

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) 1201 WILSON BLVD 27TH FLOOR ARLINGTON VA 22209 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00168070 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31 (checked), July 31 Mid-Year, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day POST-Election Report for the: General, Runoff, Special.

5. Covering Period 07 / 01 / 2019 through 12 / 31 / 2019

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

Signature of Treasurer NORTH, TRISTAN, , , [Electronically Filed] Date 02 / 28 / 2020

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.....	145404.59	
(c) Total Receipts (from Line 19)	42296.72	52076.70
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	187701.31	208201.31
7. Total Disbursements (from Line 31).....	10250.00	30750.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	177451.31	177451.31
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 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).....	39895.02	48508.34
(ii) Unitemized	2201.70	3368.36
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	42096.72	51876.70
(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)	42096.72	51876.70
12. Transfers From Affiliated/Other Party Committees.....	200.00	200.00
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)).....▶	42296.72	52076.70
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	42296.72	52076.70

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.....	10250.00	30750.00
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)) ..	10250.00	30750.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10250.00	30750.00

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)	42096.72	51876.70
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	42096.72	51876.70
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 31
<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. Archuleta, Chris, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4500 Willow View Lane NW
 City Albuquerque State NM Zip Code 87120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Superior Ambulance Service Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 03 / 2019
Transaction ID : SA11AI.9192
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Athey, Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1233 Sandpepi Dr
 City Aubrey State TX Zip Code 76227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Care Visions Occupation (for Individual) Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 05 / 2019
Transaction ID : SA11AI.9193
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Baird, Shawn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1346 SE Tenind St
 City Portland State OR Zip Code 97202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Woodbern Ambulance Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 11 / 01 / 2019
Transaction ID : SA11AI.9363
 Amount of Each Receipt this Period 2250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3550.00
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 7 OF 31
	<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)
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 ▼ 700.00

Date of Receipt **07 / 15 / 2019**
Transaction ID : SA11AI.9268
 Amount of Each Receipt this Period 100.00
 Memo Item

B. 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 ▼ 800.00

Date of Receipt **08 / 09 / 2019**
Transaction ID : SA11AI.9269
 Amount of Each Receipt this Period 100.00
 Memo Item

C. 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 ▼ 900.00

Date of Receipt **09 / 06 / 2019**
Transaction ID : SA11AI.9270
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
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 31
	<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. 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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2019
Transaction ID : SA11AI.9290
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. 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 ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 03 / 2019
Transaction ID : SA11AI.9195
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. 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 ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : SA11AI.9291
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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 31
<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. 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
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Huron Valley Ambulance	Occupation (for Individual) President
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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
07		01		2019

Transaction ID : SA11AI.9304

Amount of Each Receipt this Period
250.00

Memo Item

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
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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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		05		2019

Transaction ID : SA11AI.9197

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 54 Ridgewood Drive

City Atkinson	State NH	Zip Code 03811
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) New Britain EMS	Occupation (for Individual) Assistant CEO
--	--

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
11		03		2019

Transaction ID : SA11AI.9198

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	800.00
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 31
	<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. Christensen, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 43341 US Highway 12
 City Webster State SD Zip Code 57274
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Christensen Ambulance Service Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **11 / 05 / 2019**
Transaction ID : SA11AI.9199
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Donahue, Gerard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 931 N. Webster Ave
 City Scranton State PA Zip Code 18510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employer Occupation (for Individual) Business owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **07 / 31 / 2019**
Transaction ID : SA11AI.9265
 Amount of Each Receipt this Period 125.00
 Memo Item

C. Donahue, Gerard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 931 N. Webster Ave
 City Scranton State PA Zip Code 18510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employer Occupation (for Individual) Business owner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt **11 / 05 / 2019**
Transaction ID : SA11AI.9263
 Amount of Each Receipt this Period 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	550.00
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 11 OF 31
<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. Enloe, Howard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5720 Trowbridge NW
 City El Paso State TX Zip Code 79925
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Life Ambulance Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt: 11 / 05 / 2019
Transaction ID : SA11AI.9200
 Amount of Each Receipt this Period: 1250.00
 Memo Item

B. Finger, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18 Central Avenue
 City Rutland State VT Zip Code 05707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Regional Ambulance Service, Inc. Occupation (for Individual) Administration
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 11 / 05 / 2019
Transaction ID : SA11AI.9201
 Amount of Each Receipt this Period: 300.00
 Memo Item

