel Grinstead**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 14 / 2001

Mailing Address  
555 13th Street, NW

City State Zip Code  
Washington DC 20004

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Hogan & Heitsch Owner/Operator

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 450.00

Transaction ID: SA11A1.4396

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 / 31	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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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. Hal

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 10 / 2001

Mailing Address  
1001 - 21st Street

City State Zip Code  
Bakersfield CA 93301

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation

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

Transaction ID: SA11A1.4359

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

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2001

Mailing Address  
1001 - 21st Street

City State Zip Code  
Bakersfield CA 93301

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation

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

Transaction ID: SA11A1.4365

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

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 20 / 2001

Mailing Address  
1001 - 21st Street

City State Zip Code  
Bakersfield CA 93301

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 750.00

Transaction ID: SA11A1.4427

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 / 31	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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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. Hal

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 12 / 2001

Mailing Address  
1001 - 21st Street

City State Zip Code  
Bakersfield CA 93301

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 1000.00

Transaction ID: SA11A1.4445

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

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 12 / 2001

Mailing Address  
1001 - 21st Street

City State Zip Code  
Bakersfield CA 93301

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation

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

Transaction ID: SA11A1.4452

**C.** Full Name (Last, First, Middle Initial)  
Joseph Hamm

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 30 / 2001

Mailing Address  
28 Maple Street

City State Zip Code  
Jamestown NY 14701

Amount of Each Receipt this Period  
22.91

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
WCA Services Corp. Owner/Operator

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 221.46

Transaction ID: SA11A1.4447

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **522.91**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 / 31	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A. Joseph Hamm**      Date of Receipt  
 Mailing Address      N M / D E / Y Y Y Y  
 2B Maple Street      12 / 27 / 2001  
 City      State      Zip Code  
 Jamestown      NY      14701      Amount of Each Receipt this Period  
 FEC ID number of contributing federal political committee.      22.91

Name of Employer WCA Services Corp.	Occupation Owner/Operator
--	------------------------------

Receipt For:      Aggregate Year-to-Date ▼  
 Primary      General      244.37  
 Other (specify) ▼

**Transaction ID: SA11A1.4455**

**B. Barbara Hankle**      Date of Receipt  
 Mailing Address      N M / D E / Y Y Y Y  
 783 State Street      09 / 14 / 2001  
 City      State      Zip Code  
 Schenectady      NY      12307      Amount of Each Receipt this Period  
 FEC ID number of contributing federal political committee.      250.00

Name of Employer Mohawk Ambulance Service	Occupation Owner/Operator
--	------------------------------

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

**Transaction ID: SA11A1.4399**

**C. Stephen Haraczek**      Date of Receipt  
 Mailing Address      N M / D E / Y Y Y Y  
 2948 Cashel Lane      07 / 11 / 2001  
 City      State      Zip Code  
 Vienna      VA      22181      Amount of Each Receipt this Period  
 FEC ID number of contributing federal political committee.      125.00

Name of Employer Hauck & Associates	Occupation Executive Vice-President
--	--

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

**Transaction ID: SA11A1.4346**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>397.91</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 16 / 31	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. Stephen Haraczek**

Mailing Address  
**2948 Cashel Lane**

City State Zip Code  
**Vienna VA 22181**

Date of Receipt  
 N M / D E / Y Y Y Y  
**10 31 2001**

Amount of Each Receipt this Period  
**125.00**

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
**Hauck & Associates Executive Vice-President**

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

Transaction ID: **SA11A1.4437**

Full Name (Last, First, Middle Initial)  
**B. Rachel Harrackaigh**

Mailing Address  
**7007 Commerce**

City State Zip Code  
**El Paso TX 79935**

Date of Receipt  
 N M / D E / Y Y Y Y  
**09 14 2001**

Amount of Each Receipt this Period  
**250.00**

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
**Life Ambulance Owner/Operator**

Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ **300.00**

Transaction ID: **SA11A1.4400**

Full Name (Last, First, Middle Initial)  
**C. Joe C. Huffman**

Mailing Address  
**2110 Village Green**

City State Zip Code  
**Garland TX 75044**

Date of Receipt  
 N M / D E / Y Y Y Y  
**09 14 2001**

Amount of Each Receipt this Period  
**250.00**

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
**Dallas Ambulance Service Owner/Operator**

