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**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 PREFIX

Example: If typing, type over the lines.

12FE4MS

ASSOCIATION OF AIR MEDICAL SERVICES POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

909 NORTH WASHINGTON STREET

SUITE 410

ALEXANDRIA VA 22314

Check if different than previously reported (ACC)

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00410431

3. IS THIS REPORT

NEW

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) 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)

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)

(c) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

In the State of

(e) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

In the State of

5. Covering Period

01 01 2011

through

06 30 2011

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

Gregory P. Lynskey

Signature of Treasurer

Gregory P. Lynskey

Date

07 27 2011

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

FEC FORM 3X
Rev. 12/2004

FEB40028

11030643287

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 321 (Rev. 02/2003)

Page 2

Write or Type Committee Name

Association of Air Medical Services PAC

Report Covering the Period:

From:

01 01 2011

To:

06 30 2011

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2011	2043835	2043835
(b) Cash on Hand at Beginning of Reporting Period.....	2043835	
(c) Total Receipts (from Line 18).....	215500	215500
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	2259335	2259335
7. Total Disbursements (from Line 31).....	645563	645563
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	1613772	1613772
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 multibandidate committee. (see FEC FORM 121)

For further information contact:

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

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

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**DETAILED SUMMARY PAGE
of Receipts**

FEC Form 3X (Rev. 09/2004)

Page 3

Write or Type Committee Name

Association of Air Medical Services PAC

Report Covering the Period: From:

01 01 2011

To:

06 30 2011

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) Verified (use Schedule A).....	1 000 00	1 000 00
(ii) Unverified.....	1 155 00	1 155 00
(ii) TOTAL (add Lines 11(a)(i) and (ii)).....	2 155 00	2 155 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)(i), (b), and (c)) (carry Totals to line 32, page 5).....	2 155 00	2 155 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 HS).....	0 00	0 00
(b) Levin Funds (from Schedule HS).....	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)).....	2 155 00	2 155 00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....	2 155 00	2 155 00

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**DETAILED SUMMARY PAGE
of Disbursements**

FEC Form 3X (Rev. 02/2003)

Page 4

B. 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	000	0.00
(ii) Non-Federal Share.....	000	0.00
(b) Other Federal Operating Expenditures	620563	620563
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	620563	620563
22. Transfers to Affiliated/Other Party Committees	000	000
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	25000	25000
24. Independent Expenditures (use Schedule E)	000	000
25. Coordinated Party Expenditures (2 U.S.C. 6441a(d)) (use Schedule F).....	000	000
26. Loan Repayments Made.....	000	000
27. Loans Made.....	000	000
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	000	000
(b) Political Party Committees	000	000
(c) Other Political Committees (such as PACs).....	000	000
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	000	000
29. Other Disbursements	000	000
30. Federal Election Activity (2 U.S.C. 6451(a))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	000	000
(ii) "Levin" Share.....	000	000
(b) Federal Election Activity Paid Entirely With Federal Funds	000	000
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....	000	000
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	645563	645563
32. Total Federal Disbursements (subtract Line 21(a)(i) and Line 30(a)(i) from Line 31).....	645563	645563

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**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)	215500	215500
34. Total Contribution Refunds (from Line 28(d))	000	000
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	215500	215500
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	620563	620563
37. Offsets to Operating Expenditures (from Line 15, page 3)	000	000
38. Net Operating Expenditures (subtract Line 37 from Line 36)	620563	620563

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

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

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 PAC

A. Full Name (Last, First, Middle Initial)
THOMAS R. Pickering, Timothy R.

Mailing Address
4947 CR 8940

City *West Plains* State *MO* Zip Code *65775*

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

Name of Employer
Air Evac Ems, Inc. Occupation
Director of Government Affairs

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date
500.00

Date of Receipt
03 19 2011

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Hankins, Daniel G.

Mailing Address
9652 55th Ave. NW

City *Oronoco* State *MN* Zip Code *55960*

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

Name of Employer
Mayo Clinic Medical Transport Occupation
Medical Director

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date
500.00

Date of Receipt
03 19 2011

Amount of Each Receipt this Period
500.00

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 Elected (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 this Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE / OF /
	<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)
Association of Air Medical Services PAC

A. Full Name (Last, First, Middle Initial) <i>Citizens for Petri</i>		Date of Disbursement MM / DD / YYYY <i>06 / 01 / 2011</i>
Mailing Address <i>PO Box 270</i>		Amount of Each Disbursement this Period <i>250.00</i>
City <i>Fond du Lac</i>	State <i>WI</i>	
Zip Code <i>54936</i>		Category/Type
Purpose of Disbursement <i>Contribution</i>		
Candidate Name <i>Rep. Tom Petri</i>		Disbursement For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> <i>Unspecified</i>
Office Bought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <i>WI</i> District: <i>06</i>	

B. Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address		Amount of Each Disbursement this Period
City	State	Category/Type
Zip Code		
Purpose of Disbursement		Disbursement For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>
Candidate Name		
Office Bought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	State: District:	

C. Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address		Amount of Each Disbursement this Period
City	State	Category/Type
Zip Code		
Purpose of Disbursement		Disbursement For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>
Candidate Name		
Office Bought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	State: District:	

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

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)
7/28/11

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


PREPARER

8/1/11
DATE PREPARED

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