

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
BELL AMBULANCE, INC. EMPLOYEES PAC

ADDRESS (number and street) **549 E. WILSON STREET**
Check if different than previously reported. (ACC) **MILWAUKEE WI 53207**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00693390 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / 2026 through / / 2026

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 **JURECKI, WAYNE, ALLEN, ,**

Signature of Treasurer **JURECKI, WAYNE, ALLEN, ,** Date / / 2026

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

BELL AMBULANCE, INC. EMPLOYEES PAC

Report Covering the Period: From: 05 / 01 / 2026 To: 05 / 31 / 2026

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2026		45732.44
(b) Cash on Hand at Beginning of Reporting Period.....	50634.84	
(c) Total Receipts (from Line 19)	8607.91	18867.52
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	59242.75	64599.96
7. Total Disbursements (from Line 31).....	6000.00	11357.21
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	53242.75	53242.75
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 the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

BELL AMBULANCE, INC. EMPLOYEES PAC

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	8493.86	16646.20
(ii) Unitemized	0.00	1164.62
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	8493.86	17810.82
(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)	8493.86	17810.82
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	500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	114.05	556.70
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 Transfers (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)).....▶	8607.91	18867.52
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	8607.91	18867.52

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	257.21
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	257.21
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	1000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	6000.00	10100.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated 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)) ..	6000.00	11357.21
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6000.00	11357.21

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

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)	8493.86	17810.82
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8493.86	17810.82
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	257.21
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	257.21

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

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

FOR LINE NUMBER: PAGE 6 OF 17
(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)
BELL AMBULANCE, INC. EMPLOYEES PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 ANDERSON, CHRISTOPHER, D, ,

Mailing Address 13665 ACRE VIEW DR

City: BROOKFIELD State: WI Zip Code: 53005-1214

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

Name of Employer (for Individual): BELL AMBULANCE, INC. Occupation (for Individual): VICE PRESIDENT & COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼: 1730.79

Date of Receipt: 05 / 01 / 2026
Transaction ID : SA11AI.5964

Amount of Each Receipt this Period: 192.31

Memo Item
 BIWEEKLY PAYROLL DEDUCTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 ANDERSON, CHRISTOPHER, D, ,

Mailing Address 13665 ACRE VIEW DR

City: BROOKFIELD State: WI Zip Code: 53005-1214

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

Name of Employer (for Individual): BELL AMBULANCE, INC. Occupation (for Individual): VICE PRESIDENT & COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼: 1923.10

Date of Receipt: 05 / 15 / 2026
Transaction ID : SA11AI.5965

Amount of Each Receipt this Period: 192.31

Memo Item
 BIWEEKLY PAYROLL DEDUCTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 ANDERSON, CHRISTOPHER, D, ,

Mailing Address 13665 ACRE VIEW DR

City: BROOKFIELD State: WI Zip Code: 53005-1214

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

Name of Employer (for Individual): BELL AMBULANCE, INC. Occupation (for Individual): VICE PRESIDENT & COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼: 2115.41

Date of Receipt: 05 / 29 / 2026
Transaction ID : SA11AI.5966

Amount of Each Receipt this Period: 192.31

Memo Item
 BIWEEKLY PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....▶	576.93
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 OF 17
<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)
BELL AMBULANCE, INC. EMPLOYEES PAC

A. JURECKI, WAYNE, ALLEN, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1111 N MARSHALL ST
 UNIT 1002
 City MILWAUKEE State WI Zip Code 53202-3380
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BELL AMBULANCE, INC. Occupation (for Individual) PRESIDENT & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1755.00

Date of Receipt 05 / 01 / 2026
Transaction ID : SA11AI.5955
 Amount of Each Receipt this Period 195.00
 Memo Item
BIWEEKLY PAYROLL DEDUCTION

B. JURECKI, WAYNE, ALLEN, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1111 N MARSHALL ST
 UNIT 1002
 City MILWAUKEE State WI Zip Code 53202-3380
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BELL AMBULANCE, INC. Occupation (for Individual) PRESIDENT & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1950.00

