

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. **12FE4M5**
AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

ADDRESS (number and street) P.O. Box 96503
#72319
 Check if different than previously reported. (ACC)
Washington DC 20090

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00168070 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 [07] / [01] / [2023] through [12] / [31] / [2023]

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 Rose, Julie Ann, , ,

Signature of Treasurer Rose, Julie Ann, , , Date [01] / [30] / [2024]

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

Report Covering the Period: From: 07 / 01 / 2023 To: 12 / 31 / 2023

Table with 2 columns: COLUMN A This Period, COLUMN B Calendar Year-to-Date. Rows include Cash on Hand, Total Receipts, Total Disbursements, and Debts and Obligations.

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

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

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).....	9600.00	61750.00
(ii) Unitemized	0.00	7425.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	9600.00	69175.00
(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)	9600.00	69175.00
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)).....▶	9600.00	69175.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	9600.00	69175.00

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	3006.84	3006.84
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	3006.84	3006.84
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	42500.00	59000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	45506.84	62006.84
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	45506.84	62006.84

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	9600.00	69175.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9600.00	69175.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	3006.84	3006.84
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3006.84	3006.84

**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 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)

A. Archuleta, Chris, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4500 Willow View Lane NW
 City Albuquerque State NM Zip Code 87120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Superior Ambulance Service Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 08 / 02 / 2023
Transaction ID : SA11Al.10808
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Archuleta, Chris, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4500 Willow View Lane NW
 City Albuquerque State NM Zip Code 87120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Superior Ambulance Service Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 12 / 02 / 2023
Transaction ID : SA11Al.10809
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Baxter, Bruce, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 Shapleigh Ave
 City Haverhill State MA Zip Code 01830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) New Britain EMS Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 19 / 2023
Transaction ID : SA11Al.10802
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	600.00
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 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

A. Baxter, Bruce, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 Shapleigh Ave
 City Haverhill State MA Zip Code 01830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) New Britain EMS Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 19 / 2023
Transaction ID : SA11Al.10803
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Baxter, Bruce, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 Shapleigh Ave
 City Haverhill State MA Zip Code 01830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) New Britain EMS Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2023
Transaction ID : SA11Al.10804
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Baxter, Bruce, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 Shapleigh Ave
 City Haverhill State MA Zip Code 01830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) New Britain EMS Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2023
Transaction ID : SA11Al.10805
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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 8 OF 32
	<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. Baxter, Bruce, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 Shapleigh Ave
 City Haverhill State MA Zip Code 01830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) New Britain EMS Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 19 / 2023
Transaction ID : SA11Al.10806
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Baxter, Bruce, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 Shapleigh Ave
 City Haverhill State MA Zip Code 01830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) New Britain EMS Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11Al.10807
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Berry, Dale, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1200 State Circle
 City Ann Arbor State MI Zip Code 48108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Huron Valley Ambulance Occupation (for Individual) President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 21 / 2023
Transaction ID : SA11Al.10810
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	450.00
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 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

A. Berry, Dale, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1200 State Circle
 City Ann Arbor State MI Zip Code 48108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Huron Valley Ambulance Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 21 / 2023
Transaction ID : SA11Al.10811
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Hall, Lavonne, N/A, Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1001 21st St.
 City Bakersfield State CA Zip Code 93301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) N/A
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 07 / 19 / 2023
Transaction ID : SA11Al.10826
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Hall, Lavonne, N/A, Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1001 21st St.
 City Bakersfield State CA Zip Code 93301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) N/A
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11Al.10827
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
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 10 OF 32
	<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. Howell, Jon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 251 Bishop Farm Way
 City Huntsville State AL Zip Code 35806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HEMSI Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2023
Transaction ID : SA11Al.10815
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Howell, Jon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 251 Bishop Farm Way
 City Huntsville State AL Zip Code 35806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HEMSI Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2023
Transaction ID : SA11Al.10816
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Johnson, James S., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1801 Mockingbird Lane
 City Enid State OK Zip Code 73703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Life EMS Occupation (for Individual) President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2023
Transaction ID : SA11Al.10812
 Amount of Each Receipt this Period
 250.00
 Memo Item

