FEC FORM 1	STATEMENT OF ORGANIZATION	RECEIVED FEC MAIL CENTER 2009 MAR 30 P 4: 36 Office Use Only						
1. NAME OF COMMITTEE (in full)	(Check if name Example: If typing, type is changed) over the lines.	12FE4M5						
	TION OF AIR MEDIC - ACTION COMMITTEE	CAL SERVICES						
ADDRESS (number and street	1526 14 1 N.6 STREET , S	415						
(Check if address is changed)	ALEKANDLIA.	VA 22314-3143						
	CITY .	STATE ZIP CODE						
COMMITTEE'S E-MAIL ADD	RESS (Please provide only one e-mail address)							
(Check if address is changed)	, <u> </u>							
COMMITTEE'S WEB PAGE	ADDRESS (URL)							
(Check if address is changed)	I	<u> </u>						
2. DATE 03 2 3. FEC IDENTIFICATION	NUMBER COO910431							
4. IS THIS STATEMENT	NEW (N) OR X AMENDED (A)							
I certify that I have examined	d this Statement and to the best of my knowledge and belief it	t is true, correct and complete.						
Signature of Treasurer	opgil	Date 03/30/09						
NOTE: Submission of false, en	roneous, or incomplete information may subject the person signing ANY CHANGE IN INFORMATION SHOULD BE REPORTED W							
Office Use Only	For further information of Federal Election Commiss Toll Free 800-424-9530							

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FEC Form 1 (Revised 02/2009)

	OMMITTEE Committee:						
	This committee is a princip	pal campaign	committee. (Comp	ete the candidate inf	ormation below	v.)	
	This committee is an auth Information below.)	orized commit	tee, and is NOT a	principal campaign o	committee. (Co	mplete the candidate	
ne of ndidate			<u></u>	<u></u>	<u></u>	<u>i : ; ! [i] .</u>	
ididate ty Affiliatio	n	Office Sought:	House	Senate	President	State District	
	This committee supports/o	pposes only o	ne candidate, and	is NOT an authorize	d committee.		
ne of didate							
rty Com	mittee:						
	This committee is a		•	mmittee of the		(Democratic, Republican, etc.) Party.	
itical Ac	tion Committee (PAC):					
X	This committee is a separate	ate segregated	d fund. (Identify co	nected organization (on line 6.) Its co	onnected organization is a	
	Corporation		Corpora	tion w/o Capital Stoc	ĸ	Labor Organization	
	Membership Orga	nization	Trade A	Cooperative			
	In addition,	this committee	is a Lobbyist/Regi	strant PAC.			
	This committee supports/o			candidate, and is NC	T a separate :	segregated fund or party	
	committee. (i.e., nonconnec						
	committee. (i.e., nonconnect	nmittee is a Lo		AC.			
	In addition, this com		bbyist/Registrant P	AC. htify sponsor on line 6	.)		
nt Fundi	In addition, this com	nmittee is a Le	bbyist/Registrant P		.)		
nt Fundi	In addition, this com	nmittee is a Le 	bbyist/Registrant P adership PAC. (Ide	ntify sponsor on line 6	t proceeds for		
	In addition, this com In addition, this com aising Representative This committee collects com	amittee is a Lea a: tributions, pay at least one of tributions, pays	bbyist/Registrant P adership PAC. (Ide s fundraising exper which is an authori s fundraising exper	ntify sponsor on line 6 nees and disburses ne red committee of a fe ses and disburses ne	t proceeds for deral candidate t proceeds for).	
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	ndidate didate y Affiliatio ne of didate ty Com	Indicate Committee: This committee is a principation below.) This committee is an authority of the	Indicate Committee: This committee is a principal campaign This committee is an authorized committee is an authorized committee is an authorized committee is an authorized committee is a support of the of	Indicate Committee: This committee is a principal campaign committee. (Complete is an authorized committee, and is NOT a information below.) ne of didate didate didate didate didate office y Affiliation Office This committee supports/opposes only one candidate, and the of didate ty Committee: (National, State This committee is a or subordinate) co ttical Action Committee is a separate segregated fund. (Identify correstor Corporation Corporation Corporation Membership Organization Trade A In addition, this committee is a Lobbyist/Regit This committee supports/opposes more than one Federal of the committee	Indicate Committee: This committee is a principal campaign committee. (Complete the candidate information below.) ne of didate Diffice Sought: House Senate This committee supports/opposes only one candidate, and is NOT an authorize ty Committee: (National, State This committee is a or subordinate) committee of the titical Action Committee (PAC): X This committee is a separate segregated fund. (Identify connected organization of Corporation Corporation Corporation w/o Capital Stoce Membership Organization Trade Association In addition, this committee is a Lobbyist/Registrant PAC. This committee supports/opposes more than one Federal candidate, and is NO	Indicate Committee: This committee is a principal campaign committee. (Complete the candidate information below.) This committee is an authorized committee, and is NOT a principal campaign committee. (Conformation below.) ne of didate Office y Affiliation Sought: House Senate President This committee supports/opposes only one candidate, and is NOT an authorized committee. rty Committee: (National, State or subordinate) committee of the This committee is a or subordinate) committee of the Itical Action Committee (PAC): In scommittee is a separate segregated fund. (Identify connected organization on line 6.) Its committee is a separate segregated fund. (Identify connected organization on line 6.) Its committee is a corporation Image: Corporation Corporation Image: Corporation Image: Corporation Image: Corporation Image: Corporation Image: Corporation Imaddition, this committee is a Lobbyist/Registrant PAC. </td	

