

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Medical Response Inc Political Action Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		91810.78
(b) Cash on Hand at Beginning of Reporting Period.....	94764.70	
(c) Total Receipts (from Line 19)	1280.43	4234.35
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	96045.13	96045.13
7. Total Disbursements (from Line 31).....	2600.00	2600.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	93445.13	93445.13
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Medical Response Inc Political Action Committee

Report Covering the Period: From: / / 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).....	907.66	1599.94
(ii) Unitemized	372.77	2634.41
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1280.43	4234.35
(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)	1280.43	4234.35
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))..... ▶	1280.43	4234.35
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1280.43	4234.35

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.....	2600.00	2600.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2600.00	2600.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2600.00	2600.00

DETAILED SUMMARY PAGE
of Disbursements

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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)	1280.43	4234.35
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1280.43	4234.35
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 9
<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 Medical Response Inc Political Action Committee

Full Name (Last, First, Middle Initial) A. Alfred Dellavalle		Date of Receipt 03 / 31 / 2013 Transaction ID : PR1364986329925
Mailing Address 43 Oakwood Drive		Amount of Each Receipt this Period 100.00
City North Haven	State CT	Zip Code 06473-1938
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Weekly)
Name of Employer American Medical Response of Connectic	Occupation VP Government Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) B. Steven J. Delahousey		Date of Receipt 03 / 31 / 2013 Transaction ID : PR1365131529925
Mailing Address 2580 Rue Palafox		Amount of Each Receipt this Period 76.92
City Biloxi	State MS	Zip Code 39531-3733
FEC ID number of contributing federal political committee. C		P/R Deduction (\$38.46 Bi-Weekly)
Name of Employer Mobile Medic Ambulance Service, Inc	Occupation VP Emergency Preparedness	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.76	

Full Name (Last, First, Middle Initial) C. Debora Gault		Date of Receipt 03 / 31 / 2013 Transaction ID : PR1365144229925
Mailing Address 5502 Northwest Highway		Amount of Each Receipt this Period 76.92
City Waterford	State WI	Zip Code 53185-2829
FEC ID number of contributing federal political committee. C		P/R Deduction (\$38.46 Bi-Weekly)
Name of Employer EMS MGMT LLC	Occupation VP Reimbursement (Federal)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.76	

SUBTOTAL of Receipts This Page (optional).....▶	253.84
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 9
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Ronald W. Thackery
 Full Name (Last, First, Middle Initial)
 Mailing Address 9922 S. Silver Maple Rd.
 City Highlands Ranch State CO Zip Code 80129-5460
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Medical Response, Inc Occupation VP Senior Professional Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.76

Date of Receipt 03 / 31 / 2013
Transaction ID : PR1365144629925
 Amount of Each Receipt this Period 76.92
 P/R Deduction (\$38.46 Bi-Weekly)

B. Steven G. Murphy
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 S Birch Road # 901a
 City Fort Lauderdale State FL Zip Code 33316-1540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EMS MGMT LLC Occupation VP Senior Government & National Servic
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt 03 / 31 / 2013
Transaction ID : PR1365147929925
 Amount of Each Receipt this Period 192.30
 P/R Deduction (\$96.15 Bi-Weekly)

C. Randall L. Strozyk
 Full Name (Last, First, Middle Initial)
 Mailing Address 9209 181st Ave E
 City Bonney Lake State WA Zip Code 98391-7187
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Medical Response Ambulance Se Occupation CEO - AASI / AMR Air
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt 03 / 31 / 2013
Transaction ID : PR1365275529925
 Amount of Each Receipt this Period 115.38
 P/R Deduction (\$57.69 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	384.60
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 OF 9
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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 Medical Response Inc Political Action Committee

Full Name (Last, First, Middle Initial)
A. Scott S. Bourn

Mailing Address 10617 Stone Creek Ct.

City State Zip Code
Parker CO 80134-2536

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

Name of Employer Occupation
American Medical Response, Inc VP Clinical Education

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **230.76**

Date of Receipt
03 / 31 / 2013

Transaction ID : PR1365585329925

Amount of Each Receipt this Period
76.92

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

Full Name (Last, First, Middle Initial)
B. Edward B Van Horne

Mailing Address 4520 Alexandra Drive

City State Zip Code
Colleyville TX 76034-4256

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

Name of Employer Occupation
American Medical Response Ambulance Se CEO - AMR Regional

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **269.22**

Date of Receipt
03 / 31 / 2013

Transaction ID : PR1365962829925

Amount of Each Receipt this Period
115.38

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

Full Name (Last, First, Middle Initial)
c. Thomas R. Wagner

Mailing Address 303 Peppertree Rd.

City State Zip Code
Walnut Creek CA 94598-2701

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

Name of Employer Occupation
American Medical Response West CEO - AMR Regional

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **230.76**

Date of Receipt
03 / 31 / 2013

Transaction ID : PR2388846829925

Amount of Each Receipt this Period
76.92

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

SUBTOTAL of Receipts This Page (optional).....▶	269.22
TOTAL This Period (last page this line number only).....▶	907.66

**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"/> 24	<input type="checkbox"/> 25	<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 Medical Response Inc Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends Of Rosa DeLauro

Mailing Address 12 Trumbull Street

City New Haven State CT Zip Code 06511

Purpose of Disbursement

011

Candidate Name

Rep. Rosa DeLauro

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: CT District: 03

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 05 / 2013

Transaction ID : 35984666

Amount of Each Disbursement this Period

2600.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

2600.00

2600.00