Date of Receipt 05 / 15 / 2026
Transaction ID : SA11AI.5956
 Amount of Each Receipt this Period 195.00
 Memo Item
BIWEEKLY PAYROLL DEDUCTION

C. JURECKI, WAYNE, ALLEN, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1111 N MARSHALL ST
 UNIT 1002
 City MILWAUKEE State WI Zip Code 53202-3380
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BELL AMBULANCE, INC. Occupation (for Individual) PRESIDENT & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2145.00

Date of Receipt 05 / 29 / 2026
Transaction ID : SA11AI.5957
 Amount of Each Receipt this Period 195.00
 Memo Item
BIWEEKLY PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....	585.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 17
	<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)
BELL AMBULANCE, INC. EMPLOYEES PAC

A. KAMALULDDIN, YAZAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1111 N MARSHALL ST UNIT 1002
 City MILWAUKEE State WI Zip Code 53202-3380
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MARQUETTE UNIVERSITY Occupation (for Individual) ADJUNCT PROFESSOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 05 / 25 / 2026
Transaction ID : SA11AI.5967
 Amount of Each Receipt this Period 5000.00
 Memo Item contribution

B. LOMBARDO, JAMES, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W303S6751 COUNTY ROAD I
 City MUKWONAGO State WI Zip Code 53149-9782
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BELL AMBULANCE, INC. Occupation (for Individual) EXECUTIVE VICE PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1755.00

Date of Receipt 05 / 01 / 2026
Transaction ID : SA11AI.5958
 Amount of Each Receipt this Period 195.00
 Memo Item BIWEEKLY PAYROLL DEDUCTION

C. LOMBARDO, JAMES, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W303S6751 COUNTY ROAD I
 City MUKWONAGO State WI Zip Code 53149-9782
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BELL AMBULANCE, INC. Occupation (for Individual) EXECUTIVE VICE PRESIDENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1950.00

Date of Receipt 05 / 15 / 2026
Transaction ID : SA11AI.5959
 Amount of Each Receipt this Period 195.00
 Memo Item BIWEEKLY PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....▶	5390.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 17
<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)
BELL AMBULANCE, INC. EMPLOYEES PAC

A. LOMBARDO, JAMES, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W303S6751 COUNTY ROAD I
 City MUKWONAGO State WI Zip Code 53149-9782
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BELL AMBULANCE, INC. Occupation (for Individual) EXECUTIVE VICE PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2145.00

Date of Receipt 05 / 29 / 2026
Transaction ID : SA11AI.5960
 Amount of Each Receipt this Period 195.00
 Memo Item
BIWEEKLY PAYROLL DEDUCTION

B. ZEHETNER, R, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 212 E RAVINE DR
 City MEQUON State WI Zip Code 53092-5888
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BELL AMBULANCE, INC. Occupation (for Individual) CHAIRMAN OF THE BOARD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1755.00

Date of Receipt 05 / 01 / 2026
Transaction ID : SA11AI.5949
 Amount of Each Receipt this Period 195.00
 Memo Item
BIWEEKLY PAYROLL DEDUCTION

C. ZEHETNER, R, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 212 E RAVINE DR
 City MEQUON State WI Zip Code 53092-5888
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BELL AMBULANCE, INC. Occupation (for Individual) CHAIRMAN OF THE BOARD
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1950.00

