



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)**

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

|  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2012"/>  |                         | 48188.67                          |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | 48188.67                |                                   |
| (c) Total Receipts (from Line 19) .....  | 3910.67                 | 3910.67                           |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | 52099.34                | 52099.34                          |
| 7. Total Disbursements (from Line 31).....   | 11000.00                | 11000.00                          |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | 41099.34                | 41099.34                          |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| 10. Debts and Obligations Owed <b>BY</b><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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)**

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

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 2658.34                       | 2658.34                           |
| (ii) Unitemized .....   | 1233.37                       | 1233.37                           |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶   | 3891.71                       | 3891.71                           |
| (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) .....  | 3891.71                       | 3891.71                           |
| 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.).....   | 18.96                         | 18.96                             |
| 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))..... ▶                        | 3910.67                       | 3910.67                           |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶                                  | 3910.67                       | 3910.67                           |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>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.....         | 11000.00                      | 11000.00                          |
| 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)) ..      | 11000.00                      | 11000.00                          |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 11000.00                      | 11000.00                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....        | 3891.71                       | 3891.71                           |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 3891.71                       | 3891.71                           |
| 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                              |

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

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

FOR LINE NUMBER: PAGE 6 OF 11  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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)**

Full Name (Last, First, Middle Initial)  
**A. Dale Berry**

Mailing Address 1200 State Circle

City State Zip Code  
 Ann Arbor MI 48108

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

Name of Employer Occupation  
 Huron Valley Ambulance President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 02 / 15 / 2012  
**Transaction ID : SA11AI.8077**

Amount of Each Receipt this Period  
 250.00

Contribution

Full Name (Last, First, Middle Initial)  
**B. Kate Carroll**

Mailing Address 3720 Corley

City State Zip Code  
 Beaumont TX 77701

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

Name of Employer Occupation  
 Acadian Ambulance Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 02 / 15 / 2012  
**Transaction ID : SA11AI.8076**

Amount of Each Receipt this Period  
 250.00

Contributions

Full Name (Last, First, Middle Initial)  
**C. Harvey L. Hall**

Mailing Address 1001 - 21st Street

City State Zip Code  
 Bakersfield CA 93301

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

Name of Employer Occupation  
 Hall Ambulance Service CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 02 / 15 / 2012  
**Transaction ID : SA11AI.8074**

Amount of Each Receipt this Period  
 250.00

Contribution

**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 7 OF 11  |
| <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. Harvey L. Hall**  
Full Name (Last, First, Middle Initial)

Mailing Address 1001 - 21st Street

City Bakersfield State CA Zip Code 93301

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

Name of Employer Hall Ambulance Service Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **03 / 15 / 2012**

**Transaction ID : SA11AI.8087**

Amount of Each Receipt this Period **250.00**

CONTRIBUTION

**B. Rachel Harracksingh**  
Full Name (Last, First, Middle Initial)

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 Life Ambulance Service Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **02 / 15 / 2012**

**Transaction ID : SA11AI.8084**

Amount of Each Receipt this Period **250.00**

CONTRIBUTION

**C. Russell Honeycutt**  
Full Name (Last, First, Middle Initial)

Mailing Address 223 Pebblebrook Lane

City Macon State GA Zip Code 31220

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

Name of Employer The Honeycutt Group Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **03 / 15 / 2012**

**Transaction ID : SA11AI.8091**

Amount of Each Receipt this Period **100.00**

CONTRIBUTION

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>600.00</b> |
| <b>TOTAL</b> 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 11                 |
|   | <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. Steve Murphy**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 S Birch Rd #901

City Ft Lauderdale State FL Zip Code 33316

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

Name of Employer AMR Occupation Exe VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 15 / 2012  
Transaction ID : SA11AI.8082

Amount of Each Receipt this Period 250.00

CONTRIBUTION

**B. Aaron Reinert**  
Full Name (Last, First, Middle Initial)

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 Lake Regions EMS Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt 02 / 15 / 2012  
Transaction ID : SA11AI.8075

Amount of Each Receipt this Period 625.00

Contributions

**C. Julie Ann Rose**  
Full Name (Last, First, Middle Initial)

Mailing Address 1123 Chestnut Drive

City Ashtabula State OH Zip Code 44004

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

Name of Employer Community Care Ambulance Occupation Executive Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt 03 / 15 / 2012  
Transaction ID : SA11AI.8089

Amount of Each Receipt this Period 83.34

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 958.34

**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 11  |
| <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. Ronald Thackery**  
Full Name (Last, First, Middle Initial)  
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 American Medical Response Occupation VP Risk Management  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 15 / 2012  
**Transaction ID : SA11AI.8086**  
Amount of Each Receipt this Period 250.00  
CONTRIBUTION

**B. Gerald Zapolnik**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1116 Rathfan Circle  
City Saline State MI Zip Code 48176  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Huron Valley Ambulance Occupation VP Support Operations  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 15 / 2012  
**Transaction ID : SA11AI.8090**  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION

**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

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 350.00  |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 2658.34 |

**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 AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)**

Full Name (Last, First, Middle Initial)

**A. CANTOR FOR CONGRESS**

Mailing Address P. O. Box 17813

City Richmond State VA Zip Code 23226

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**ERIC CANTOR**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: VA District: 07

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 7 |   | 2 | 0 | 1 | 2 |

**Transaction ID : SB23.8096**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|   |   |   |   |   |   |   |   |   |   |

Full Name (Last, First, Middle Initial)

**B. KEVIN MCCARTHY FOR CONGRESS**

Mailing Address PO BOX 12667

City BAKERSFIELD State CA Zip Code 93389

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**KEVIN MCCARTHY**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 22

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 7 |   | 2 | 0 | 1 | 2 |

**Transaction ID : SB23.8097**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 3 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|   |   |   |   |   |   |   |   |   |   |

Full Name (Last, First, Middle Initial)

**C. KEVIN MCCARTHY FOR CONGRESS**

Mailing Address PO BOX 12667

City BAKERSFIELD State CA Zip Code 93389

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**KEVIN MCCARTHY**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 22

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 7 |   | 2 | 0 | 1 | 2 |

**Transaction ID : SB23.8098**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|   |   |   |   |   |   |   |   |   |   |

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

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

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|   |   |   |   |   |   |   |   |   |   |

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|   |   |   |   |   |   |   |   |   |   |

**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 AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)**

Full Name (Last, First, Middle Initial)

**A. PETE STARK RE-ELECTION COMMITTEE**

Mailing Address P.O. Box 8331

City State Zip Code  
Fremont CA 94537

Purpose of Disbursement  
Contribution

011

Candidate Name

**FORTNEY P. STARK**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 13

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 07    | / | 2012        |

**Transaction ID : SB23.8095**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

**B. ROSKAM FOR CONGRESS COMMITTEE**

Mailing Address P. O. BOX 713

City State Zip Code  
WHEATON IL 60187

Purpose of Disbursement  
Contribution

011

Candidate Name

**PETER ROSKAM**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IL District: 06

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 07    | / | 2012        |

**Transaction ID : SB23.8099**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

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 M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

Amount of Each Disbursement this Period

|  |
|--|
|  |
|--|

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

|         |
|---------|
| 5000.00 |
|---------|

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

|          |
|----------|
| 11000.00 |
|----------|