

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) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 04 01 2008 through 04 30 2008

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 04 14 2008

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

Table with 8 columns and 1 row for Office Use Only

FEC FORM 3X (Rev. 12/2004)

**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	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		43125.53
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	47682.60									
(c) Total Receipts (from Line 19)	2128.39	9185.46								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	49810.99	52310.99								
7. Total Disbursements (from Line 31)	5500.00	8000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	44310.99	44310.99								
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**

Write or Type Committee Name

AMERICAN MEDICAL RESPONSE INC POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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	1703.40	4628.67
(i) Itemized (use Schedule A)	424.99	4556.79
(ii) Unitemized	2128.39	9185.46
(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)	2128.39	9185.46
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))	2128.39	9185.46
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	2128.39	9185.46

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	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.....	5500.00	8000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	5500.00	8000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5500.00	8000.00

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	2128.39	9185.46
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2128.39	9185.46
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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 18

(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

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

A.

Full Name (Last, First, Middle Initial)
Scott S Bourn

Mailing Address 10617 Stone Creek Ct.

City State Zip Code
Parker CO 80134-2536

FEC ID number of contributing federal political committee. C

Name of Employer American Medical Response Occupation Manager, Clinical Ed.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 307.68

Date of Receipt M M / D D / Y Y Y Y
04 / 11 / 2008

Transaction ID: SA11AI.6716

Amount of Each Receipt this Period 38.46

Payroll Deduction \$38.46 biweekly

B.

Full Name (Last, First, Middle Initial)
Scott S Bourn

Mailing Address 10617 Stone Creek Ct.

City State Zip Code
Parker CO 80134-2536

FEC ID number of contributing federal political committee. C

Name of Employer American Medical Response Occupation Manager, Clinical Ed.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 346.14

Date of Receipt M M / D D / Y Y Y Y
04 / 25 / 2008

Transaction ID: SA11AI.6715

Amount of Each Receipt this Period 38.46

Payroll Deduction \$38.46 biweekly

C.

Full Name (Last, First, Middle Initial)
John Connolly

Mailing Address 11166 Glenmoor Cr

City State Zip Code
Parker CO 80138-3155

FEC ID number of contributing federal political committee. C

Name of Employer AMR Occupation Director of PBS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt M M / D D / Y Y Y Y
04 / 25 / 2008

Transaction ID: SA11AI.6713

Amount of Each Receipt this Period 25.00

Payroll Deduction \$25.00 biweekly

SUBTOTAL of Receipts This Page (optional) 101.92

TOTAL This Period (last page this line number only)

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

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

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

A.	Full Name (Last, First, Middle Initial) Steven Delahousey		Date of Receipt
	Mailing Address 2580 Rue Palafox		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Biloxi	MS	39531-3733
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6712
Name of Employer American Medical Response		Occupation VP, Operations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 38.46
		<input type="text"/> 307.68	Payroll Deduction \$38.46 biweekly

B.	Full Name (Last, First, Middle Initial) Steven Delahousey		Date of Receipt
	Mailing Address 2580 Rue Palafox		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Biloxi	MS	39531-3733
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6711
Name of Employer American Medical Response		Occupation VP, Operations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 38.46
		<input type="text"/> 346.14	Payroll Deduction \$38.46 biweekly

C.	Full Name (Last, First, Middle Initial) Alfred Dellavalle		Date of Receipt
	Mailing Address 43 Oakwood Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	North Haven	CT	06473
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6710
Name of Employer American Medical Response		Occupation VP, Business Development	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 20.00
		<input type="text"/> 280.00	Payroll Deduction \$20.00 weekly

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 96.92
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 18
(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

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

A.

Full Name (Last, First, Middle Initial)
Alfred Dellavalle

Mailing Address 43 Oakwood Drive

City State Zip Code
North Haven CT 06473

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

Name of Employer American Medical Response Occupation VP, Business Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.6709

Amount of Each Receipt this Period 20.00

Payroll Deduction \$20.00 weekly

B.

Full Name (Last, First, Middle Initial)
Alfred Dellavalle

Mailing Address 43 Oakwood Drive

City State Zip Code
North Haven CT 06473

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

Name of Employer American Medical Response Occupation VP, Business Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.6708

Amount of Each Receipt this Period 20.00

Payroll Deduction \$20.00 weekly

C.

Full Name (Last, First, Middle Initial)
Alfred Dellavalle

Mailing Address 43 Oakwood Drive

City State Zip Code
North Haven CT 06473

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

Name of Employer American Medical Response Occupation VP, Business Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.6707

Amount of Each Receipt this Period 20.00

Payroll Deduction \$20.00 weekly

SUBTOTAL of Receipts This Page (optional) ▶ 60.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 18

(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

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

A.

