

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER 2008 JAN 31 PM 4:37

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

ASSOCIATION OF AIR MEDICAL SERVICES POLITICAL ACTION COMMITTEE (AAMSPAC)

ADDRESS (number and street) 526 KING ST SUITE 415

Check if different than previously reported. (ACC) ALEXANDRIA VA 22314

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C 00410431

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31 Year-End Report (YE), July 31 Mid-Year Report (Non-election Year Only) (MY), Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11) (Non-Election Year Only), Dec 20 (M12) (Non-Election Year Only), Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S) (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 01 01 2007 through 12 31 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Christopher M. EASTLEE Signature of Treasurer [Signature] Date 01 31 2008

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only table with 10 columns and 1 row. FEC FORM 3X Rev. 12/2004

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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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Page 2

Write or Type Committee Name

*Association of Air Medical Services Political Action Committee (AAMSPAC)*

Report Covering the Period:

From:

MM / DD / YYYY  
01 / 01 / 2007

To:

MM / DD / YYYY  
12 / 31 / 2007

|   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2007"/>                                       |                         | 750.00                            |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....   | 750.00                  |                                   |
| (c) Total Receipts (from Line 19) .....   | 150.00                  | 150.00                            |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....       | 800.00                  | 800.00                            |
| 7. Total Disbursements (from Line 31).....  | 0.00                    | 0.00                              |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                  | 800.00                  | 800.00                            |
| 9. Debts and Obligations Owed TO<br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| 10. Debts and Obligations Owed BY<br>the Committee (Itemize all on<br>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

28039613198  
615196508

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

*Association of Air Marine Services Political Action Committee (AAMS PAC)*

Report Covering the Period: From:

*MM* *DD* *YYYY*  
*01* *01* *2007*

To:

*MM* *DD* *YYYY*  
*12* *31* *2007*

**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).....

*0.00*

*0.00*

(ii) Unitemized.....

*150.00*

*150.00*

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

*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 Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

*150.00*

*150.00*

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)).....▶

*150.00*

*150.00*

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

*0.00*

*0.00*

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**DETAILED SUMMARY PAGE**  
of Disbursements

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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 .....  | 0-0-0 | 0-0-0 |
| (ii) Non-Federal Share.....  | 0-0-0 | 0-0-0 |
| (b) Other Federal Operating Expenditures .....   | 0-0-0 | 0-0-0 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 0-0-0 | 0-0-0 |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0-0-0 | 0-0-0 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 0-0-0 | 0-0-0 |
| 24. Independent Expenditures (use Schedule E) .....  | 0-0-0 | 0-0-0 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....                   | 0-0-0 | 0-0-0 |
| 26. Loan Repayments Made.....  | 0-0-0 | 0-0-0 |
| 27. Loans Made.....  | 0-0-0 | 0-0-0 |
| 28. Refunds of Contributions To:   |       |       |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0-0-0 | 0-0-0 |
| (b) Political Party Committees .....   | 0-0-0 | 0-0-0 |
| (c) Other Political Committees (such as PACs).....   | 0-0-0 | 0-0-0 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....                            | 0-0-0 | 0-0-0 |
| 29. Other Disbursements .....  | 0-0-0 | 0-0-0 |
| 30. Federal Election Activity (2 U.S.C. §431(20))  |       |       |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |       |       |
| (i) Federal Share .....  | 0-0-0 | 0-0-0 |
| (ii) "Levin" Share.....  | 0-0-0 | 0-0-0 |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0-0-0 | 0-0-0 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....           | 0-0-0 | 0-0-0 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..       | 0-0-0 | 0-0-0 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 0-0-0 | 0-0-0 |

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**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

| III. Net Contributions/Operating Expenditures  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 0.00                          | 0.00.00                           |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                          | 0.00.00                           |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 0.00                          | 0.00                              |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 0.00                          | 0.00                              |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....                | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 0.00                          | 0.00                              |

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**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

|                              |                              |                              |                             |                             |
|------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|
| FOR LINE NUMBER:             |                              | PAGE                         |                             | OF                          |
| <input 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)  
*Association of Air Medical Services Political Action Committee (AAMSPAC)*

**A.**

Full Name (Last, First, Middle Initial)

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

Amount of Each Receipt this Period

**B.**

Full Name (Last, First, Middle Initial)

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

Amount of Each Receipt this Period

**C.**

Full Name (Last, First, Middle Initial)

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

Amount of Each Receipt this Period

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

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

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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:<br>(check only one)                        |   |   |   |  |   | PAGE | OF |
|   | <input type="checkbox"/> 21b<br><input type="checkbox"/> 27 | <input type="checkbox"/> 22<br><input type="checkbox"/> 28a | <input type="checkbox"/> 23<br><input type="checkbox"/> 28b | <input type="checkbox"/> 24<br><input type="checkbox"/> 28c | <input type="checkbox"/> 25<br><input type="checkbox"/> 29 | <input type="checkbox"/> 26<br><input type="checkbox"/> 30b |      |    |

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NAME OF COMMITTEE (In Full)  
*Association of Air Medical Services Political Action Committee CHARLSPAC*

Full Name (Last, First, Middle Initial)

**A.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

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

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

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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.

Hand Delivered Date of Receipt  
1/31/08

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked  
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date  
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

 1/31/08  
**PREPARER** **DATE PREPARED**  
 (3/2005)

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