C. Fuiten, James, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9240 NW Groveland
 City Hillsboro State OR Zip Code 97124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Metro West Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 11 / 03 / 2019
Transaction ID : SA11AI.9202
 Amount of Each Receipt this Period: 5000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	6550.00
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 12 OF 31
<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. Garner, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 157 Paloma Drive
 City Coral Gables State FL Zip Code 33143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMR-FL Occupation (for Individual) SVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **11 / 05 / 2019**
Transaction ID : SA11AI.9253
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. 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 ▼ 588.31

Date of Receipt **07 / 12 / 2019**
Transaction ID : SA11AI.9281
 Amount of Each Receipt this Period 83.33
 Memo Item

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 ▼ 666.64

Date of Receipt **08 / 09 / 2019**
Transaction ID : SA11AI.9282
 Amount of Each Receipt this Period 78.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1161.66
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 13 OF 31
	<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. 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 ▼ 750.01

Date of Receipt 09 / 06 / 2019
Transaction ID : SA11AI.9283
 Amount of Each Receipt this Period 83.37
 Memo Item

B. 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 ▼ 833.34

Date of Receipt 10 / 01 / 2019
Transaction ID : SA11AI.9301
 Amount of Each Receipt this Period 83.33
 Memo Item

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 ▼ 916.67

Date of Receipt 11 / 01 / 2019
Transaction ID : SA11AI.9299
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.03
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 14 OF 31
	<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. 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 ▼ 1000.00

Date of Receipt **12 / 01 / 2019**
Transaction ID : SA11AI.9302
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Godden, Kimberly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2135 W Walton St
 City Chicago State IL Zip Code 60622
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Super Air-Grand Ambulance Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **11 / 05 / 2019**
Transaction ID : SA11AI.9205
 Amount of Each Receipt this Period 500.00
 Memo Item

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 ▼ 1750.00

Date of Receipt **07 / 03 / 2019**
Transaction ID : SA11AI.9276
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	833.33
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 15 OF 31
	<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 ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		15		2019

Transaction ID : SA11AI.9277

Amount of Each Receipt this Period
250.00

Memo Item

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 ▼
2250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2019

Transaction ID : SA11AI.9278

Amount of Each Receipt this Period
250.00

Memo Item

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 ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2019

Transaction ID : SA11AI.9279

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
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 16 OF 31
<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, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2827 S Circle Dr
 City Inverness State FL Zip Code 34450
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nature Coast EMS Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 05 / 2019
Transaction ID : SA11AI.9206
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Harracksingh, Rachel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10633 Vista Alegre
 City El Paso State TX Zip Code 79935
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Life Ambulance Service Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 05 / 2019
Transaction ID : SA11AI.9207
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Hill, David B., , III,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 395 West Lake Street
 City Elmhurst State IL Zip Code 60126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Superior Air-Ground Ambulance Occupation (for Individual) Owner/Operator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 11 / 05 / 2019
Transaction ID : SA11AI.9208
 Amount of Each Receipt this Period 2500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3800.00
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 17 OF 31
<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 ▼ 750.00

Date of Receipt **07 / 31 / 2019**
Transaction ID : SA11AI.9210
 Amount of Each Receipt this Period 250.00
 Memo Item

B. 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 ▼ 1000.00

Date of Receipt **11 / 03 / 2019**
Transaction ID : SA11AI.9209
 Amount of Each Receipt this Period 250.00
 Memo Item

C. 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 ▼ 750.00

Date of Receipt **07 / 31 / 2019**
Transaction ID : SA11AI.9211
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
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 18 OF 31
<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. 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 ▼ 1000.00

Date of Receipt 11 / 03 / 2019
Transaction ID : SA11AI.9212
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Jurecki, Wayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1111 N Marchall St #1002
 City Mulwaukee State WI Zip Code 53202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bell Ambulance Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 11 / 03 / 2019
Transaction ID : SA11AI.9213
 Amount of Each Receipt this Period 2500.00
 Memo Item

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 ▼ 750.00

Date of Receipt 07 / 31 / 2019
Transaction ID : SA11AI.9215
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3000.00
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 19 OF 31
<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. 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 ▼ 1000.00

Date of Receipt 11 / 03 / 2019
Transaction ID : SA11AI.9214
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Mateff, Robert, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42 Peter Jacob Drive
 City Bangor State PA Zip Code 18013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cetronia Ambulance Corpws Occupation (for Individual) COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 05 / 2019
Transaction ID : SA11AI.9244
 Amount of Each Receipt this Period 125.00
 Memo Item

C. McPartlon, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 55 Rail Road Place Unit 207
 City Sarotoga Springs State NY Zip Code 12866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mohawk Ambulance Services Occupation (for Individual) President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 03 / 2019
Transaction ID : SA11AI.9250
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1375.00
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 20 OF 31
	<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. Meijer, Mark, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1275 Cedar Street, NE