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 11 OF 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

A. Johnson, James S., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1801 Mockingbird Lane
 City Enid State OK Zip Code 73703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Life EMS Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt **09 / 19 / 2023**
Transaction ID : SA11Al.10813
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Johnson, James S., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1801 Mockingbird Lane
 City Enid State OK Zip Code 73703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Life EMS Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt **12 / 19 / 2023**
Transaction ID : SA11Al.10814
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Kelley, Ken, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 130 Blackgum St
 City Magnolia State AR Zip Code 71753
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ProMed Ambulance Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt **08 / 01 / 2023**
Transaction ID : SA11Al.10823
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1250.00
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 12 OF 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

A. Kelley, Ken, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 130 Blackgum St
 City Magnolia State AR Zip Code 71753
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ProMed Ambulance Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2023
Transaction ID : SA11AI.10824
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Kowsky, Rick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1482 Slater Rd Suite A
 City Ferndale State WA Zip Code 98248
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cascade Ambulance Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 08 / 2023
Transaction ID : SA11AI.10841
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Main, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2323 S Beech Drive
 City Visalia State CA Zip Code 93292
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Amb of Visalia Occupation (for Individual) President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2023
Transaction ID : SA11AI.10828
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1050.00
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 13 OF 32
(check only one)

<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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Main, Paul, , ,

Mailing Address 2323 S Beech Drive

City Visalia	State CA	Zip Code 93292
-----------------	-------------	-------------------

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

Name of Employer (for Individual) American Amb of Visalia	Occupation (for Individual) President
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		07		2023

Transaction ID : SA11AI.10829

Amount of Each Receipt this Period
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Main, Paul, , ,

Mailing Address 2323 S Beech Drive

City Visalia	State CA	Zip Code 93292
-----------------	-------------	-------------------

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

Name of Employer (for Individual) American Amb of Visalia	Occupation (for Individual) President
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2023

Transaction ID : SA11AI.10830

Amount of Each Receipt this Period
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Main, Paul, , ,

Mailing Address 2323 S Beech Drive

City Visalia	State CA	Zip Code 93292
-----------------	-------------	-------------------

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

Name of Employer (for Individual) American Amb of Visalia	Occupation (for Individual) President
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2023

Transaction ID : SA11AI.10831

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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 14 OF 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)

A. Main, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2323 S Beech Drive
 City Visalia State CA Zip Code 93292
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Amb of Visalia Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 07 / 2023
Transaction ID : SA11Al.10832
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Main, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2323 S Beech Drive
 City Visalia State CA Zip Code 93292
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Amb of Visalia Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 07 / 2023
Transaction ID : SA11Al.10834
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Mateff, Robert, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42 Peter Jacob Drive
 City Bangor State PA Zip Code 18013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cetronia Ambulance Corpws Occupation (for Individual) COO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 19 / 2023
Transaction ID : SA11Al.10842
 Amount of Each Receipt this Period
 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	175.00
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 15 OF 32
(check only one)

<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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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)

A. Mateff, Robert, F, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 42 Peter Jacob Drive

City Bangor	State PA	Zip Code 18013
----------------	-------------	-------------------

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

Name of Employer (for Individual) Cetronia Ambulance Corpws	Occupation (for Individual) COO
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	19	/	2023

Transaction ID : SA11AI.10843

Amount of Each Receipt this Period
75.00

Memo Item

B. Mateff, Robert, F, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 42 Peter Jacob Drive

City Bangor	State PA	Zip Code 18013
----------------	-------------	-------------------

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

Name of Employer (for Individual) Cetronia Ambulance Corpws	Occupation (for Individual) COO
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
675.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	19	/	2023

Transaction ID : SA11AI.10844

Amount of Each Receipt this Period
75.00

Memo Item

C. Mateff, Robert, F, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 42 Peter Jacob Drive

City Bangor	State PA	Zip Code 18013
----------------	-------------	-------------------

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

Name of Employer (for Individual) Cetronia Ambulance Corpws	Occupation (for Individual) COO
--	------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2023