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

Transaction ID: **SA11A1.4388**

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **625.00**

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 / 31	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A.** Full Name (Last, First, Middle Initial)  
 Joe C. Huffman  
 Mailing Address  
 2110 Village Green  
 City State Zip Code  
 Garland TX 75044  
 Date of Receipt  
 N M / D E / Y Y Y Y  
 12 / 27 / 2001  
 Amount of Each Receipt this Period  
 300.00  
 Name of Employer Occupation  
 Dallas Ambulance Service Owner/Operator  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ 550.00  
 Transaction ID: SA11A1.4470

**B.** Full Name (Last, First, Middle Initial)  
 James S. Johnson  
 Mailing Address  
 321 West Elm  
 City State Zip Code  
 Enid OK 73701  
 Date of Receipt  
 N M / D E / Y Y Y Y  
 09 / 14 / 2001  
 Amount of Each Receipt this Period  
 250.00  
 Name of Employer Occupation  
 Owner/Operator  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ 1250.00  
 Transaction ID: SA11A1.4402

**C.** Full Name (Last, First, Middle Initial)  
 James S. Johnson  
 Mailing Address  
 321 West Elm  
 City State Zip Code  
 Enid OK 73701  
 Date of Receipt  
 N M / D E / Y Y Y Y  
 12 / 27 / 2001  
 Amount of Each Receipt this Period  
 1000.00  
 Name of Employer Occupation  
 Owner/Operator  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ 2250.00  
 Transaction ID: SA11A1.4471

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1550.00**  
**TOTAL** This Period (last page this line number only) ..... ▶

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 / 31	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A.** Full Name (Last, First, Middle Initial)  
 Conrad T. Kearns

Mailing Address  
 1712 Lake Cypress Drive

City State Zip Code  
 Safety Harbor FL 34695-4503

Date of Receipt  
 M / D / Y Y Y Y  
 09 / 14 / 2001

Amount of Each Receipt this Period  
 250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
 Pinellas County EMS Authority Owner/Operator

Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ 400.00

Transaction ID: SA11A1.4385

**B.** Full Name (Last, First, Middle Initial)  
 Jack Kelleher

Mailing Address  
 7255 Northwest 19th Street

City State Zip Code  
 Miami FL 33126

Date of Receipt  
 M / D / Y Y Y Y  
 07 / 11 / 2001

Amount of Each Receipt this Period  
 250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
 American Medical Response Owner/Operator

Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ 750.00

Transaction ID: SA11A1.4342

**C.** Full Name (Last, First, Middle Initial)  
 Jack Kelleher

Mailing Address  
 7255 Northwest 19th Street

City State Zip Code  
 Miami FL 33126

Date of Receipt  
 M / D / Y Y Y Y  
 10 / 31 / 2001

Amount of Each Receipt this Period  
 250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
 American Medical Response Owner/Operator

Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ 1000.00

Transaction ID: SA11A1.4434

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 / 31	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A.** Full Name (Last, First, Middle Initial)  
Frank I. Kelton

Mailing Address  
8801 Paradise Valley Blvd.

City State Zip Code  
Lucerne CA 95458

Date of Receipt  
N M / D E / Y Y Y Y  
10 05 2001

Amount of Each Receipt this Period  
2000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
San Luis Ambulance Service Owner/Operator

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 2000.00

Transaction ID: SA11A1.4433

**B.** Full Name (Last, First, Middle Initial)  
Greg B. Kirby

Mailing Address  
124 Sandy Lane

City State Zip Code  
Gaffney SC 29340

Date of Receipt  
N M / D E / Y Y Y Y  
09 14 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
American TransMed, Inc. Owner/Operator

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

Transaction ID: SA11A1.4403

**C.** Full Name (Last, First, Middle Initial)  
Stephen D. Madson

Mailing Address  
7575 Southfront Road

City State Zip Code  
Livermore CA 94550

Date of Receipt  
N M / D E / Y Y Y Y  
12 27 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
American Medical Response Owner/Operator

