

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
ACADIAN AMBULANCE SERVICE, INC. EMPLOYEE PAC

A. Full Name (Last, First, Middle Initial)
AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PA-C)

Mailing Address 8201 Greensboro Drive
Suite 300

City McLean State VA Zip Code 22102

Purpose of Disbursement CONTRIBUTIONS

Candidate Name AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB23.5295
Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
CARMOUCHE FOR CONGRESS INC

Mailing Address 912 KINGS HIGHWAY

City SHREVEPORT State LA Zip Code 71104

Purpose of Disbursement POLITICAL CONTRIBUTION

Candidate Name CARMOUCHE FOR CONGRESS INC

Office Sought: House Senate President
State: LA District: 04

Disbursement For: 2008 Primary General Other (specify) ▼

Transaction ID: SB23.5219
Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
CAZAYOUX FOR CONGRESS

Mailing Address P.O. BOX 156

City NEW ROADS State LA Zip Code 70760

Purpose of Disbursement Political Contribution

Candidate Name CAZAYOUX FOR CONGRESS

Office Sought: House Senate President
State: LA District: 06

Disbursement For: 2008 Primary General Other (specify) ▼

Transaction ID: SB23.5218
Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)