

**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  
REPORTNEW  
(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

M M / D D / Y Y Y Y Y Y

in the  
State of(d) 30-Day  
POST-Election  
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M / D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y Y Y  
05 01 2025

through

M M / D D / Y Y Y Y Y Y  
05 31 2025

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, A, ,

Signature of Treasurer

JURECKI, WAYNE, A, ,

Date

M M / D D / Y Y Y Y Y Y  
06 20 2025

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

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**BELL AMBULANCE, INC. EMPLOYEES PAC**

Report Covering the Period:

From:

MM / DD / YYYY  
05 / 01 / 2025

To:

MM / DD / YYYY  
05 / 31 / 2025

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2025		34801.61
(b) Cash on Hand at Beginning of Reporting Period.....	39646.48	
(c) Total Receipts (from Line 19) .....	8598.48	18337.35
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	48244.96	53138.96
7. Total Disbursements (from Line 31) .....	6000.00	10894.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	42244.96	42244.96
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	



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

**For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov)**

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**BELL AMBULANCE, INC. EMPLOYEES PAC**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	2	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	2	5

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	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	104.62	526.53
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)) .....	8598.48	18337.35
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	8598.48	18337.35

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

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	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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	10894.00
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	10894.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6000.00	10894.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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	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 PageFOR LINE NUMBER:  
(check only one)

PAGE 6 OF 14

<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)

**BELL AMBULANCE, INC. EMPLOYEES PAC**

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

**A. ANDERSON, CHRISTOPHER, D, ,**

Mailing Address 13665 ACRE VIEW DR

City  
BROOKFIELDState  
WIZip Code  
53005-1214FEC 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

M M / D D / Y Y Y Y Y  
05 / 02 / 2025

Transaction ID : SA11AI.5700

Amount of Each Receipt this Period

192.31

☐ Memo Item

BIWEEKLY PAYROLL DEDUCTION

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

**B. ANDERSON, CHRISTOPHER, D, ,**

Mailing Address 13665 ACRE VIEW DR

City  
BROOKFIELDState  
WIZip Code  
53005-1214FEC 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

M M / D D / Y Y Y Y Y  
05 / 16 / 2025

Transaction ID : SA11AI.5701

Amount of Each Receipt this Period

192.31

☐ Memo Item

BIWEEKLY PAYROLL DEDUCTION

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

**C. ANDERSON, CHRISTOPHER, D, ,**

Mailing Address 13665 ACRE VIEW DR

City  
BROOKFIELDState  
WIZip Code  
53005-1214FEC 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

M M / D D / Y Y Y Y Y  
05 / 30 / 2025

Transaction ID : SA11AI.5702

Amount of Each Receipt this Period

192.31

☐ Memo Item

BIWEEKLY PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

576.93

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 14  
(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**

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

**A. JURECKI, WAYNE, A, ,**Mailing Address 1111 N MARSHALL ST  
UNIT 1002City  
MILWAUKEEState  
WIZip Code  
53202-3380FEC 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

M M / D D / Y Y Y Y Y  
05 / 02 / 2025

Transaction ID : SA11AI.5691

Amount of Each Receipt this Period

195.00

☐ Memo Item

BIWEEKLY PAYROLL DEDUCTION

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

**B. JURECKI, WAYNE, A, ,**Mailing Address 1111 N MARSHALL ST  
UNIT 1002City  
MILWAUKEEState  
WIZip Code  
53202-3380FEC 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

M M / D D / Y Y Y Y Y  
05 / 16 / 2025

Transaction ID : SA11AI.5692

Amount of Each Receipt this Period

195.00

☐ Memo Item

BIWEEKLY PAYROLL DEDUCTION

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

**C. JURECKI, WAYNE, A, ,**Mailing Address 1111 N MARSHALL ST  
UNIT 1002City  
MILWAUKEEState  
WIZip Code  
53202-3380FEC 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

M M / D D / Y Y Y Y Y  
05 / 30 / 2025

Transaction ID : SA11AI.5693

Amount of Each Receipt this Period

195.00

☐ Memo Item

BIWEEKLY PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

585.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 14  
(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**

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

**A. KAMALULDDIN, YAZAN, , ,**

Mailing Address 1111 N MARSHALL ST UNIT 1002

City  
MILWAUKEEState  
WIZip Code  
53202-3380FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MARQUETTE UNIVERSITYOccupation (for Individual)  
ADJUNCT PROFESSOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 27 / 2025

Transaction ID : SA11AI.5684

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

**B. LOMBARDO, JAMES, P, ,**

Mailing Address W303S6751 COUNTY ROAD I

City  
MUKWONAGOState  
WIZip Code  
53149-9782FEC 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

M M / D D / Y Y Y Y Y Y  
05 / 02 / 2025

Transaction ID : SA11AI.5694

Amount of Each Receipt this Period

195.00

☐ Memo Item

BIWEEKLY PAYROLL DEDUCTION

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

**C. LOMBARDO, JAMES, P, ,**

Mailing Address W303S6751 COUNTY ROAD I

City  
MUKWONAGOState  
WIZip Code  
53149-9782FEC 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

M M / D D / Y Y Y Y Y Y  
05 / 16 / 2025

Transaction ID : SA11AI.5695

Amount of Each Receipt this Period

195.00

☐ Memo Item

BIWEEKLY PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

5390.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 14  
(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**

