

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street)   
  
 Check if different than previously reported. (ACC)

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

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Denise Clark

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

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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="2015"/>		78234.33
(b) Cash on Hand at Beginning of Reporting Period.....	64432.39	
(c) Total Receipts (from Line 19) .....	34805.72	44503.78
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	99238.11	122738.11
7. Total Disbursements (from Line 31).....	4600.00	28100.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	94638.11	94638.11
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Ambulance Association Federal Pac (Aka Ambu-Pac)

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

I. Receipts	COLUMN A 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).....	30190.32	38590.29
(ii) Unitemized .....	4520.00	5734.98
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	34710.32	44325.27
(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) .....	34710.32	44325.27
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.).....	95.40	178.51
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))..... ▶	34805.72	44503.78
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	34805.72	44503.78

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4500.00	28000.00
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 .....	100.00	100.00
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)) ..	4600.00	28100.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4600.00	28100.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

<b>III. Net Contributions/Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	34710.32	44325.27
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	34710.32	44325.27
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 36
<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

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. Chris Archuletta**  
Full Name (Last, First, Middle Initial)

Mailing Address 4500 Willow View Ln NW

City Albuquerque State NM Zip Code 87120-5422

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

Name of Employer Superior Ambulance Service, Inc. Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 12 / 2015  
**Transaction ID : C3238936**

Amount of Each Receipt this Period 1000.00

**B. Steven Athey**  
Full Name (Last, First, Middle Initial)

Mailing Address 201 Morning Dove Court

City Argyle State TX Zip Code 76226

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

Name of Employer Health Care Visions Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 17 / 2015  
**Transaction ID : C3238892**

Amount of Each Receipt this Period 300.00

**C. 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 ▼ 416.66

Date of Receipt 08 / 18 / 2015  
**Transaction ID : C3237876**

Amount of Each Receipt this Period 125.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1425.00

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

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

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

FOR LINE NUMBER: PAGE 7 OF 36  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**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 ▼ 416.66

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 12 / 2015  
**Transaction ID : C3238873**  
 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 ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 05 / 2015  
**Transaction ID : C3236042**  
 Amount of Each Receipt this Period  
 50.00

**C. 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 ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 10 / 2015  
**Transaction ID : C3237871**  
 Amount of Each Receipt this Period  
 50.00

**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: PAGE 8 OF 36  
(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. Bruce Baxter**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5 Shapleigh Avenue

City Haverhill	State MA	Zip Code 01830
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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 ▼ **750.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	10	/	2015

**Transaction ID : C3238319**

Amount of Each Receipt this Period  

50.00
-------

**B. Bruce Baxter**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5 Shapleigh Avenue

City Haverhill	State MA	Zip Code 01830
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FEC ID number of contributing federal political committee. **C**

Name of Employer New Britain EMS, Inc.	Occupation Chief Executive
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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	/	05	/	2015

**Transaction ID : C3238698**

Amount of Each Receipt this Period  

50.00
-------

**C. Bruce Baxter**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5 Shapleigh Avenue

City Haverhill	State MA	Zip Code 01830
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FEC ID number of contributing federal political committee. **C**

Name of Employer New Britain EMS, Inc.	Occupation Chief Executive
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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
11	/	12	/	2015

**Transaction ID : C3238728**

Amount of Each Receipt this Period  

100.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>200.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 36
	<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. 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 ▼ **750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 13 / 2015**  
**Transaction ID : C3238725**  
 Amount of Each Receipt this Period  
**100.00**

**B. Dale Berry**  
 Full Name (Last, First, Middle Initial)  
 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 Emerent Health Partner Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **916.67**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 06 / 2015**  
**Transaction ID : C3236052**  
 Amount of Each Receipt this Period  
**333.34**

**C. Dale Berry**  
 Full Name (Last, First, Middle Initial)  
 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 Emerent Health Partner Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **916.67**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 17 / 2015**  
**Transaction ID : C3238934**  
 Amount of Each Receipt this Period  
**250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>683.34</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 36
<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. Gene Bradley**  
Full Name (Last, First, Middle Initial)

Mailing Address 802 S Washington St

City State Zip Code  
Orgon MO 64473

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

Name of Employer Occupation  
Atchison-Holt Ambulance Executive Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 05 / 2015

