

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Medical Response Inc Political Action Committee

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="2014"/> | | 82344.47 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 76769.60 | |
| (c) Total Receipts (from Line 19) | 1154.28 | 8579.41 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 77923.88 | 90923.88 |
| 7. Total Disbursements (from Line 31)..... | 0.00 | 13000.00 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 77923.88 | 77923.88 |
| 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: 07 / 01 / 2014 To: 07 / 31 / 2014

| 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)..... | 1014.58 | 5383.27 |
| (ii) Unitemized | 139.70 | 3196.14 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 1154.28 | 8579.41 |
| (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) | 1154.28 | 8579.41 |
| 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))..... ▶ | 1154.28 | 8579.41 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 1154.28 | 8579.41 |

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) 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 | 13000.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (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) 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)) .. | 0.00 | 13000.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 0.00 | 13000.00 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) | 1154.28 | 8579.41 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 1154.28 | 8579.41 |
| 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 10 |
| | <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

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Ronald F. Dire-Day | | Date of Receipt MM / DD / YYYY 07 / 31 / 2014 |
| Mailing Address 8004 Kenton Lane S.E. | | Transaction ID : PR1364405034577 |
| City Olympia | State WA | Zip Code 98501-6884 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 38.46 |
| Name of Employer American Medical Response Ambulance Se | Occupation Call Taker Associate | P/R Deduction (\$19.23 Bi-Weekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 230.76 | |

| | | |
|---|---------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Alfred Dellavalle | | Date of Receipt MM / DD / YYYY 07 / 31 / 2014 |
| Mailing Address 43 Oakwood Drive | | Transaction ID : PR1364986334577 |
| City North Haven | State CT | Zip Code 06473-1938 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 80.00 |
| Name of Employer American Medical Response of Connectic | Occupation VP Government Relations | P/R Deduction (\$20.00 Weekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 580.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. John Eagle | | Date of Receipt MM / DD / YYYY 07 / 31 / 2014 |
| Mailing Address 267 Jennings Way | | Transaction ID : PR1365042534577 |
| City Mickleton | State NJ | Zip Code 08056-1029 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 38.46 |
| Name of Employer American Medical Response Mid-Atlantic | Occupation Account Executive Senior | P/R Deduction (\$19.23 Bi-Weekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 288.45 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 156.92 |
| 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: PAGE 7 OF 10
(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 |

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NAME OF COMMITTEE (In Full)
American Medical Response Inc Political Action Committee

A. Steven J. Delahousey
Full Name (Last, First, Middle Initial)
Mailing Address 2580 Rue Palafox
City Biloxi State MS Zip Code 39531-3733
FEC ID number of contributing federal political committee. **C**
Name of Employer Mobile Medic Ambulance Service, Inc Occupation VP Emergency Preparedness
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **576.90**

Date of Receipt **07 / 31 / 2014**
Transaction ID : PR1365131534577
Amount of Each Receipt this Period **76.92**
P/R Deduction (\$38.46 Bi-Weekly)

B. John J. Connolly
Full Name (Last, First, Middle Initial)
Mailing Address 11166 Glenmoor Cir
City Parker State CO Zip Code 80138-3155
FEC ID number of contributing federal political committee. **C**
Name of Employer American Medical Response of Colorado, Occupation VP PBS
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **375.00**

Date of Receipt **07 / 31 / 2014**
Transaction ID : PR1365143534577
Amount of Each Receipt this Period **50.00**
P/R Deduction (\$25.00 Bi-Weekly)

C. Debora Gault
Full Name (Last, First, Middle Initial)
Mailing Address 5502 Northwest Highway
City Waterford State WI Zip Code 53185-2829
FEC ID number of contributing federal political committee. **C**
Name of Employer EMS MGMT LLC Occupation VP Reimbursement (Federal)
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **576.90**

Date of Receipt **07 / 31 / 2014**
Transaction ID : PR1365144234577
Amount of Each Receipt this Period **76.92**
P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **203.84**
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 10 |
| <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 Medical Response Inc Political Action Committee

Full Name (Last, First, Middle Initial)
A. Ronald W. 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 Occupation
American Medical Response, Inc SVP Professional Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
576.90

Date of Receipt
07 / 31 / 2014

Transaction ID : PR1365144634577

Amount of Each Receipt this Period
76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. Steven G. Murphy

Mailing Address 100 S Birch Road # 901a

City State Zip Code
Fort Lauderdale FL 33316-1540

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

Name of Employer Occupation
EMS MGMT LLC SVP Government and National Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1442.25

Date of Receipt
07 / 31 / 2014

Transaction ID : PR1365147934577

Amount of Each Receipt this Period
192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. Randall L. Strozyk

Mailing Address 9209 181st Ave E

City State Zip Code
Bonney Lake WA 98391-7187

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

Name of Employer Occupation
American Medical Response Ambulance Se SVP Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
865.35

Date of Receipt
07 / 31 / 2014

Transaction ID : PR1365275534577

Amount of Each Receipt this Period
115.38

P/R Deduction (\$57.69 Bi-Weekly)

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 384.60 |
| 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 10 |
| <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 Medical Response Inc Political Action Committee

A. Scott S. Bourn
Full Name (Last, First, Middle Initial)
Mailing Address 10617 Stone Creek Ct.
City Parker State CO Zip Code 80134-2536
FEC ID number of contributing federal political committee. **C**
Name of Employer American Medical Response, Inc Occupation VP Clinical Education
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **576.90**

Date of Receipt **07 / 31 / 2014**
Transaction ID : PR1365585334577
Amount of Each Receipt this Period **76.92**
P/R Deduction (\$38.46 Bi-Weekly)

B. Edward B Van Horne
Full Name (Last, First, Middle Initial)
Mailing Address 4520 Alexandra Drive
City Colleyville State TX Zip Code 76034-4256
FEC ID number of contributing federal political committee. **C**
Name of Employer American Medical Response Ambulance Se Occupation President - AMR
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **576.90**

Date of Receipt **07 / 31 / 2014**
Transaction ID : PR1365962834577
Amount of Each Receipt this Period **76.92**
P/R Deduction (\$38.46 Bi-Weekly)

C. Tamara L. Billings
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 750091
City Topeka State KS Zip Code 66675-0091
FEC ID number of contributing federal political committee. **C**
Name of Employer Medevac Medical Response, Inc. Occupation Project Manager Senior
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **288.45**

Date of Receipt **07 / 31 / 2014**
Transaction ID : PR1542687534577
Amount of Each Receipt this Period **38.46**
P/R Deduction (\$19.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **192.30**
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 OF 10
(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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
American Medical Response Inc Political Action Committee

Full Name (Last, First, Middle Initial)
A. Thomas R. 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 American Medical Response West Occupation CEO - AMR Regional

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **576.90**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : PR2388846834577

Amount of Each Receipt this Period
76.92

P/R Deduction (\$38.46 Bi-Weekly)

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

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

Full Name (Last, First, Middle Initial)
C.

Mailing Address

City State Zip Code

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

Name of Employer Occupation

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

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 76.92 |
| TOTAL This Period (last page this line number only).....▶ | 1014.58 |