Transaction ID : SA11AI.10845

Amount of Each Receipt this Period
75.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	225.00
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 16 OF 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)

A. Mateff, Robert, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42 Peter Jacob Drive
 City Bangor State PA Zip Code 18013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cetronia Ambulance Corpws Occupation (for Individual) COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 825.00

Date of Receipt 11 / 19 / 2023
Transaction ID : SA11AI.10846
 Amount of Each Receipt this Period 75.00
 Memo Item

B. Mateff, Robert, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42 Peter Jacob Drive
 City Bangor State PA Zip Code 18013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cetronia Ambulance Corpws Occupation (for Individual) COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11AI.10847
 Amount of Each Receipt this Period 75.00
 Memo Item

C. Montes, Asbel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 305 Rue Bordeaux
 City Carencro State LA Zip Code 70520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadian Companies Occupation (for Individual) VP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 08 / 2023
Transaction ID : SA11AI.10796
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
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 17 OF 32
(check only one)

<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Montes, Asbel, , ,

Mailing Address 305 Rue Bordeaux

City Carencro	State LA	Zip Code 70520
------------------	-------------	-------------------

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

Name of Employer (for Individual) Acadian Companies	Occupation (for Individual) VP
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	08	/	2023

Transaction ID : SA11Al.10797

Amount of Each Receipt this Period
100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Montes, Asbel, , ,

Mailing Address 305 Rue Bordeaux

City Carencro	State LA	Zip Code 70520
------------------	-------------	-------------------

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

Name of Employer (for Individual) Acadian Companies	Occupation (for Individual) VP
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	08	/	2023

Transaction ID : SA11Al.10798

Amount of Each Receipt this Period
100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Montes, Asbel, , ,

Mailing Address 305 Rue Bordeaux

City Carencro	State LA	Zip Code 70520
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Acadian Companies	Occupation (for Individual) VP
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2023

Transaction ID : SA11Al.10799

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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 18 OF 32
	<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. Montes, Asbel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 305 Rue Bordeaux
 City Carencro State LA Zip Code 70520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadian Companies Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 08 / 2023
Transaction ID : SA11Al.10800
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Montes, Asbel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 305 Rue Bordeaux
 City Carencro State LA Zip Code 70520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acadian Companies Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 08 / 2023
Transaction ID : SA11Al.10801
 Amount of Each Receipt this Period 100.00
 Memo Item

C. North, Tristan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 302 Albemarle Ave
 City Richmond State VA Zip Code 23226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Ambulance Association Occupation (for Individual) SVP of Government Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 08 / 2023
Transaction ID : SA11Al.10848
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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 19 OF 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
North, Tristan, , ,

Mailing Address 302 Albemarle Ave

City Richmond	State VA	Zip Code 23226
------------------	-------------	-------------------

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

Name of Employer (for Individual) American Ambulance Association	Occupation (for Individual) SVP of Government Affairs
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2023
Transaction ID : SA11Al.10849

Amount of Each Receipt this Period
100.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
North, Tristan, , ,

Mailing Address 302 Albemarle Ave

City Richmond	State VA	Zip Code 23226
------------------	-------------	-------------------

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

Name of Employer (for Individual) American Ambulance Association	Occupation (for Individual) SVP of Government Affairs
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2023
Transaction ID : SA11Al.10850

Amount of Each Receipt this Period
100.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
North, Tristan, , ,

Mailing Address 302 Albemarle Ave

City Richmond	State VA	Zip Code 23226
------------------	-------------	-------------------

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

Name of Employer (for Individual) American Ambulance Association	Occupation (for Individual) SVP of Government Affairs
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 08 / 2023
Transaction ID : SA11Al.10851

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
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 20 OF 32
	<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. North, Tristan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 302 Albemarle Ave
 City Richmond State VA Zip Code 23226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Ambulance Association Occupation (for Individual) SVP of Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 08 / 2023
Transaction ID : SA11Al.10852
 Amount of Each Receipt this Period 100.00
 Memo Item