**Transaction ID : C3236045**

Amount of Each Receipt this Period  
25.00

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

Mailing Address 802 S Washington St

City State Zip Code  
Orgon MO 64473

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

Name of Employer Occupation  
Atchison-Holt Ambulance Executive Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 10 / 2015

**Transaction ID : C3237874**

Amount of Each Receipt this Period  
25.00

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

Mailing Address 802 S Washington St

City State Zip Code  
Orgon MO 64473

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

Name of Employer Occupation  
Atchison-Holt Ambulance Executive Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 10 / 2015

**Transaction ID : C3238315**

Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 11 OF 36  
(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 (Last, First, Middle Initial)  
**A. Gene Bradley**

Mailing Address 802 S Washington St

City State Zip Code  
Orgon MO 64473

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

Name of Employer Occupation  
Atchison-Holt Ambulance Executive Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 05 / 2015  
**Transaction ID : C3238697**

Amount of Each Receipt this Period  
25.00

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

Mailing Address 802 S Washington St

City State Zip Code  
Orgon MO 64473

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

Name of Employer Occupation  
Atchison-Holt Ambulance Executive Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 12 / 2015  
**Transaction ID : C3238726**

Amount of Each Receipt this Period  
25.00

Full Name (Last, First, Middle Initial)  
**C. Janice Carbonneau**

Mailing Address 54 Ridgewood Drive

City State Zip Code  
Atkinson NH 03811

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

Name of Employer Occupation  
New Britain EMS, Inc. Asst Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 06 / 2015  
**Transaction ID : C3236046**

Amount of Each Receipt this Period  
200.00

**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: (check only one)	PAGE 12 OF 36
	<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. Janice Carbonneau**  
Full Name (Last, First, Middle Initial)  
Mailing Address 54 Ridgewood Drive

City Atkinson	State NH	Zip Code 03811
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FEC ID number of contributing federal political committee. **C**

Name of Employer New Britain EMS, Inc.	Occupation Asst Chief Executive Officer
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	12	/	2015

**Transaction ID : C3238875**

Amount of Each Receipt this Period  
150.00

**B. Mark Christensen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 43341 US Hwy 12

City Webster	State SD	Zip Code 57274
-----------------	-------------	-------------------

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

Name of Employer Christensen Ambulance Service, Inc.	Occupation Owner
---	---------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	12	/	2015

**Transaction ID : C3238951**

Amount of Each Receipt this Period  
300.00

**C. James Finger**  
Full Name (Last, First, Middle Initial)  
Mailing Address 18 Central Avenue

City Rutland	State VT	Zip Code 05701
-----------------	-------------	-------------------

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

Name of Employer Regional Ambulance Service	Occupation Chief Executive Administrator
--	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2015

**Transaction ID : C3238893**

Amount of Each Receipt this Period  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 13 OF 36  
(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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. J.D. Fuiten**  
Full Name (Last, First, Middle Initial)

Mailing Address 9240 NW Grove land Rd

City Hillsboro State OR Zip Code 97124

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

Name of Employer Metro West Ambulance Occupation President/Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 12 / 2015

**Transaction ID : C3238953**

Amount of Each Receipt this Period  
 2500.00

**B. 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 ▼ 433.34

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 06 / 2015

**Transaction ID : C3236051**

Amount of Each Receipt this Period  
 166.68

**c. 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 ▼ 433.34

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 12 / 2015

**Transaction ID : C3238946**

Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2766.68

**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 14 OF 36  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Suzanne Guggenheim**

Mailing Address 8157 Marseille Drive

City State Zip Code  
 Corpus Christi TX 78414

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

Name of Employer Occupation  
 Sensible Care, Inc. President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 12 / 2015  
**Transaction ID : C3238943**

Amount of Each Receipt this Period  
 300.00

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

Mailing Address 1001 21st Street

City State Zip Code  
 Bakersfield CA 93301

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 07 / 2015  
**Transaction ID : C3236054**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 1001 21st Street

City State Zip Code  
 Bakersfield CA 93301

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 06 / 2015  
**Transaction ID : C3237793**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **800.00**