Date of Receipt 05 / 15 / 2026
Transaction ID : SA11AI.5950
 Amount of Each Receipt this Period 195.00
 Memo Item
BIWEEKLY PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....	585.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BELL AMBULANCE, INC. EMPLOYEES PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. ZEHETNER, R, A, ,		Date of Receipt MM / DD / YYYY 05 / 29 / 2026
Mailing Address 212 E RAVINE DR		Transaction ID : SA11AI.5951
City MEQUON	State WI	Zip Code 53092-5888
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 195.00
Name of Employer (for Individual) BELL AMBULANCE, INC.	Occupation (for Individual) CHAIRMAN OF THE BOARD	<input type="checkbox"/> Memo Item BIWEEKLY PAYROLL DEDUCTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2145.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. ZEHETNER, SUSAN, L, ,		Date of Receipt MM / DD / YYYY 05 / 01 / 2026
Mailing Address 212 E RAVINE DR		Transaction ID : SA11AI.5952
City MEQUON	State WI	Zip Code 53092-5888
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 195.00
Name of Employer (for Individual) BELL AMBULANCE, INC.	Occupation (for Individual) BOARD MEMBER	<input type="checkbox"/> Memo Item BIWEEKLY PAYROLL DEDUCTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1755.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. ZEHETNER, SUSAN, L, ,		Date of Receipt MM / DD / YYYY 05 / 15 / 2026
Mailing Address 212 E RAVINE DR		Transaction ID : SA11AI.5953
City MEQUON	State WI	Zip Code 53092-5888
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 195.00
Name of Employer (for Individual) BELL AMBULANCE, INC.	Occupation (for Individual) BOARD MEMBER	<input type="checkbox"/> Memo Item BIWEEKLY PAYROLL DEDUCTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1950.00	

SUBTOTAL of Receipts This Page (optional).....▶	585.00
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 11 OF 17
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BELL AMBULANCE, INC. EMPLOYEES PAC

A. ZEHETNER, SUSAN, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 212 E RAVINE DR
 City MEQUON State WI Zip Code 53092-5888
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BELL AMBULANCE, INC. Occupation (for Individual) BOARD MEMBER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2145.00

Date of Receipt 05 / 29 / 2026
Transaction ID : SA11AI.5954
 Amount of Each Receipt this Period 195.00
 Memo Item
BIWEEKLY PAYROLL DEDUCTION

B. ZEHETNER, VALERIE, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11811 N LAKE SHORE DR
 City MEQUON State WI Zip Code 53092-3540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BELL AMBULANCE, INC. Occupation (for Individual) VICE PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1730.79

Date of Receipt 05 / 01 / 2026
Transaction ID : SA11AI.5961
 Amount of Each Receipt this Period 192.31
 Memo Item
BIWEEKLY PAYROLL DEDUCTION

C. ZEHETNER, VALERIE, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11811 N LAKE SHORE DR
 City MEQUON State WI Zip Code 53092-3540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BELL AMBULANCE, INC. Occupation (for Individual) VICE PRESIDENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1923.10

Date of Receipt 05 / 15 / 2026
Transaction ID : SA11AI.5962
 Amount of Each Receipt this Period 192.31
 Memo Item
BIWEEKLY PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 579.62
TOTAL This Period (last page this line number only)..... ▶

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

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

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NAME OF COMMITTEE (In Full)
BELL AMBULANCE, INC. EMPLOYEES PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ZEHETNER, VALERIE, A, ,

Mailing Address 11811 N LAKE SHORE DR

City MEQUON State WI Zip Code 53092-3540

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

Name of Employer (for Individual) BELL AMBULANCE, INC. Occupation (for Individual) VICE PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2115.41

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 29 / 2026

Transaction ID : SA11AI.5963

Amount of Each Receipt this Period
192.31

Memo Item
BIWEEKLY PAYROLL DEDUCTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	192.31
TOTAL This Period (last page this line number only).....▶	8493.86

**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 OF 17
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BELL AMBULANCE, INC. EMPLOYEES PAC

A. Live Oak Bank

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1757 Tiburon Drive

City Wilmington	State NC	Zip Code 28403
--------------------	-------------	-------------------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
556.70

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		31		2026

Transaction ID : SA17.5948

Amount of Each Receipt this Period
114.05

Memo Item

Interest on bank accounts

B.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

C.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	114.05
TOTAL This Period (last page this line number only).....▶	114.05

**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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BELL AMBULANCE, INC. EMPLOYEES PAC

Full Name (Last, First, Middle Initial)

A. Assembly Democratic Camp Comm(WI 0400001)

Mailing Address P.O. Box 814

City Madison State WI Zip Code 53701

Purpose of Disbursement non-federal political contribution to Wisconsin State Legislative Campaign