B. North, Tristan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 302 Albemarle Ave
 City Richmond State VA Zip Code 23226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Ambulance Association Occupation (for Individual) SVP of Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 08 / 2023
Transaction ID : SA11Al.10853
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Rose, Julie Ann, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1123 Chestnut Drive
 City Ashtabula State OH Zip Code 44004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Community Care Ambulance Occupation (for Individual) Executive Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 28 / 2023
Transaction ID : SA11Al.10817
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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 21 OF 32
(check only one)

<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rose, Julie Ann, , ,

Mailing Address 1123 Chestnut Drive

City Ashtabula	State OH	Zip Code 44004
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Community Care Ambulance	Occupation (for Individual) Executive Director
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
08 / 28 / 2023
Transaction ID : SA11Al.10818

Amount of Each Receipt this Period
100.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rose, Julie Ann, , ,

Mailing Address 1123 Chestnut Drive

City Ashtabula	State OH	Zip Code 44004
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Community Care Ambulance	Occupation (for Individual) Executive Director
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
09 / 28 / 2023
Transaction ID : SA11Al.10819

Amount of Each Receipt this Period
100.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rose, Julie Ann, , ,

Mailing Address 1123 Chestnut Drive

City Ashtabula	State OH	Zip Code 44004
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Community Care Ambulance	Occupation (for Individual) Executive Director
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
10 / 28 / 2023
Transaction ID : SA11Al.10820

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
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 22 OF 32
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rose, Julie Ann, , ,

Mailing Address 1123 Chestnut Drive

City Ashtabula	State OH	Zip Code 44004
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Community Care Ambulance	Occupation (for Individual) Executive Director
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2023
Transaction ID : SA11Al.10821

Amount of Each Receipt this Period
100.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rose, Julie Ann, , ,

Mailing Address 1123 Chestnut Drive

City Ashtabula	State OH	Zip Code 44004
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Community Care Ambulance	Occupation (for Individual) Executive Director
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2023
Transaction ID : SA11Al.10822

Amount of Each Receipt this Period
100.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Strozyk, Randy, , ,

Mailing Address 9209 181 Street Avenue East

City Bonney Lake	State WA	Zip Code 98390
---------------------	-------------	-------------------

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

Name of Employer (for Individual) American Medical Response	Occupation (for Individual) Vice President
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2023
Transaction ID : SA11Al.10835

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	400.00
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 23 OF 32
	<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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NAME OF COMMITTEE (In Full)
AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

A. Strozyk, Randy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9209 181 Street Avenue East
 City Bonney Lake State WA Zip Code 98390
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Medical Response Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 07 / 2023
Transaction ID : SA11AI.10836
 Amount of Each Receipt this Period
 200.00
 Memo Item

B. Strozyk, Randy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9209 181 Street Avenue East
 City Bonney Lake State WA Zip Code 98390
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Medical Response Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 07 / 2023
Transaction ID : SA11AI.10837
 Amount of Each Receipt this Period
 200.00
 Memo Item

C. Strozyk, Randy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9209 181 Street Avenue East
 City Bonney Lake State WA Zip Code 98390
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Medical Response Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 07 / 2023
Transaction ID : SA11AI.10838
 Amount of Each Receipt this Period
 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	600.00
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 24 OF 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

A. Strozyk, Randy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9209 181 Street Avenue East
 City Bonney Lake State WA Zip Code 98390
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Medical Response Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt 11 / 07 / 2023
Transaction ID : SA11AI.10839
 Amount of Each Receipt this Period 200.00
 Memo Item

B. Strozyk, Randy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9209 181 Street Avenue East
 City Bonney Lake State WA Zip Code 98390
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Medical Response Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 12 / 07 / 2023
Transaction ID : SA11AI.10840
 Amount of Each Receipt this Period 200.00
 Memo Item

C. Wolber, Kyle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15580 Verdun Drive
 City Winfield State IL Zip Code 60190
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Superior Ambulance Service Occupation (for Individual) Logistics Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 09 / 18 / 2023
Transaction ID : SA11AI.10825
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	900.00
TOTAL This Period (last page this line number only).....	9600.00

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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. Stripe Inc.