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 Occupation
American Medical Response 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
0 4 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.6701

Amount of Each Receipt this Period

38.46

Payroll Deduction \$38.46
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 Occupation
American Medical Response 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
0 4 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.6700

Amount of Each Receipt this Period

38.46

Payroll Deduction \$38.46
biweekly

C.

Full Name (Last, First, Middle Initial)
Debora Gault

Mailing Address 5502 Northwest Highway

City State Zip Code
Waterford WI 53185-2829

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

Name of Employer Occupation
American Medical Response VP, Federal Reimbursements

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 307.68

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.6697

Amount of Each Receipt this Period

38.46

Payroll Deduction \$38.46
biweekly

SUBTOTAL of Receipts This Page (optional) ▶

115.38

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 18

(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

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

A.

Full Name (Last, First, Middle Initial)

Debora Gault

Mailing Address 5502 Northwest Highway

City State Zip Code
Waterford WI 53185-2829

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

Name of Employer Occupation
American Medical Response VP, Federal Reimbursements

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 346.14

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.6696

Amount of Each Receipt this Period
38.46

Payroll Deduction \$38.46
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 Occupation
American Medical Response CEO Reginal

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 1538.40

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.6695

Amount of Each Receipt this Period
192.30

Payroll Deduction \$192.30
biweekly

C.

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 Occupation
American Medical Response CEO Reginal

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 1730.70

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.6694

Amount of Each Receipt this Period
192.30

Payroll Deduction \$192.30
biweekly

SUBTOTAL of Receipts This Page (optional) ▶

423.06

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

A.	Full Name (Last, First, Middle Initial) Steve Murphy		Date of Receipt
	Mailing Address 3242 N.E. 6th Street		<input type="text" value="04"/> / <input type="text" value="11"/> / <input type="text" value="2008"/>
	City Pompano Beach	State FL	Zip Code 33062-4746
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6693
	Amount of Each Receipt this Period 96.15		Payroll Deduction \$96.15 biweekly
Name of Employer American Medical Response		Occupation Executive Vice President GN&S	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 769.20	

B.	Full Name (Last, First, Middle Initial) Steve Murphy		Date of Receipt
	Mailing Address 3242 N.E. 6th Street		<input type="text" value="04"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
	City Pompano Beach	State FL	Zip Code 33062-4746
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6692
	Amount of Each Receipt this Period 96.15		Payroll Deduction \$96.15 biweekly
Name of Employer American Medical Response		Occupation Executive Vice President GN&S	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 865.35	

C.	Full Name (Last, First, Middle Initial) Kimberly Norman		Date of Receipt
	Mailing Address 10331 Royal Eagle Lane		<input type="text" value="04"/> / <input type="text" value="11"/> / <input type="text" value="2008"/>
	City Highlands Ranch	State CO	Zip Code 80129
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6691
	Amount of Each Receipt this Period 57.69		Payroll Deduction \$57.69 biweekly
Name of Employer American Medical Response		Occupation SR. VP. Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 461.52	

SUBTOTAL of Receipts This Page (optional)	249.99
TOTAL This Period (last page this line number only)	

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

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

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

A.	Full Name (Last, First, Middle Initial) Kimberly Norman		Date of Receipt
	Mailing Address 10331 Royal Eagle Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Highlands Ranch	CO	80129
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6690
Name of Employer American Medical Response		Occupation SR. VP. Human Resources	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 57.69
			Payroll Deduction \$57.69 biweekly

B.	Full Name (Last, First, Middle Initial) Daniel O'Brien		Date of Receipt
	Mailing Address 1005 Dunbar Hill Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Hamden	CT	06514
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6689
Name of Employer American Medical Response		Occupation VP, Operations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 15.00
			Payroll Deduction \$15.00 weekly

C.	Full Name (Last, First, Middle Initial) Daniel O'Brien		Date of Receipt
	Mailing Address 1005 Dunbar Hill Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Hamden	CT	06514
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6688
Name of Employer American Medical Response		Occupation VP, Operations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 15.00
			Payroll Deduction \$15.00 weekly

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 87.69
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

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

A.	Full Name (Last, First, Middle Initial) Daniel O'Brien		Date of Receipt
	Mailing Address 1005 Dunbar Hill Rd		<input type="text" value="04"/> / <input type="text" value="18"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Hamden	CT	06514
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6687
Name of Employer American Medical Response		Occupation VP, Operations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="240.00"/>	<input type="text" value="15.00"/>
			Payroll Deduction \$15.00 weekly

B.	Full Name (Last, First, Middle Initial) Daniel O'Brien		Date of Receipt
	Mailing Address 1005 Dunbar Hill Rd		<input type="text" value="04"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Hamden	CT	06514
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6686
Name of Employer American Medical Response		Occupation VP, Operations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="255.00"/>	<input type="text" value="15.00"/>
			Payroll Deduction \$15.00 weekly