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Write or Type Committee Name

ASSO CHATTON	
5. Name of Any Connec	ted Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor
ASSOCIATI	ON OF AIR MEDICAL SERVICES
Mailing Address	526 KING ST SUITE 415
	ALEXANDRIA NA DZ314-13143
	CITY STATE ZIP CODE
Relationship: X Conn	nected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor
Custodian of Records : books and records.	: Identify by name, address (phone number optional) and position of the person in possession of committee
	GENDRA SHETH
Mailing Address	526 KING STREET SUITE 415
	Later and the state of the stat
	ALEXANDRIA VA 22314-3143
Title or Position	CITY STATE ZIP CODE
ACC OUNTA	Telephone number 703-836-8737
Treasurer: List the nam any designated agent (e	e and address (phone number optional) of the treasurer of the committee; and the name and address of e.g., assistant treasurer).
Full Name of Treasurer	VID GENCARELLI
Mailing Address	20,9 PENNSYLVANIA AVENUE SE
	WASHINGTON DC 2000 3-
Title or Position	CITY STATE / ZIP CODE
TREASUR	25 R Telephone number 202 - 543 - 6972

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Full Name of Designated Agent	WN MANCUSO	
Mailing Address	526 KING STREET SUITE 4	15,
	ALEXANJORIA VA 22 CITY STATE	3/4-3143 ZIP CODE
Title or Position	VI TREASURER Telephone number 703 -	836-18732

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

150	INTRUST BANK		<u></u>
Mailing Address	515 KING ST	<u></u>	
		<u></u>	
	ALEXANDRIA	VA	2231.4
	CITY	STATE	ZIP CODE
Name of Bank Deposite	prv. etc.		

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999 & ST, NW MAIL ROOM S: W AM

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Federal Election Comm ENVELOPE REPLACEMENT PAGE FOR II The FEC added this page to the end of this filing	NCOMING DOCUMENTS
	Date of Receipt
Hand Delivered	3/30/09
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation [™] or Signat	ture Confirmation [™] Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Ne	ext Business Day Delivery
Received from House Records & Registration C	Date of Receipt Office
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
EN	3/31/09
PREPARER (3/2005)	DATE PREPARED