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

**A. LOMBARDO, JAMES, P, ,**

Mailing Address W303S6751 COUNTY ROAD I

City  
MUKWONAGOState  
WIZip Code  
53149-9782FEC 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

M M M / D D D / Y Y Y Y Y Y  
05 / 30 / 2025

Transaction ID : SA11AI.5696

Amount of Each Receipt this Period

195.00

☐ Memo Item

BIWEEKLY PAYROLL DEDUCTION

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

**B. ZEHETNER, R, A, ,**

Mailing Address 212 E RAVINE DR

City  
MEQUONState  
WIZip Code  
53092-5888FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BELL AMBULANCE, INC.Occupation (for Individual)  
CHAIRMAN-BOARD OF DIRECTORS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1755.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 02 / 2025

Transaction ID : SA11AI.5685

Amount of Each Receipt this Period

195.00

☐ Memo Item

BIWEEKLY PAYROLL DEDUCTION

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

**C. ZEHETNER, R, A, ,**

Mailing Address 212 E RAVINE DR

City  
MEQUONState  
WIZip Code  
53092-5888FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BELL AMBULANCE, INC.Occupation (for Individual)  
CHAIRMAN-BOARD OF DIRECTORS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 16 / 2025

Transaction ID : SA11AI.5686

Amount of Each Receipt this Period

195.00

☐ Memo Item

BIWEEKLY PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

585.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 14

<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**

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

**A. ZEHETNER, R, A, ,**

Mailing Address 212 E RAVINE DR

City  
MEQUONState  
WIZip Code  
53092-5888FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BELL AMBULANCE, INC.Occupation (for Individual)  
CHAIRMAN-BOARD OF DIRECTORS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2145.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 30 / 2025

Transaction ID : SA11AI.5687

Amount of Each Receipt this Period

195.00

☐ Memo Item

BIWEEKLY PAYROLL DEDUCTION

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

**B. ZEHETNER, SUSAN, L, ,**

Mailing Address 212 E RAVINE DR

City  
MEQUONState  
WIZip Code  
53092-5888FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BELL AMBULANCE, INC.Occupation (for Individual)  
BOARD OF DIRECTORS MEMBER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1755.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 02 / 2025

Transaction ID : SA11AI.5688

Amount of Each Receipt this Period

195.00

☐ Memo Item

BIWEEKLY PAYROLL DEDUCTION

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

**C. ZEHETNER, SUSAN, L, ,**

Mailing Address 212 E RAVINE DR

City  
MEQUONState  
WIZip Code  
53092-5888FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BELL AMBULANCE, INC.Occupation (for Individual)  
BOARD OF DIRECTORS MEMBER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 16 / 2025

Transaction ID : SA11AI.5689

Amount of Each Receipt this Period

195.00

☐ Memo Item

BIWEEKLY PAYROLL DEDUCTION

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

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

585.00

# **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 14  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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**BELL AMBULANCE, INC. EMPLOYEES PAC**

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

**A. ZEHETNER, SUSAN, L, ,**

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 OF DIRECTORS MEMBER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2145.00

Date of Receipt

05 / 30 / 2025

Transaction ID : SA11AI.5690

Amount of Each Receipt this Period

195.00

☐ Memo Item

BIWEEKLY PAYROLL DEDUCTION

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

**B. 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 ▼

1730.79

Date of Receipt

05 / 02 / 2025

Transaction ID : SA11AI.5697

Amount of Each Receipt this Period

192.31

☐ Memo Item

BIWEEKLY PAYROLL DEDUCTION

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

**C. 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 ▼

1923.10

Date of Receipt

05 / 16 / 2025

Transaction ID : SA11AI.5698

Amount of Each Receipt this Period

192.31

☐ Memo Item

BIWEEKLY PAYROLL DEDUCTION

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

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

579.62

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 14

<input checked="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**

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

**A. ZEHETNER, VALERIE, A, ,**

Mailing Address 11811 N LAKE SHORE DR

City  
MEQUONState  
WIZip Code  
53092-3540FEC 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 / 30 / 2025

Transaction ID : SA11AI.5699

Amount of Each Receipt this Period

192.31

☐ Memo Item

BIWEEKLY PAYROLL DEDUCTION

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

**B.**

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

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

**C.**

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

192.31

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 14

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 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. Live Oak Bank**

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 ▼

526.53

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2025

Transaction ID : SA17.5681

Amount of Each Receipt this Period

104.62

☐ Memo Item

Interest on bank accounts

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

## **B.**

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

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

## **C.**

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)..... ►

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

104.62

104.62

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 14

<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. Cavalier for Milwaukee**

Mailing Address 5027 W North Ave

City  
MilwaukeeState  
WIZip Code  
53208Purpose of Disbursement  
non federal political contribution

011

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	1			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB29.5706

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends of Dianne Hesselbein (WI 0104973)**

Mailing Address 1420 N. High Point Rd.

City  
MiddeltonState  
WIZip Code  
53562Purpose of Disbursement  
non federal political contribution

011

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB29.5703

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Kurtz for Assembly (WI 0106073)**

Mailing Address PO Box 23

City  
WonewocState  
WIZip Code  
53968Purpose of Disbursement  
non federal political contribution

011

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	2			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB29.5704

Amount of Each Disbursement this Period

500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

6000.00

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

6000.00