Mailing Address 510 Townshend Street

City
San Francisco

State
CA

Zip Code
94103

Purpose of Disbursement
Processing fees for receipts via Stripe

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
12			31			2023			

FEC Identification Number

C

Transaction ID : SB21B.10892

Amount of Each Disbursement this Period

3006.84

Memo Item

Full Name (Last, First, Middle Initial)

B.

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

3006.84

3006.84

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)

Grid for line numbers 21b-30b with checkboxes, where 23 is checked.

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NAME OF COMMITTEE (In Full)

AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

Full Name (Last, First, Middle Initial)

A. ANDREA SALINAS FOR OREGON

Date of Disbursement

Date selection grid showing 11/16/2023

Mailing Address PO BOX 230985

City TIGARD State OR Zip Code 97281

FEC Identification Number

FEC ID grid showing C00793703

Purpose of Disbursement

Transaction ID : SB23.10854

Candidate Name

Amount of Each Disbursement this Period

Amount grid showing 1500.00

Office Sought: House, Senate, President; Disbursement For: 2024; Primary, General, Other

Memo Item checkbox

Full Name (Last, First, Middle Initial)

B. BILL CASSIDY FOR US SENATE

Date of Disbursement

Date selection grid showing 07/14/2023

Mailing Address PO BOX 80505

City BATON ROUGE State LA Zip Code 70898

FEC Identification Number

FEC ID grid showing C00543983

Purpose of Disbursement

Transaction ID : SB23.10855

Candidate Name

Amount of Each Disbursement this Period

Amount grid showing 2500.00

Office Sought: House, Senate, President; Disbursement For: 2026; Primary, General, Other

Memo Item checkbox

Full Name (Last, First, Middle Initial)

C. BUDDY CARTER FOR CONGRESS

Date of Disbursement

Date selection grid showing 07/05/2023

Mailing Address PO BOX 10570

City SAVANNAH State GA Zip Code 31412

FEC Identification Number

FEC ID grid showing C00543967

Purpose of Disbursement

Transaction ID : SB23.10859

Candidate Name

Amount of Each Disbursement this Period

Amount grid showing 1000.00

Office Sought: House, Senate, President; Disbursement For: 2024; Primary, General, Other

Memo Item checkbox

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

Subtotal grid showing 5000.00

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

Total grid showing 5000.00

**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"/> 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. CATHY MCMORRIS RODGERS FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		14		2023

Mailing Address BOX 137

FEC Identification Number

C C00390476

Transaction ID : SB23.10863

Amount of Each Disbursement this Period

1500.00

Memo Item

City
SPOKANE

State
WA

Zip Code
99210

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: WA District: 05

Full Name (Last, First, Middle Initial)

B. CLIFF BENTZ FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2023

Mailing Address 660 MORGAN AVE

FEC Identification Number

C C00725465

Transaction ID : SB23.10865

Amount of Each Disbursement this Period

1000.00

Memo Item

City
ONTARIO

State
OR

Zip Code
97914

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: OR District: 02

Full Name (Last, First, Middle Initial)

C. GREG PENCE FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		05		2023

Mailing Address PO BOX 275

FEC Identification Number

C C00658401

Transaction ID : SB23.10887

Amount of Each Disbursement this Period

5000.00

Memo Item

City
TAYLORSVILLE

State
IN

Zip Code
47280

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: IN District: 06

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

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

7500.00

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)

Grid for line numbers 21b-30b with checkboxes, where 23 is checked.