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

Transaction ID: SA11A1.4453

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **2500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 / 31	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A. James McNeal** Date of Receipt

Mailing Address N M / D E / Y Y Y Y  
 414 West Elm Avenue 12 / 27 / 2001

City State Zip Code  
 Burbank CA 91506 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 2000.00

Name of Employer Schaefer Ambulance	Occupation Owner/Operator
--	------------------------------

Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ 4000.00

**Transaction ID: SA11A1.4474**

**B. James McParton** Date of Receipt

Mailing Address N M / D E / Y Y Y Y  
 1015 DiBella Drive 07 / 11 / 2001

City State Zip Code  
 Schenectady NY 12303 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 250.00

Name of Employer Mohawk Ambulance Service	Occupation Owner/Operator
--	------------------------------

Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ 750.00

**Transaction ID: SA11A1.4343**

**C. James McParton** Date of Receipt

Mailing Address N M / D E / Y Y Y Y  
 1015 DiBella Drive 09 / 14 / 2001

City State Zip Code  
 Schenectady NY 12303 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 250.00

Name of Employer Mohawk Ambulance Service	Occupation Owner/Operator
--	------------------------------

Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ 1000.00

**Transaction ID: SA11A1.4404**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2500.00</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: PAGE 21 / 31

(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)

Full Name (Last, First, Middle Initial)  
**A. James McParton**

Mailing Address  
1D15 DiBella Drive

City State Zip Code  
Schenectady NY 12303

Date of Receipt  
N M / D E / Y Y Y Y  
10 / 31 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Mohawk Ambulance Service Owner/Operator

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

Transaction ID: SA11A1.4435

Full Name (Last, First, Middle Initial)  
**B. Jerry Medin**

Mailing Address  
668 Falls Blvd., North

City State Zip Code  
Wynne AR 72396

Date of Receipt  
N M / D E / Y Y Y Y  
09 / 14 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Southern Paramedic Service Owner/Operator

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

Transaction ID: SA11A1.4407

Full Name (Last, First, Middle Initial)  
**C. Mark D. Mejer**

Mailing Address  
1275 Cedar Street, NE

City State Zip Code  
Grand Rapids MI 49503

Date of Receipt  
N M / D E / Y Y Y Y  
09 / 18 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Life EMS Owner/Operator

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

Transaction ID: SA11A1.4420

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

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

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

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

FOR LINE NUMBER: PAGE 22 / 31

(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)

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

Mailing Address  
7575 Southfront Road

City State Zip Code  
Livermore CA 94550

Date of Receipt  
M / D / Y Y Y Y  
08 / 13 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
American Medical Response Owner/Operator

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 750.00

Transaction ID: SA11A1.4347

Full Name (Last, First, Middle Initial)  
**B. R. Gene Moffitt**

Mailing Address  
1399 Chancellor Circle

City State Zip Code  
Salt Lake City UT 84108

Date of Receipt  
M / D / Y Y Y Y  
09 / 14 / 2001

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Gold Cross Services Owner/Operator

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 1000.00

Transaction ID: SA11A1.4384

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

Mailing Address  
2821 South Parker Road 10th Floor

City State Zip Code  
Aurora CO 80014

Date of Receipt  
M / D / Y Y Y Y  
07 / 11 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
American Medical Response Owner/Operator

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 750.00

Transaction ID: SA11A1.4348

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 23 / 31	
	(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) Steve Murphy  
 Mailing Address 2B21 South Parker Road 10th Floor  
 City Aurora State CO Zip Code 80014  
 Date of Receipt 09 / 18 / 2001  
 Amount of Each Receipt this Period 250.00  
 Name of Employer American Medical Response Occupation Owner/Operator  
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00  
 Transaction ID: SA11A1.4422

B. Full Name (Last, First, Middle Initial) Steve Murphy  
 Mailing Address 2B21 South Parker Road 10th Floor  
 City Aurora State CO Zip Code 80014  
 Date of Receipt 10 / 31 / 2001  
 Amount of Each Receipt this Period 250.00  
 Name of Employer American Medical Response Occupation Owner/Operator  
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1250.00  
 Transaction ID: SA11A1.4438