**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 15 OF 36
<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) <b>A. Harvey Hall</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 14 / 2015 <b>Transaction ID : C3238314</b>
Mailing Address 1001 21st Street		Amount of Each Receipt this Period 250.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) <b>B. Harvey Hall</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 09 / 2015 <b>Transaction ID : C3238696</b>
Mailing Address 1001 21st Street		Amount of Each Receipt this Period 250.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) <b>C. Harvey Hall</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2015 <b>Transaction ID : C3238731</b>
Mailing Address 1001 21st Street		Amount of Each Receipt this Period 250.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 36
	<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. 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 ▼ 3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 09 / 2015  
**Transaction ID : C3238720**  
 Amount of Each Receipt this Period  
 250.00

**B. Michael Hall**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2827 S Circle Dr  
 City Inverness State FL Zip Code 34450-6956  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mid Georgia Ambulance Occupation Information Requested  
 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  
 07 / 07 / 2015  
**Transaction ID : C3236053**  
 Amount of Each Receipt this Period  
 100.00

**C. Michael Hall**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2827 S Circle Dr  
 City Inverness State FL Zip Code 34450-6956  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mid Georgia Ambulance Occupation Information Requested  
 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  
 08 / 06 / 2015  
**Transaction ID : C3237792**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 36
	<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)**

Full Name (Last, First, Middle Initial)  
**A. Michael Hall**

Mailing Address 2827 S Circle Dr

City Inverness	State FL	Zip Code 34450-6956
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FEC ID number of contributing federal political committee. **C**

Name of Employer Mid Georgia Ambulance	Occupation Information Requested
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 14 / 2015  
**Transaction ID : C3238313**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**B. Michael Hall**

Mailing Address 2827 S Circle Dr

City Inverness	State FL	Zip Code 34450-6956
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FEC ID number of contributing federal political committee. **C**

Name of Employer Mid Georgia Ambulance	Occupation Information Requested
---	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : C3238695**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 2827 S Circle Dr

City Inverness	State FL	Zip Code 34450-6956
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FEC ID number of contributing federal political committee. **C**

Name of Employer Mid Georgia Ambulance	Occupation Information Requested
---	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 13 / 2015  
**Transaction ID : C3238730**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 18 OF 36  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Michael Hall**

Mailing Address 2827 S Circle Dr

City Inverness State FL Zip Code 34450-6956

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

Name of Employer Mid Georgia Ambulance Occupation Information Requested

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt  
**12 / 09 / 2015**

**Transaction ID : C3238719**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 10633 Vista Alegre Dr

City El Paso State TX Zip Code 79935-3621

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  
**11 / 12 / 2015**

**Transaction ID : C3238878**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address 223 Pebblebrook Ln

City Macon State GA Zip Code 31220-8713

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

Name of Employer Central Emergency Medical Services Occupation Director of Government Affairs

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2200.00**

Date of Receipt  
**07 / 05 / 2015**

**Transaction ID : C3236044**

Amount of Each Receipt this Period  
**200.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **550.00**

**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 19 OF 36
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Russell Honeycutt**  
Full Name (Last, First, Middle Initial)  
Mailing Address 223 Pebblebrook Ln

City Macon	State GA	Zip Code 31220-8713
---------------	-------------	------------------------

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

Name of Employer Central Emergency Medical Services	Occupation Director of Government Affairs
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	10	/	2015

**Transaction ID : C3237873**

Amount of Each Receipt this Period  
200.00

**B. Russell Honeycutt**  
Full Name (Last, First, Middle Initial)  
Mailing Address 223 Pebblebrook Ln

City Macon	State GA	Zip Code 31220-8713
---------------	-------------	------------------------

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

Name of Employer Central Emergency Medical Services	Occupation Director of Government Affairs
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	12	/	2015

**Transaction ID : C3239130**

Amount of Each Receipt this Period  
200.00

**C. Russell Honeycutt**  
Full Name (Last, First, Middle Initial)  
Mailing Address 223 Pebblebrook Ln

City Macon	State GA	Zip Code 31220-8713
---------------	-------------	------------------------

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

Name of Employer Central Emergency Medical Services	Occupation Director of Government Affairs
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2015