C.	Full Name (Last, First, Middle Initial) Roylene Rhodes		Date of Receipt
	Mailing Address 19748 E Pinewood Dr		<input type="text" value="04"/> / <input type="text" value="11"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Centennial	CO	80016-3880
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6677
Name of Employer EMSC		Occupation VP of Business Development	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="461.52"/>	<input type="text" value="57.69"/>
			Payroll Deduction \$57.69 biweekly

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="87.69"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 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	

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

A.	Full Name (Last, First, Middle Initial) Roylene Rhodes		Date of Receipt	
	Mailing Address 19748 E Pinewood Dr		M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.6676
	Centennial	CO	80016-3880	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		57.69	
Name of Employer EMSC		Occupation VP of Business Development		Payroll Deduction \$57.69 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 519.21		

B.	Full Name (Last, First, Middle Initial) Randall Strozyk		Date of Receipt	
	Mailing Address 9209 181st Ave E		M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.6675
	Bonney Lake	WA	98390-7187	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		57.69	
Name of Employer American Medical Response		Occupation VP, Operations		Payroll Deduction \$57.69 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 461.52		

C.	Full Name (Last, First, Middle Initial) Randall Strozyk		Date of Receipt	
	Mailing Address 9209 181st Ave E		M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.6674
	Bonney Lake	WA	98390-7187	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		57.69	
Name of Employer American Medical Response		Occupation VP, Operations		Payroll Deduction \$57.69 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 519.21		

SUBTOTAL of Receipts This Page (optional)	▶	173.07
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 18
(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

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

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 ▼ 307.68

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.6671

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 ▼ 346.14

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.6670

Amount of Each Receipt this Period 38.46

Payroll Deduction \$38.46 biweekly

C.

Full Name (Last, First, Middle Initial)
Edward Van Horne

Mailing Address 7752 Hess Pl.

City State Zip Code
Rancho Cucamonga CA 91739

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
0 4 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.6667

Amount of Each Receipt this Period 38.46

Payroll Deduction \$38.46 biweekly

SUBTOTAL of Receipts This Page (optional) ► **115.38**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 18
(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

A.

Full Name (Last, First, Middle Initial)
Edward Van Horne

Mailing Address 7752 Hess Pl.

City Rancho Cucamonga State CA Zip Code 91739

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 04 / 18 / 2008

Transaction ID: SA11AI.6666

Amount of Each Receipt this Period 38.46

Payroll Deduction \$38.46 biweekly

B.

Full Name (Last, First, Middle Initial)
Tom Wagner

Mailing Address 303 Peppertree Rd

City Walnut Creek State CA Zip Code 94598-2701

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

Name of Employer AMR Occupation DCOO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 307.68

Date of Receipt 04 / 11 / 2008

Transaction ID: SA11AI.6663

Amount of Each Receipt this Period 38.46

Payroll Deduction \$38.46 biweekly

C.

Full Name (Last, First, Middle Initial)
Tom Wagner

Mailing Address 303 Peppertree Rd

City Walnut Creek State CA Zip Code 94598-2701

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

Name of Employer AMR Occupation DCOO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 346.14

Date of Receipt 04 / 25 / 2008

Transaction ID: SA11AI.6662

Amount of Each Receipt this Period 38.46

Payroll Deduction \$38.46 biweekly

SUBTOTAL of Receipts This Page (optional) ► 115.38

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

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

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

FOR LINE NUMBER: PAGE 17 / 18
(check only one)
 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 MEDICAL RESPONSE INC POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Edward Wetzel

Mailing Address P.O. Box 50689

City State Zip Code
Henderson NV 89016-0689

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

Name of Employer American Medical Response Occupation Director, Human Resources

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 307.68

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.6661

Amount of Each Receipt this Period 38.46

Payroll Deduction \$38.46 biweekly

B. Full Name (Last, First, Middle Initial)
Edward Wetzel

Mailing Address P.O. Box 50689

City State Zip Code
Henderson NV 89016-0689

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

Name of Employer American Medical Response Occupation Director, Human Resources

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 346.14

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.6660

Amount of Each Receipt this Period 38.46

Payroll Deduction \$38.46 biweekly

SUBTOTAL of Receipts This Page (optional) ► 76.92

TOTAL This Period (last page this line number only) ► 1703.40

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
GALLEGLY FOR CONGRESS

Transaction ID: SB23.6722
Date of Disbursement

Mailing Address P.O. Box 940001

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	0	8

City State Zip Code
Simi Valley CA 93094

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name
ELTON GALLEGLY

Office Sought: House
 Senate
 President
State: CA District: 24

Disbursement For: 2008
 Primary General
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)
SAN DIEGO COUNTY REPUBLICAN PARTY - FED

Transaction ID: SB23.6723
Date of Disbursement

Mailing Address 7185 Navajo Road Suite L

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	0	8

City State Zip Code
San Diego CA 92119

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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

5500.00