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
05 / 31 / 2026

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.5946

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Callahan For Wisconsin (WI 0106155)

Mailing Address PO Box 260

City Tomahawk State WI Zip Code 54487

Purpose of Disbursement non-federal political contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
05 / 01 / 2026

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.5939

Amount of Each Disbursement this Period

[REDACTED] 500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Citizens for Elijah Behnke (WI 0106393)

Mailing Address 7740 Saindon Rd

City Sobieski State WI Zip Code 54171

Purpose of Disbursement non-federal political contribuion

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
05 / 01 / 2026

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.5937

Amount of Each Disbursement this Period

[REDACTED] 500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

[REDACTED] 2000.00

[REDACTED]

**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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BELL AMBULANCE, INC. EMPLOYEES PAC

Full Name (Last, First, Middle Initial)

A. Crowley for Wisconsin (WI 0105751)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		01		2026

Mailing Address PO Box 510031

FEC Identification Number

C []

Transaction ID : SB29.5928

Amount of Each Disbursement this Period

[] 1000.00

Memo Item

City Milwaukee State WI Zip Code 53203

Purpose of Disbursement
non federal political contribution

011
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Full Name (Last, First, Middle Initial)

B. Donovan for Assembly (WI 0101520)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		01		2026

Mailing Address 5302 Woodbridge Ln S

FEC Identification Number

C []

Transaction ID : SB29.5931

Amount of Each Disbursement this Period

[] 500.00

Memo Item

City Greenfield State WI Zip Code 53221

Purpose of Disbursement
non federal political contribution

011
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Full Name (Last, First, Middle Initial)

C. Friends of Chris Sinicki (WI 0103687)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		20		2026

Mailing Address 3132 S Indiana Ave

FEC Identification Number

C []

Transaction ID : SB29.5944

Amount of Each Disbursement this Period

[] 500.00

Memo Item

City Milwaukee State WI Zip Code 53207

Purpose of Disbursement
non-federal political contribution

011
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

[] 2000.00

[]

**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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BELL AMBULANCE, INC. EMPLOYEES PAC

Full Name (Last, First, Middle Initial)

A. Friends of Kalan Haywood (WI 0106079)

Mailing Address 129 W Brown Street

City Milwaukee State WI Zip Code 53212

Purpose of Disbursement
non-federal political contribution

011
Category/ Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 01 / 2026

FEC Identification Number

C
Transaction ID : SB29.5935
Amount of Each Disbursement this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Mark Spreitzer (WI 0105472)

Mailing Address 1718 Henderson Ave

City Beloit State WI Zip Code 53511

Purpose of Disbursement
non-federal political contribution

011
Category/ Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 11 / 2026

FEC Identification Number

C
Transaction ID : SB29.5942
Amount of Each Disbursement this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Pat Snyder (WI 0105215)

Mailing Address PO Box 1312

City Wausau State WI Zip Code 54402

Purpose of Disbursement
non-federal political contribution

011
Category/ Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 01 / 2026

FEC Identification Number

C
Transaction ID : SB29.5933
Amount of Each Disbursement this Period
500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

1500.00

**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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BELL AMBULANCE, INC. EMPLOYEES PAC

Full Name (Last, First, Middle Initial)

A. Zimmerman for Wisconsin (WI 0105714)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2026

Mailing Address 429 Jefferson St

City
River Falls

State
WI

Zip Code
54022

FEC Identification Number

C []

Transaction ID : SB29.5941

Amount of Each Disbursement this Period

[] 500.00

Purpose of Disbursement
non-federal political contribution

011
Category/ Type

Candidate Name

Memo Item

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
[]		[]		[]

Mailing Address

City

State

Zip Code

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Purpose of Disbursement

[]
Category/ Type

Candidate Name

Memo Item

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
[]		[]		[]

Mailing Address

City

State

Zip Code

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Purpose of Disbursement

[]
Category/ Type

Candidate Name

Memo Item

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional).....▶

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

[] 500.00

[] 6000.00