**Transaction ID : C3238723**

Amount of Each Receipt this Period  
200.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 36
	<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. Jon Howell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 251 Bishop Farm Way NW  
 City Huntsville State AL Zip Code 35806-6008  
 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 ▼ 458.34

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 06 / 2015  
**Transaction ID : C3236047**  
 Amount of Each Receipt this Period  
 166.68

**B. Jon Howell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 251 Bishop Farm Way NW  
 City Huntsville State AL Zip Code 35806-6008  
 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 ▼ 458.34

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 12 / 2015  
**Transaction ID : C3238876**  
 Amount of Each Receipt this Period  
 125.00

**C. James S. Johnson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1801 Mockingbird Lane  
 City Enid State OK Zip Code 73703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Life Emergency Medical Service Occupation Director  
 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  
 11 / 12 / 2015  
**Transaction ID : C3238937**  
 Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1291.68
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 36
	<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. Wayne Jurecki**  
Full Name (Last, First, Middle Initial)

Mailing Address 1111 N Marshall St  
Unit 1002

City Milwaukee State WI Zip Code 53202-3380

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

Name of Employer Bell Ambulance, Inc. Occupation Vice President, Chief Operating Office

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
11 / 12 / 2015  
**Transaction ID : C3238955**

Amount of Each Receipt this Period  
2500.00

**B. Kevin Lyons**  
Full Name (Last, First, Middle Initial)

Mailing Address 11-13 School St

City Danvers State MA Zip Code 01923

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

Name of Employer Lyons Ambulance Service LLC Occupation Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
11 / 12 / 2015  
**Transaction ID : C3238954**

Amount of Each Receipt this Period  
2000.00

**C. Sarah McEntee**  
Full Name (Last, First, Middle Initial)

Mailing Address 1926 Waukegan Rd Suite1

City Glenview State IL Zip Code 60025

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

Name of Employer CAAS Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
07 / 05 / 2015  
**Transaction ID : C3236043**

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 4520.00

**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 36
<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. Sarah McEntee**  
Full Name (Last, First, Middle Initial)

Mailing Address 1926 Waukegan Rd Suite1

City Glenview	State IL	Zip Code 60025
------------------	-------------	-------------------

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

Name of Employer CAAS	Occupation Director
--------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	10	/	2015

**Transaction ID : C3237872**

Amount of Each Receipt this Period  

20.00
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**B. Sarah McEntee**  
Full Name (Last, First, Middle Initial)

Mailing Address 1926 Waukegan Rd Suite1

City Glenview	State IL	Zip Code 60025
------------------	-------------	-------------------

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

Name of Employer CAAS	Occupation Director
--------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	10	/	2015

**Transaction ID : C3238317**

Amount of Each Receipt this Period  

20.00
-------

**C. Sarah McEntee**  
Full Name (Last, First, Middle Initial)

Mailing Address 1926 Waukegan Rd Suite1

City Glenview	State IL	Zip Code 60025
------------------	-------------	-------------------

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

Name of Employer CAAS	Occupation Director
--------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2015

**Transaction ID : C3238700**

Amount of Each Receipt this Period  

20.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 23 OF 36  
(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 (Last, First, Middle Initial)  
**A. Sarah McEntee**

Mailing Address 1926 Waukegan Rd Suite1

City Glenview	State IL	Zip Code 60025
------------------	-------------	-------------------

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

Name of Employer CAAS	Occupation Director
--------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11	/	13	/	2015

**Transaction ID : C3238989**

Amount of Each Receipt this Period  
200.00

Full Name (Last, First, Middle Initial)  
**B. R. Gene Moffitt**

Mailing Address 1410 Chancellor Way

City Salt Lake City	State UT	Zip Code 84104-5110
------------------------	-------------	------------------------

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

Name of Employer Gold Cross Services	Occupation President/CEO
---	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11	/	12	/	2015

**Transaction ID : C3238949**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**C. Asbel Montes**

Mailing Address 305 Rue Bordeaux

City Carencro	State LA	Zip Code 70520-4329
------------------	-------------	------------------------

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

Name of Employer Acadian Ambulance Service	Occupation VP
---	------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11	/	12	/	2015

