

# 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**  
**AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)**

ADDRESS (number and street) **8400 Westpark Drive**  
**2nd Floor**  
 Check if different than previously reported. (ACC) **McLean VA 22102-5116**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C C00168070** 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  /  /  2019 through  /  /  2019

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Turrisi, Frank, , ,  
Type or Print Name of Treasurer

Signature of Treasurer *Turrisi, Frank, , ,* [Electronically Filed] Date  /  /  2019

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

**AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2019"/>		156124.61
(b) Cash on Hand at Beginning of Reporting Period.....	156124.61	
(c) Total Receipts (from Line 19) .....	5387.49	5387.49
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	161512.10	161512.10
7. Total Disbursements (from Line 31).....	11000.00	11000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	150512.10	150512.10
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:**

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 AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-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).....	4283.33	4283.33
(ii) Unitemized .....	1104.16	1104.16
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5387.49	5387.49
(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) .....	5387.49	5387.49
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 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)).....▶	5387.49	5387.49
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	5387.49	5387.49

**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	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.....	11000.00	11000.00
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).....	0.00	0.00
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)) ..	11000.00	11000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11000.00	11000.00

**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) .....	5387.49	5387.49
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5387.49	5387.49
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: (check only one)	PAGE 6 OF 12
<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 AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)**

**A. Baxter, Bruce, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 Shapleigh Ave  
 City Haverhill State MA Zip Code 01830  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New Britain EMS Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 18 / 2019  
**Transaction ID : SA11AI.9137**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
**INDIVIDUAL CONTRIBUTION**

**B. Berry, Dale, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1200 State Circle  
 City Ann Arbor State MI Zip Code 48108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Huron Valley Ambulance Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 18 / 2019  
**Transaction ID : SA11AI.9131**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
**INDIVIDUAL CONTRIBUTION**

**C. Gault, Debora Mary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5502 North West Highway  
 City Waterford State WI Zip Code 53185  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AMR Occupation (for Individual) VP Federal Reimbursements  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 18 / 2019  
**Transaction ID : SA11AI.9136**  
 Amount of Each Receipt this Period 83.33  
 Memo Item  
**INDIVIDUAL CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	433.33
<b>TOTAL</b> 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 12
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Hall, Lavonne, N/A, Ms,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1001 21st St.

City Bakersfield	State CA	Zip Code 93301
---------------------	-------------	-------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) N/A
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	08	/	2019

**Transaction ID : SA11AI.9111**

Amount of Each Receipt this Period  
250.00

Memo Item  
**INDIVIDUAL CONTRIBUTION**

**B. Hall, Lavonne, N/A, Ms,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1001 21st St.

City Bakersfield	State CA	Zip Code 93301
---------------------	-------------	-------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) N/A
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	11	/	2019

**Transaction ID : SA11AI.9112**

Amount of Each Receipt this Period  
250.00

Memo Item  
**INDIVIDUAL CONTRIBUTION**

**C. Hall, Lavonne, N/A, Ms,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1001 21st St.

City Bakersfield	State CA	Zip Code 93301
---------------------	-------------	-------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) N/A
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2019

**Transaction ID : SA11AI.9121**

Amount of Each Receipt this Period  
250.00

Memo Item  
**INDIVIDUAL CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> 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 12
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Howell, Jon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 251 Bishop Farm Way  
 City Huntsville State AL Zip Code 35806  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HEMSI Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 18 / 2019  
**Transaction ID : SA11AI.9128**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
**INDIVIDUAL CONTRIBUTION**

**B. Johnson, James S., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1801 Mockingbird Lane  
 City Enid State OK Zip Code 73703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Life EMS Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 18 / 2019  
**Transaction ID : SA11AI.9126**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
**INDIVIDUAL CONTRIBUTION**

**C. Kelley, Ken, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 130 Blackgum St  
 City Magnolia State AR Zip Code 71753  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ProMed Ambulance Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 18 / 2019  
**Transaction ID : SA11AI.9127**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
**INDIVIDUAL CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> 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 12
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Montes, Asbel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 305 Rue Bordeaux  
 City Carencro State LA Zip Code 70520  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Acadian Companies Occupation (for Individual) VP  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 03 / 18 / 2019  
**Transaction ID : SA11AI.9135**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
**INDIVIDUAL CONTRIBUTION**

