

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 is changed) Example: If typing, type over the lines. 12FE4M5

ASSOCIATION OF AIR MEDICAL SERVICES  
POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 526 KING STREET SUITE 415

(Check if address is changed)

ALEXANDRIA VA 22314-3143

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 03 27 2009

3. FEC IDENTIFICATION NUMBER C 009 104 31

4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer David F. Gencarelli

Signature of Treasurer [Signature] Date 03/30/09

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

29030061154

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate \_\_\_\_\_

|                             |                |       |        |           |          |
|-----------------------------|----------------|-------|--------|-----------|----------|
| Candidate Party Affiliation | Office Sought: | House | Senate | President | State    |
|                             |                |       |        |           | District |

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

Party Committee:

- (d) This committee is a \_\_\_\_\_ (National, State or subordinate) committee of the \_\_\_\_\_ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Corporation                        | <input type="checkbox"/> Corporation w/o Capital Stock | <input type="checkbox"/> Labor Organization |
| <input checked="" type="checkbox"/> Membership Organization | <input type="checkbox"/> Trade Association             | <input type="checkbox"/> Cooperative        |

In addition, this committee is a Lobbyist/Registrant PAC.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

- |          |                           |
|----------|---------------------------|
| 1. _____ | FEC ID number C . . . . . |
| 2. _____ | FEC ID number C           |
| 3. _____ | FEC ID number C           |
| 4. _____ | FEC ID number C           |

29030061155

Write or Type Committee Name

ASSOCIATION OF AIR MEDICAL SERVICES Political Action Committee

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

ASSOCIATION OF AIR MEDICAL SERVICES

Mailing Address

526 KING ST SUITE 415

ALEXANDRIA VA 22314-3143

CITY STATE ZIP CODE

Relationship: X Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

MOGENDRA SHETH

Mailing Address

526 KING STREET SUITE 415

ALEXANDRIA VA 22314-3143

Title or Position CITY STATE ZIP CODE

ACCOUNTANT

Telephone number 703-836-8732

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

DAVID GENCARRELLI

Mailing Address

209 PENNSYLVANIA AVENUE SE

WASHINGTON DC 20003

CITY STATE ZIP CODE

Title or Position

TREASURER

Telephone number 202-543-6972

29030061156

Full Name of Designated Agent

DAWN MANCUSO

Mailing Address

526 KING STREET SUITE 415

ALEXANDRIA

VA

22314-3143

CITY

STATE

ZIP CODE

Title or Position

ASSISTANT TREASURER

Telephone number

703-836-8732

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.

SUNTRUST BANK

Mailing Address

515 KING ST

ALEXANDRIA

VA

22314

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

999 E ST, NW  
MAIL ROOM  
5:00 AM

29030061157

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

|  |                                   |
|--|-----------------------------------|
| <input checked="" type="checkbox"/> Hand Delivered                               | Date of Receipt<br><b>3/30/09</b> |
| <input type="checkbox"/> USPS First Class Mail                                   | Postmarked                        |
| <input type="checkbox"/> USPS Registered/Certified                               | Postmarked (R/C)                  |
| <input type="checkbox"/> USPS Priority Mail                                      | Postmarked                        |
| Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/> |                                   |
| <input type="checkbox"/> USPS Express Mail                                       | Postmarked                        |
| <input type="checkbox"/> Postmark Illegible                                      |                                   |
| <input type="checkbox"/> No Postmark   |                                   |
| <input type="checkbox"/> Overnight Delivery Service (Specify):                   | Shipping Date                     |
| Next Business Day Delivery <input type="checkbox"/>                              |                                   |
| <input type="checkbox"/> Received from House Records & Registration Office       | Date of Receipt                   |
| <input type="checkbox"/> Received from Senate Public Records Office              | Date of Receipt                   |
| <input type="checkbox"/> Received from Electronic Filing Office                  | Date of Receipt                   |
| <input type="checkbox"/> Other (Specify):  | Date of Receipt or Postmarked     |

|   |                      |
|---|----------------------|
|  | <b>3/31/09</b>       |
| <b>PREPARER</b>   | <b>DATE PREPARED</b> |

29030061158