

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.
American Ambulance Association Federal Pac (Aka Ambu-Pac)

ADDRESS (number and street)

 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 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) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

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 Denise Clark

Signature of Treasurer Denise Clark [Electronically Filed] Date / /

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

**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 This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="64168.09"/>	<input type="text" value="64168.09"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="55503.35"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="1641.37"/>	<input type="text" value="10976.63"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="57144.72"/>	<input type="text" value="75144.72"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="11500.00"/>	<input type="text" value="29500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="45644.72"/>	<input type="text" value="45644.72"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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 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).....	1624.98	9541.62
(ii) Unitemized	0.00	1383.32
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1624.98	10924.94
(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)	1624.98	10924.94
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.).....	16.39	51.69
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))..... ▶	1641.37	10976.63
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1641.37	10976.63

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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	0.00	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.....	11500.00	29500.00
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)) ..	11500.00	29500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11500.00	29500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	1624.98	10924.94
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1624.98	10924.94
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 13
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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. Gene Bradley

Mailing Address 802 S Washington St

City State Zip Code
Orgon MO 64473

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

Name of Employer Occupation
Atchison-Holt Ambulance Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2014
Transaction ID : C2839875

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Gene Bradley

Mailing Address 802 S Washington St

City State Zip Code
Orgon MO 64473

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

Name of Employer Occupation
Atchison-Holt Ambulance Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 07 / 2014
Transaction ID : C2839892

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Gene Bradley

Mailing Address 802 S Washington St

City State Zip Code
Orgon MO 64473

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

Name of Employer Occupation
Atchison-Holt Ambulance Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2014
Transaction ID : C2839894

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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: PAGE 7 OF 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Ambulance Association Federal Pac (Aka Ambu-Pac)

Full Name (Last, First, Middle Initial)
A. Debora Mary Gault

Mailing Address 5502 North West Highway

City Waterford State WI Zip Code 53185

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

Name of Employer AMR - Corporate Occupation Vice President, Federal Reimbursements

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **749.97**

Date of Receipt
07 / 07 / 2014

Transaction ID : C2839879

Amount of Each Receipt this Period
83.33

Full Name (Last, First, Middle Initial)
B. Debora Mary Gault

Mailing Address 5502 North West Highway

City Waterford State WI Zip Code 53185

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

Name of Employer AMR - Corporate Occupation Vice President, Federal Reimbursements

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **749.97**

Date of Receipt
08 / 07 / 2014

Transaction ID : C2839895

Amount of Each Receipt this Period
83.33

Full Name (Last, First, Middle Initial)
C. Debora Mary Gault

Mailing Address 5502 North West Highway

City Waterford State WI Zip Code 53185

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

Name of Employer AMR - Corporate Occupation Vice President, Federal Reimbursements

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **749.97**

Date of Receipt
09 / 17 / 2014

Transaction ID : C2839896

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional)..... ▶ **249.99**

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 8 OF 13
<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 Hall
Full Name (Last, First, Middle Initial)
Mailing Address 1001 21st Street

City Bakersfield	State CA	Zip Code 93301
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FEC ID number of contributing federal political committee. **C**

Name of Employer Hall Ambulance Service, Inc.	Occupation Information Requested
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	07	/	2014

Transaction ID : C2839871

Amount of Each Receipt this Period
250.00

B. Harvey Hall
Full Name (Last, First, Middle Initial)
Mailing Address 1001 21st Street

City Bakersfield	State CA	Zip Code 93301
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FEC ID number of contributing federal political committee. **C**

Name of Employer Hall Ambulance Service, Inc.	Occupation Information Requested
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	04	/	2014

Transaction ID : C2839885

Amount of Each Receipt this Period
250.00

C. Harvey Hall
Full Name (Last, First, Middle Initial)
Mailing Address 1001 21st Street

City Bakersfield	State CA	Zip Code 93301
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FEC ID number of contributing federal political committee. **C**

Name of Employer Hall Ambulance Service, Inc.	Occupation Information Requested
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2014

Transaction ID : C2839886

Amount of Each Receipt this Period
250.00

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 9 OF 13
<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. JulieAnn Rose
Full Name (Last, First, Middle Initial)
Mailing Address 1123 Chestnut Drive

City Ashtabula	State OH	Zip Code 44004
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FEC ID number of contributing federal political committee. **C**

Name of Employer Community Care Ambulance Network	Occupation Executive Director
--	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **749.97**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	07	/	2014

