

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) 8400 Westpark Drive Second Floor McLean VA 22102 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER 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 11 / 04 / 2014 in the State of VA (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on / / in the State of

5. Covering Period 10 / 01 / 2014 through 10 / 15 / 2014

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 10 / 17 / 2014

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="45644.72"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="3491.66"/>	<input type="text" value="14468.29"/>
(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="49136.38"/>	<input type="text" value="78636.38"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2000.00"/>	<input type="text" value="31500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="47136.38"/>	<input type="text" value="47136.38"/>
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).....	3491.66	13033.28
(ii) Unitemized	0.00	1383.32
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	3491.66	14416.60
(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)	3491.66	14416.60
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	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))..... ▶	3491.66	14468.29
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	3491.66	14468.29

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	31500.00
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)) ..	2000.00	31500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2000.00	31500.00

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)	3491.66	14416.60
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3491.66	14416.60
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 12
	<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. Shawn Baird
 Full Name (Last, First, Middle Initial)
 Mailing Address 1346 SE Tenind St
 City Portland State OR Zip Code 97202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Woodburn Ambulance Service Occupation Co-owner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **375.00**

Date of Receipt **10 / 10 / 2014**
Transaction ID : C2853172
 Amount of Each Receipt this Period **125.00**

B. Bruce Baxter
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Shapleigh Avenue
 City Haverhill State MA Zip Code 01830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New Britain EMS, Inc. Occupation Chief Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **450.00**

Date of Receipt **10 / 08 / 2014**
Transaction ID : C2853161
 Amount of Each Receipt this Period **150.00**

C. Dale Berry
 Full Name (Last, First, Middle Initial)
 Mailing Address 10188 Royce Drive South
 City Lyon State MI Zip Code 48108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Huron Valley Ambulance, Inc. Occupation President/CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **750.00**

Date of Receipt **10 / 08 / 2014**
Transaction ID : C2853170
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **525.00**
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 12
<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 (Last, First, Middle Initial) A. Gene Bradley			Date of Receipt 10 / 08 / 2014 Transaction ID : C2853159
Mailing Address 802 S Washington St			Amount of Each Receipt this Period 250.00
City Orgon	State MO	Zip Code 64473	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 250.00
Name of Employer Atchison-Holt Ambulance		Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Janice Carbonneau			Date of Receipt 10 / 08 / 2014 Transaction ID : C2853162
Mailing Address 54 Ridgewood Drive			Amount of Each Receipt this Period 150.00
City Atkinson	State NH	Zip Code 03811	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 450.00
Name of Employer New Britain EMS, Inc.		Occupation Asst Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Jerry Donahue			Date of Receipt 10 / 08 / 2014 Transaction ID : C2853169
Mailing Address 417 Lackawanna Ave			Amount of Each Receipt this Period 250.00
City Scranton	State PA	Zip Code 18503	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 750.00
Name of Employer Greater Columbia Medical Transport		Occupation Managing Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	425.00
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 12
	<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. Debora Mary Gault
 Full Name (Last, First, Middle Initial)
 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 ▼ 833.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 08 / 2014
Transaction ID : C2853157
 Amount of Each Receipt this Period
 833.30

B. Harvey Hall
 Full Name (Last, First, Middle Initial)
 Mailing Address 1001 21st Street
 City Bakersfield State CA Zip Code 93301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hall Ambulance Service, Inc. Occupation Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 07 / 2014
Transaction ID : C2853156
 Amount of Each Receipt this Period
 250.00

C. Rachel Harracksing
 Full Name (Last, First, Middle Initial)
 Mailing Address 10633 Vista Alegre
 City El Paso State TX Zip Code 79925
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Life Ambulance Service Occupation 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
 10 / 08 / 2014
Transaction ID : C2853165
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	583.33
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 12
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. David Hill
Full Name (Last, First, Middle Initial)

Mailing Address 395 W. Lake St.

City Elmhurst State IL Zip Code 60126

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

Name of Employer Superior Air-Ground Ambulance Service, Occupation President/CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt **10 / 08 / 2014**

Transaction ID : C2853168

Amount of Each Receipt this Period **250.00**

B. Jon Howell
Full Name (Last, First, Middle Initial)

Mailing Address 251 Bishop Farm Way

City Huntsville State AL Zip Code 35807

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

Name of Employer Huntsville Emergency Medical Services, Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **10 / 08 / 2014**

Transaction ID : C2853163

Amount of Each Receipt this Period **125.00**

c. Steve Murphy
Full Name (Last, First, Middle Initial)

Mailing Address 100 S Birch Road Suite 901

City Fort Lauderdale State FL Zip Code 33316

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

Name of Employer AMR Occupation Executive VP, Government and National

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt **10 / 08 / 2014**

Transaction ID : C2853171

Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **625.00**

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 12
<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. Aarron Reinert
Full Name (Last, First, Middle Initial)
Mailing Address 29251 Patassium St NW
City Isanti State MN Zip Code 55040
FEC ID number of contributing federal political committee. **C**
Name of Employer Lakes Region EMS Occupation Executive Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1950.00

Date of Receipt 10 / 08 / 2014
Transaction ID : C2853164
Amount of Each Receipt this Period 650.00

B. JulieAnn Rose
Full Name (Last, First, Middle Initial)
Mailing Address 1123 Chestnut Drive
City Ashtabula State OH Zip Code 44004
FEC ID number of contributing federal political committee. **C**
Name of Employer Community Care Ambulance Network Occupation Executive Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 833.30

Date of Receipt 10 / 08 / 2014
Transaction ID : C2853160
Amount of Each Receipt this Period 83.33

C. 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 ▼ 1000.00

Date of Receipt 10 / 08 / 2014
Transaction ID : C2853158
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 833.33
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 12
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Ronald Thackery
Full Name (Last, First, Middle Initial)

Mailing Address 6200 S. Syracuse Way #200

City Greenwood Village State CO Zip Code 80111

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

Name of Employer AMR - Corporate Occupation VP, Safety & Risk Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt **10 / 08 / 2014**

Transaction ID : C2853166

Amount of Each Receipt this Period **250.00**

B. Larry Wiersch
Full Name (Last, First, Middle Initial)

Mailing Address 4846 Five Point Road

City New Tripoli State PA Zip Code 18066

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

Name of Employer Cetronia Ambulance Corps, Inc Occupation Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt **10 / 08 / 2014**

Transaction ID : C2853167

Amount of Each Receipt this Period **250.00**

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).....▶	500.00
TOTAL This Period (last page this line number only).....▶	3491.66

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American 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

M M / D D / Y Y Y Y Y Y
10 / 06 / 2014

Transaction ID : D162320

Amount of Each Disbursement this Period

2000.00

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 Y Y

Amount of Each Disbursement this Period

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 Y Y

Amount of Each Disbursement this Period

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

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

2000.00

2000.00