**B. Pafford-Gresham, Jamie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P O Box 1120  
 City Hope State AR Zip Code 71802  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pafford EMS Occupation (for Individual) Owner/Operator  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 03 / 18 / 2019  
**Transaction ID : SA11AI.9122**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
**INDIVIDUAL CONTRIBUTION**

**C. Reinert, Aaron, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 29251 Potassium St NW  
 City Isanti State MN Zip Code 55040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lake Regions EMS Occupation (for Individual) Manager  
 Receipt For:  
 Primary  General  
 Other (specify)  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 03 / 18 / 2019  
**Transaction ID : SA11AI.9125**  
 Amount of Each Receipt this Period  
 600.00  
 Memo Item  
**INDIVIDUAL CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1700.00
<b>TOTAL</b> 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 12
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Strozyk, Randy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9209 181 Street Avenue East  
 City Bonney Lake State WA Zip Code 98390  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Medical Response Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2019  
**Transaction ID : SA11AI.9120**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
**INDIVIDUAL CONTRIBUTION**

**B. Strozyk, Randy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9209 181 Street Avenue East  
 City Bonney Lake State WA Zip Code 98390  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Medical Response Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 18 / 2019  
**Transaction ID : SA11AI.9138**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
**INDIVIDUAL CONTRIBUTION**

**C. Wiersch, Larry, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4846 Five Point Road  
 City New Tripoli State PA Zip Code 18066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cetronia Ambulance Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 18 / 2019  
**Transaction ID : SA11AI.9133**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
**INDIVIDUAL CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	650.00
<b>TOTAL</b> This Period (last page this line number only).....	4283.33

**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"/> 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)

**AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)**

Full Name (Last, First, Middle Initial)

**A. BILL CASSIDY FOR US SENATE**

Mailing Address PO BOX 80505

City  
BATON ROUGE

State  
LA

Zip Code  
70898

Purpose of Disbursement  
CONTRIBUTION TO POLITICAL COMMITTEE

011

Category/  
Type

Candidate Name  
**Cassidy, William, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: LA District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2019

FEC Identification Number

C S4LA00107

**Transaction ID : SB23.9102**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. DEVIN NUNES CAMPAIGN COMMITTEE**

Mailing Address PO BOX 6545

City  
VISALIA

State  
CA

Zip Code  
93290

Purpose of Disbursement  
CONTRIBUTION TO POLITICAL COMMITTEE

011

Category/  
Type

Candidate Name  
**NUNES, DEVIN G, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: CA District: 21

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2019

FEC Identification Number

C H8CA20059

**Transaction ID : SB23.9108**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. TERRI SEWELL FOR CONGRESS**

Mailing Address PO BOX 1964

City  
BIRMINGHAM

State  
AL

Zip Code  
35201

Purpose of Disbursement  
CONTRIBUTION TO POLITICAL COMMITTEE

011

Category/  
Type

Candidate Name  
**SEWELL, TERRI, A, ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: AL District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2019

FEC Identification Number

C H0AL07086

**Transaction ID : SB23.9105**

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

6500.00

**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 checked="" type="checkbox"/> 23	<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)

**AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)**

Full Name (Last, First, Middle Initial)

**A. UPTON FOR ALL OF US**

Mailing Address P.O. Box 490

City  
St. Joseph

State  
MI

Zip Code  
49085

Purpose of Disbursement  
CONTRIBUTION TO POLITICAL COMMITTEE

011

Category/  
Type

Candidate Name

**UPTON, FREDERICK STEPHEN, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: MI District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2019

FEC Identification Number

C C00200584

**Transaction ID : SB23.9104**

Amount of Each Disbursement this Period

2000.00
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Memo Item

Full Name (Last, First, Middle Initial)

**B. WALDEN FOR CONGRESS**

Mailing Address PO BOX 1091

City  
HOOD RIVER

State  
OR

Zip Code  
97031

Purpose of Disbursement  
CONTRIBUTION TO POLITICAL COMMITTEE

011

Category/  
Type

Candidate Name

**WALDEN, GREGORY PAUL, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: OR District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2019

FEC Identification Number

C H6OR02116

**Transaction ID : SB23.9107**

Amount of Each Disbursement this Period

2500.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

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Memo Item

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

4500.00
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**TOTAL** This Period (last page this line number only)..... ▶

11000.00
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