Transaction ID : C2839880

Amount of Each Receipt this Period

83.33

B. JulieAnn Rose
Full Name (Last, First, Middle Initial)
Mailing Address 1123 Chestnut Drive

City Ashtabula	State OH	Zip Code 44004
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FEC ID number of contributing federal political committee. **C**

Name of Employer Community Care Ambulance Network	Occupation Executive Director
--	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **749.97**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	07	/	2014

Transaction ID : C2839897

Amount of Each Receipt this Period

83.33

C. JulieAnn Rose
Full Name (Last, First, Middle Initial)
Mailing Address 1123 Chestnut Drive

City Ashtabula	State OH	Zip Code 44004
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FEC ID number of contributing federal political committee. **C**

Name of Employer Community Care Ambulance Network	Occupation Executive Director
--	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **749.97**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2014

Transaction ID : C2839898

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional).....▶	249.99
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 10 OF 13
<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. Randy Strozyk
Full Name (Last, First, Middle Initial)

Mailing Address 9209 181 Street Avenue East

City Bonney Lake	State WA	Zip Code 98391
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FEC ID number of contributing federal political committee. **C**

Name of Employer AMR - Corporate	Occupation Senior VP, Operations
-------------------------------------	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
07	/	07	/	2014

Transaction ID : C2839872

Amount of Each Receipt this Period

100.00

B. Randy Strozyk
Full Name (Last, First, Middle Initial)

Mailing Address 9209 181 Street Avenue East

City Bonney Lake	State WA	Zip Code 98391
---------------------	-------------	-------------------

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

Name of Employer AMR - Corporate	Occupation Senior VP, Operations
-------------------------------------	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	07	/	2014

Transaction ID : C2839887

Amount of Each Receipt this Period

100.00

C. Randy Strozyk
Full Name (Last, First, Middle Initial)

Mailing Address 9209 181 Street Avenue East

City Bonney Lake	State WA	Zip Code 98391
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FEC ID number of contributing federal political committee. **C**

Name of Employer AMR - Corporate	Occupation Senior VP, Operations
-------------------------------------	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	17	/	2014

Transaction ID : C2839890

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	1624.98

**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. Friends of Joe Pitts

Mailing Address PO Box 775

City Unionville State PA Zip Code 19375-0775

Purpose of Disbursement
Contribution

Candidate Name

Joseph Pitts

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District:

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2014

Transaction ID : D161852

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends of Mark Warner

Mailing Address 2034 Eisenhower Ave

City Alexandria State VA Zip Code 22314-5326

Purpose of Disbursement
Contribution

Candidate Name

Mark Warner

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: VA District:

Date of Disbursement

MM / DD / YYYY
08 / 21 / 2014

Transaction ID : D161854

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. JEFF MERKLEY FOR OREGON

Mailing Address PO Box 14172

City Portland State OR Zip Code 97293-0172

Purpose of Disbursement
Contribution

Candidate Name

Jeff Merkley

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OR District:

Date of Disbursement

MM / DD / YYYY
08 / 21 / 2014

Transaction ID : D161851

Amount of Each Disbursement this Period

2000.00

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

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

4000.00

**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. PAT ROBERTS FOR US SENATE

Mailing Address PO Box 433

City State Zip Code
Great Bend KS 67530-0433

Purpose of Disbursement
Contribution

Candidate Name
Pat Roberts

Office Sought: House
 Senate
 President
State: KS District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 15 / 2014

Transaction ID : D161855

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. PAT ROBERTS FOR US SENATE

Mailing Address PO Box 433

City State Zip Code
Great Bend KS 67530-0433

Purpose of Disbursement
Contribution

Candidate Name
Pat Roberts

Office Sought: House
 Senate
 President
State: KS District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2014

Transaction ID : D161856

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. HOYER FOR CONGRESS

Mailing Address 700 13th St NW

City State Zip Code
Washington DC 20005-3960

Purpose of Disbursement
Contribution

Candidate Name
Steny Hoyer

Office Sought: House
 Senate
 President
State: MD District: 05

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 15 / 2014

Transaction ID : D161849

Amount of Each Disbursement this Period

1000.00

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

6000.00

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

**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

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. Walden for Congress

Mailing Address PO Box 1091

City Hood River State OR Zip Code 97031-0037

Purpose of Disbursement
Contribution

Candidate Name

Greg Walden

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OR District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	1		2	0	1	4

Transaction ID : D161853

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
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B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

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

Amount of Each Disbursement this Period

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C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

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

Amount of Each Disbursement this Period

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

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

1	5	0	0	.	0	0
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1	1	5	0	0	.	0	0
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