City Grand Rapids	State IL	Zip Code 49503
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Life EMS, Inc.	Occupation (for Individual) Paramedic/Business Executive
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2019

Transaction ID : SA11AI.9251

Amount of Each Receipt this Period
2000.00

Memo Item

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

Mailing Address 7575 Southfront Road

City Livermore	State CA	Zip Code 94550
-------------------	-------------	-------------------

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

Name of Employer (for Individual) American Medical Response	Occupation (for Individual) Owner/Operator
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2019

Transaction ID : SA11AI.9252

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 1399 Chancellor Circle

City Salt Lake City	State UT	Zip Code 84108
------------------------	-------------	-------------------

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

Name of Employer (for Individual) Gold Cross Ambulance	Occupation (for Individual) Treasurer
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2019

Transaction ID : SA11AI.9216

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	4000.00
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 21 OF 31
	<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. 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 ▼ 800.00

Date of Receipt **07 / 12 / 2019**
Transaction ID : SA11AI.9272
 Amount of Each Receipt this Period 200.00
 Memo Item

B. 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 ▼ 1000.00

Date of Receipt **08 / 09 / 2019**
Transaction ID : SA11AI.9273
 Amount of Each Receipt this Period 200.00
 Memo Item

C. 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 ▼ 1200.00

Date of Receipt **09 / 06 / 2019**
Transaction ID : SA11AI.9274
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	600.00
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 22 OF 31
<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. 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 ▼ 1400.00

Date of Receipt 11 / 03 / 2019
Transaction ID : SA11AI.9217
 Amount of Each Receipt this Period 200.00
 Memo Item

B. O'Connor, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 Old Mamarronsor Rd Apt 104
 City White Plains State NY Zip Code 10605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Evolution Billing Occupation (for Individual) Health Care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 01 / 2019
Transaction ID : SA11AI.9296
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Pedersen, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1201 E Pla Del Curvato
 City Tucson State AZ Zip Code 85718
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AZ Ambulance Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 03 / 2019
Transaction ID : SA11AI.9220
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1700.00
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 23 OF 31
<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. Pierson, Helen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 506 Couch Street
 City Vallejo State CA Zip Code 94590
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medic Ambulance Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **11 / 05 / 2019**
Transaction ID : SA11AI.9203
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. 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 ▼ 1800.00

Date of Receipt **07 / 31 / 2019**
Transaction ID : SA11AI.9223
 Amount of Each Receipt this Period 600.00
 Memo Item

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 ▼ 2400.00

Date of Receipt **11 / 03 / 2019**
Transaction ID : SA11AI.9224
 Amount of Each Receipt this Period 600.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2200.00
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 24 OF 31
<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. Rubinson, Lauren, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5650 Howard St
 City Skokie State FL Zip Code 60077
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEA Service Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 03 / 2019
Transaction ID : SA11AI.9227
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Russell, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2034 Pamela
 City Cape Girardeau State MO Zip Code 63701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cape County Private Ambulance Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 11 / 14 / 2019
Transaction ID : SA11AI.9280
 Amount of Each Receipt this Period 1500.00
 Memo Item

C. 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 ▼ 1400.00

Date of Receipt 08 / 09 / 2019
Transaction ID : SA11AI.9284
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2700.00
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 25 OF 31
<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 ▼ 1600.00

Date of Receipt **09 / 06 / 2019**
Transaction ID : SA11AI.9285
 Amount of Each Receipt this Period 200.00
 Memo Item

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 ▼ 2000.00

Date of Receipt **11 / 03 / 2019**
Transaction ID : SA11AI.9228
 Amount of Each Receipt this Period 400.00
 Memo Item

C. 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 ▼ 2400.00

Date of Receipt **12 / 31 / 2019**
Transaction ID : SA11AI.9230
 Amount of Each Receipt this Period 400.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
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 26 OF 31
<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. Tetrault, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1857 Black Oak Dr
 City Farmington State MO Zip Code 63640
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St Francois Co Ambulance Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **11 / 03 / 2019**
Transaction ID : SA11AI.9231
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Thackery, Ronald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9922 S. Silver Maple Road
 City Highlands Ranch State CO Zip Code 80129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Medical Response Occupation (for Individual) VP Risk Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **11 / 05 / 2019**
Transaction ID : SA11AI.9232
 Amount of Each Receipt this Period 125.00
 Memo Item

C. Tornstrom, Thomas E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1126 Sandy Circle
 City LaCrescent State MN Zip Code 55947
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gundersen Tri-State Ambulance Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **11 / 03 / 2019**
Transaction ID : SA11AI.9236
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	725.00
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 27 OF 31
	<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. Tyler, Patrick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 Brook Rd
 City Quincy State MA Zip Code 02169
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Fullon Service Occupation (for Individual) EVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 01 / 2019
Transaction ID : SA11AI.9297
 Amount of Each Receipt this Period 250.00
 Memo Item