C. Full Name (Last, First, Middle Initial) David Nevins  
 Mailing Address 393 Diamond Oaks Road  
 City Roseville State CA Zip Code 95678  
 Date of Receipt 12 / 27 / 2001  
 Amount of Each Receipt this Period 250.00  
 Name of Employer Executive Management Services Occupation Owner/Operator  
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00  
 Transaction ID: SA11A1.4475

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

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

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

FOR LINE NUMBER:  
(check only one)

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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)  
Tristan North

Mailing Address  
2605 O Street, NW Suite 2

City State Zip Code  
Washington DC 20007

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 11 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Hauck & Associates Director of Gov't Affairs

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

Transaction ID: SA11A1.4352

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

Mailing Address  
3317 West 18th

City State Zip Code  
Hope AR 71801

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 14 / 2001

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Pafford EMS Owner/Operator

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 1700.00

Transaction ID: SA11A1.4377

**C.** Full Name (Last, First, Middle Initial)  
Stanley J. Portman

Mailing Address  
260 Carnation Circle

City State Zip Code  
Reading MA 01867

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 14 / 2001

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Action Ambulance Service Owner/Operator

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 1000.00

Transaction ID: SA11A1.4381

**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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 / 31	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A.** Full Name (Last, First, Middle Initial)  
C. Michael Rine

Mailing Address  
5835 Henninger Drive

City State Zip Code  
Omaha NE 68104-1269

Date of Receipt  
N M / D E / Y Y Y Y  
09 / 14 / 2001

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Omaha Ambulance Service, Inc. Owner/Operator

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 1500.00

Transaction ID: SA11A1.4378

**B.** Full Name (Last, First, Middle Initial)  
John Russell

Mailing Address  
2034 Pamela

City State Zip Code  
Cape Girardeau MO 63701

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 27 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation

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

Transaction ID: SA11A1.4478

**C.** Full Name (Last, First, Middle Initial)  
Mike Scarsno

Mailing Address  
402 West Broadway 23rd Floor

City State Zip Code  
San Diego CA 92101

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 12 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Foley, Lardner Owner/Operator

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

Transaction ID: SA11A1.4351

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 / 31	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A.** Full Name (Last, First, Middle Initial)  
 Greg L. Shore  
 Mailing Address  
 1009 North Fant Street  
 City State Zip Code  
 Anderson SC 29622  
 Date of Receipt  
 N M / D E / Y Y Y Y  
 09 18 2001  
 Amount of Each Receipt this Period  
 250.00  
 Name of Employer Occupation  
 Medshore Ambulance Service Owner/Operator  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ 350.00  
 Transaction ID: SA11A1.4421

**B.** Full Name (Last, First, Middle Initial)  
 Stewart Slipiac  
 Mailing Address  
 200 Macomb Daily Drive  
 City State Zip Code  
 Mt. Clemens MI 48043  
 Date of Receipt  
 N M / D E / Y Y Y Y  
 09 14 2001  
 Amount of Each Receipt this Period  
 250.00  
 Name of Employer Occupation  
 Medstar, Inc. Owner/Operator  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ 250.00  
 Transaction ID: SA11A1.4368

**C.** Full Name (Last, First, Middle Initial)  
 Brands Stefan  
 Mailing Address  
 3236 Old Coach Way  
 City State Zip Code  
 Reno NV 89511  
 Date of Receipt  
 N M / D E / Y Y Y Y  
 09 14 2001  
 Amount of Each Receipt this Period  
 250.00  
 Name of Employer Occupation  
 Rural/Metro Corporation Owner/Operator  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ 250.00  
 Transaction ID: SA11A1.4410

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 / 31	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. Douglas C. Watolf**

Mailing Address  
315 Smith Street

City State Zip Code  
Farmingdale NY 11735

Date of Receipt  
N M / D E / Y Y Y Y  
09 / 14 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
CHS Ambulance Services, Inc. Owner/Operator

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

Transaction ID: SA11A1.4413

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

Mailing Address  
8 Durham Drive

City State Zip Code  
Dix Hills NY 11746

Date of Receipt  
N M / D E / Y Y Y Y  
10 / 01 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation