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NAME OF COMMITTEE (In Full)
AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

Form A: GUTHRIE FOR CONGRESS. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

Form B: MAGGIE FOR NH. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

Form C: MARIE FOR CONGRESS. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

SUBTOTAL of Disbursements This Page (optional) 4500.00
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"/> 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. MARIE FOR CONGRESS

Mailing Address PO BOX 1164

City
WASHOUGAL

State
WA

Zip Code
98671

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: WA District: 03

Disbursement For: 2024

Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			01			2023			

FEC Identification Number

C C00806174

Transaction ID : SB23.10871

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MARIE FOR CONGRESS

Mailing Address PO BOX 1164

City
WASHOUGAL

State
WA

Zip Code
98671

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: WA District: 03

Disbursement For: 2024

Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			01			2023			

FEC Identification Number

C C00806174

Transaction ID : SB23.10872

Amount of Each Disbursement this Period

4000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. MICHAEL BURGESS FOR CONGRESS

Mailing Address PO BOX 2334

City
DENTON

State
TX

Zip Code
76202

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: TX District: 26

Disbursement For: 2024

Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			10			2023			

FEC Identification Number

C C00372532

Transaction ID : SB23.10873

Amount of Each Disbursement this Period

1000.00

Memo Item

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)

Form with checkboxes for line numbers 21b, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 30b. Line 23 is checked.

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NAME OF COMMITTEE (In Full)

AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

Full Name (Last, First, Middle Initial)

A. MIKE BOST FOR CONGRESS COMMITTEE

Date of Disbursement

Date of Disbursement: 07 / 14 / 2023

Mailing Address PO BOX 1212

City MURPHYSBORO

State IL

Zip Code 62966

FEC Identification Number

C00546499

Transaction ID : SB23.10874

Amount of Each Disbursement this Period

1500.00

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: [X] House, [] Senate, [] President

Disbursement For: 2024, [X] Primary, [] General, [] Other (specify)

State: IL District: 12

Memo Item

Full Name (Last, First, Middle Initial)

B. MIKE BOST FOR CONGRESS COMMITTEE

Date of Disbursement

Date of Disbursement: 12 / 22 / 2023

Mailing Address PO BOX 1212

City MURPHYSBORO

State IL

Zip Code 62966

FEC Identification Number

C00546499

Transaction ID : SB23.10876

Amount of Each Disbursement this Period

3500.00

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: [X] House, [] Senate, [] President

Disbursement For: 2024, [X] Primary, [] General, [] Other (specify)

State: IL District: 12

Memo Item

Full Name (Last, First, Middle Initial)

C. MIKE CRAPO FOR US SENATE

Date of Disbursement

Date of Disbursement: 07 / 05 / 2023

Mailing Address PO BOX 1948

City BOISE

State ID

Zip Code 83701

FEC Identification Number

C00330886

Transaction ID : SB23.10877

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: [] House, [X] Senate, [] President

Disbursement For: 2028, [X] Primary, [] General, [] Other (specify)

State: ID District: 00

Memo Item

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

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

6000.00

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"/> 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. MONTANANS FOR TESTER

Mailing Address PO BOX 1135

City
HELENA

State
MT

Zip Code
59624

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: MT District: 00

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	5			2	0	2	3		

FEC Identification Number

C C00412304

Transaction ID : SB23.10882

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MONTANANS FOR TESTER

Mailing Address PO BOX 1135

City
HELENA

State
MT

Zip Code
59624

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: MT District: 00

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	5			2	0	2	3		

FEC Identification Number

C C00412304

Transaction ID : SB23.10883

Amount of Each Disbursement this Period

3500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. MULLIN FOR AMERICA

Mailing Address PO BOX 1632

City
OKLAHOMA CITY

State
OK

Zip Code
73101

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: OK District: 00

Disbursement For: 2026
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	4			2	0	2	3		

FEC Identification Number

C C00498345

Transaction ID : SB23.10884

Amount of Each Disbursement this Period

2500.00

Memo Item

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

7500.00

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"/> 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. SWALWELL FOR CONGRESS

Mailing Address P.O. BOX 2847

City
DUBLIN

State
CA

Zip Code
94568

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: CA District: 14

Disbursement For: 2024

Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2023			

FEC Identification Number

C C00502294

Transaction ID : SB23.10889

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. TERRI SEWELL FOR CONGRESS

Mailing Address PO BOX 1964

City
BIRMINGHAM

State
AL

Zip Code
35201

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: AL District: 07

Disbursement For: 2024

Primary General
 Other (specify)

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2023			

FEC Identification Number

C C00458976

Transaction ID : SB23.10890

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

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) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

6000.00

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

42500.00