B. 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 ▼ 750.00

Date of Receipt 11 / 05 / 2019
Transaction ID : SA11AI.9239
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Zehetner, Rick, , ,
 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bell Ambulance Inc Occupation (for Individual) President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 11 / 05 / 2019
Transaction ID : SA11AI.9241
 Amount of Each Receipt this Period 2500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	39895.02

**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 28 OF 31
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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. Raymond, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 55 Devens Rd
 City Swampscott State MA Zip Code 01907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Armstrong Ambulance Service Occupation (for Individual) COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt 11 / 05 / 2019
Transaction ID : SA12.9354
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Smith, Janet, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4874 E. Alder Drive
 City San Diego State CA Zip Code 92116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) On Assignment Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt 11 / 05 / 2019
Transaction ID : SA12.9353
 Amount of Each Receipt this Period 100.00
 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
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	200.00

**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. DEVIN NUNES CAMPAIGN COMMITTEE		Date of Disbursement MM / DD / YYYY 10 / 01 / 2019
Mailing Address PO BOX 6545		FEC Identification Number C 000370056 Transaction ID : SB23.9437 Amount of Each Disbursement this Period 1250.00
City VISALIA	State CA	Zip Code 93290
Purpose of Disbursement CONTRIBUTION TO POLITICAL COMMITTEE		Category/ Type
Candidate Name DEVIN, NUNES, , ,		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. DEVIN NUNES CAMPAIGN COMMITTEE		Date of Disbursement MM / DD / YYYY 12 / 17 / 2019
Mailing Address PO BOX 6545		FEC Identification Number C 000370056 Transaction ID : SB23.9439 Amount of Each Disbursement this Period 1000.00
City VISALIA	State CA	Zip Code 93290
Purpose of Disbursement CONTRIBUTION TO POLITICAL COMMITTEE		Category/ Type
Candidate Name DEVIN, NUNES, , ,		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. DR. RAUL RUIZ FOR CONGRESS		Date of Disbursement MM / DD / YYYY 12 / 17 / 2019
Mailing Address PO BOX 3433		FEC Identification Number C 000502575 Transaction ID : SB23.9315 Amount of Each Disbursement this Period 1000.00
City PALM DESERT	State CA	Zip Code 92261
Purpose of Disbursement CONTRIBUTION TO POLITICAL COMMITTEE		Category/ Type
Candidate Name DR. RAUL RUIZ FOR CONGRESS		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	3250.00
TOTAL This Period (last page this line number only).....▶	

**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. FRIENDS OF DICK DURBIN COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		26		2019

Mailing Address PO BOX 1949

FEC Identification Number

C	C00148999
---	-----------

Transaction ID : SB23.9445

Amount of Each Disbursement this Period

2500.00

Memo Item

City
SPRINGFIELD

State
IL

Zip Code
62705

Purpose of Disbursement
CONTRIBUTION TO POLITICAL COMMITTEE

Category/Type

Candidate Name
DURBIN, DICK, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. LAHOOD FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		01		2019

Mailing Address P.O. BOX 10735

FEC Identification Number

C	C00575050
---	-----------

Transaction ID : SB23.9449

Amount of Each Disbursement this Period

1000.00

Memo Item

City
PEORIA

State
IL

Zip Code
61612

Purpose of Disbursement
CONTRIBUTION TO POLITICAL COMMITTEE

Category/Type

Candidate Name
DURBIN, DICK, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. STEIL FOR WISCONSIN, INC., , ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		26		2019

Mailing Address 1818 MILTON AVE
1448

FEC Identification Number

C	
---	--

Transaction ID : SB23.9327

Amount of Each Disbursement this Period

1000.00

Memo Item

City
JANESVILLE

State
WI

Zip Code
53545

Purpose of Disbursement
CONTRIBUTION TO POLITICAL COMMITTEE

Category/Type

Candidate Name
BRYAN, STEIL, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: District:

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

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

4500.00

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**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. TERRI SEWELL FOR CONGRESS

Mailing Address PO BOX 1964

City
BIRMINGHAM

State
AL

Zip Code
35201

Purpose of Disbursement
CONTRIBUTION TO POLITICAL COMMITTEE

Candidate Name

SEWELL, TERRI, A, ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: AL District:

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 26 / 2019

FEC Identification Number

C C00458976

Transaction ID : SB23.9457

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

--

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M M / D D / Y 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).....▶

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

2500.00

10250.00