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

Transaction ID: SA11A1.4430

Full Name (Last, First, Middle Initial)  
**C. Larry Wersch**

Mailing Address  
4846 Five Point Road

City State Zip Code  
New Tripoli PA 18066

Date of Receipt  
N M / D E / Y Y Y Y  
09 / 14 / 2001

Amount of Each Receipt this Period  
350.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Cetronia Ambulance Owner/Operator

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 350.00

Transaction ID: SA11A1.4414

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 31

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)  
Lary Wiersch

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 30 / 2001

Mailing Address  
4848 Five Point Road

City State Zip Code  
New Tripoli PA 18066

Amount of Each Receipt this Period  
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Cetronia Ambulance Owner/Operator

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 400.00

Transaction ID: SA11A1.4450

**B.** Full Name (Last, First, Middle Initial)  
Kurt W. Williams

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 14 / 2001

Mailing Address  
8808 Balboa Avenue Suite 150

City State Zip Code  
San Diego CA 92123

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
American Medical Response Owner/Operator

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

Transaction ID: SA11A1.4417

**C.** Full Name (Last, First, Middle Initial)  
Gerold Zapotnik

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 13 / 2001

Mailing Address  
1116 Rathfan Circle

City State Zip Code  
Saline MI 48176

Amount of Each Receipt this Period  
125.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Huron Valley Ambulance Owner/Operator

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

Transaction ID: SA11A1.4361

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 425.00

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

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

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

FOR LINE NUMBER: PAGE 29 / 31

(check only one)

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

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

Full Name (Last, First, Middle Initial)  
**A. Gerald Zapcnik**

Mailing Address  
1118 Rathfan Circle

City State Zip Code  
Saline MI 48176

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 30 / 2001

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period  
125.00

Name of Employer Occupation  
Huron Valley Ambulance Owner/Operator

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

Transaction ID: SA11A1.4451

**B.**

**C.**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>125.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>28372.49</b>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 31

<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

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

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF BLANCHE LINCOLN</b>		Date of Disbursement 12 / 26 / 2001	
Mailing Address PO BOX 3197 City LITTLE ROCK Purpose of Disbursement		Amount of Each Disbursement this Period 2000.00	
P O BOX 116 State AR Zip Code 72203		Transaction ID: SB23.4498	
Candidate Name		Category/ Type	
Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼
State: AR District: 01			

Full Name (Last, First, Middle Initial) <b>B. HASTERT FOR CONGRESS COMMITTEE</b>		Date of Disbursement 10 / 25 / 2001	
Mailing Address P. O. Box 625 15 E. Wilson St. City Batavia Purpose of Disbursement		Amount of Each Disbursement this Period 2000.00	
P O BOX 625 State IL Zip Code 60510		Transaction ID: SB23.4495	
Candidate Name		Category/ Type	
Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼
State: IL District: 14			

Full Name (Last, First, Middle Initial) <b>C. NANCY L JOHNSON</b>		Date of Disbursement 08 / 30 / 2001	
Mailing Address 141 SOUTH MOUNTAIN DRIVE City NEW BRITAIN Purpose of Disbursement		Amount of Each Disbursement this Period 3000.00	
State: CT District: 08		Transaction ID: SB23.4492	
Candidate Name		Category/ Type	
Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>7000.00</b>
<b>TOTAL</b> 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 31 / 31

<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

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

Full Name (Last, First, Middle Initial) <b>A. LUTHER FOR CONGRESS VOLUNTEER CMTE</b>		Date of Disbursement 08 / 01 / 2001
Mailing Address 1399 GENEVA AVENUE NORTH SUITE 20 City: OAKDALE State: MN Zip Code: 55128		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		Transaction ID: 5B23.4482
Candidate Name LUTHER FOR CONGRESS VOLUNTEER CMTE		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. REPUBLICAN MAJORITY FUND</b>		Date of Disbursement 08 / 01 / 2001
Mailing Address 1155 21ST STREET NW #300 City: WASHINGTON State: DC Zip Code: 20038		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement		Transaction ID: 5B23.4490
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:            District:	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼	

**C.**

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>8500.00</b>