**Transaction ID : C3238944**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1270.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 36
	<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. Steve Murphy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4300 Bayview Dr  
 City Fort Lauderdale State FL Zip Code 33308-5327  
 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 ▼ 1673.62

Date of Receipt  
 08 / 14 / 2015  
**Transaction ID : C3237875**  
 Amount of Each Receipt this Period  
 250.00

**B. Steve Murphy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4300 Bayview Dr  
 City Fort Lauderdale State FL Zip Code 33308-5327  
 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 ▼ 1673.62

Date of Receipt  
 11 / 02 / 2015  
**Transaction ID : C3238732**  
 Amount of Each Receipt this Period  
 840.29

**c. Steve Murphy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4300 Bayview Dr  
 City Fort Lauderdale State FL Zip Code 33308-5327  
 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 ▼ 1673.62

Date of Receipt  
 11 / 17 / 2015  
**Transaction ID : C3238933**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1340.29
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 36
	<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. Jamie Pafford-Gresham**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1120  
 City Hope State AR Zip Code 71802  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pafford EMS-Hempstead County Occupation EMS Professional  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 12 / 2015  
**Transaction ID : C3238945**  
 Amount of Each Receipt this Period  
 1500.00

**B. Jamie Pafford-Gresham**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1120  
 City Hope State AR Zip Code 71802  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pafford EMS-Hempstead County Occupation EMS Professional  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 12 / 2015  
**Transaction ID : C3238952**  
 Amount of Each Receipt this Period  
 1500.00

**C. Kimberly Pate-Godden**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2135 W Walton St  
 City Chicago State IL Zip Code 60622-4813  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Superior Air-Ground Ambulance Service, Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 17 / 2015  
**Transaction ID : C3238894**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 36
<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 ▼ 2600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 06 / 2015  
**Transaction ID : C3236048**  
Amount of Each Receipt this Period  
1000.00

**B. 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 ▼ 2600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 12 / 2015  
**Transaction ID : C3238872**  
Amount of Each Receipt this Period  
600.00

**C. 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  
M M / D D / Y Y Y Y Y Y  
08 / 26 / 2015  
**Transaction ID : C3237877**  
Amount of Each Receipt this Period  
83.33

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1683.33
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 36
	<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. 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  
 M M / D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : C3238320**  
 Amount of Each Receipt this Period  
 83.33

**B. JulieAnn Rose**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1123 Chestnut Drive  
 City Ashtabula State OH Zip Code 44004  
 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  
 M M / D D / Y Y Y Y Y Y  
 10 / 05 / 2015  
**Transaction ID : C3238699**  
 Amount of Each Receipt this Period  
 83.33

**C. JulieAnn Rose**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1123 Chestnut Drive  
 City Ashtabula State OH Zip Code 44004  
 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  
 M M / D D / Y Y Y Y Y Y  
 11 / 12 / 2015  
**Transaction ID : C3239131**  
 Amount of Each Receipt this Period  
 83.33

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	249.99
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 28 OF 36
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. JulieAnn Rose**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1123 Chestnut Drive  
 City Ashtabula State OH Zip Code 44004  
 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  
 M M / D D / Y Y Y Y Y Y  
 12 / 13 / 2015  
**Transaction ID : C3238722**  
 Amount of Each Receipt this Period  
 833.30

**B. Lauren Rubinson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5650 West Howard  
 City Skokie State IL Zip Code 60077  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Medical Express Ambulance Occupation President & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 17 / 2015  
**Transaction ID : C3238899**  
 Amount of Each Receipt this Period  
 1000.00

**C. John Russell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2034 Pamela  
 City Cape Girardeau State MO Zip Code 63701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cape County Private Ambulance Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 12 / 2015  
**Transaction ID : C3238733**  
 Amount of Each Receipt this Period  
 1500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2583.33
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 36
	<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. Jon Smelley**  
Full Name (Last, First, Middle Initial)

Mailing Address 10303 House Band Rd

City Northport State AL Zip Code 35475

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

Name of Employer NorthStar EMS, Inc. Occupation Corporate Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 12 / 2015

**Transaction ID : C3238935**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 9209 181 Street Avenue East

City Bonney Lake State WA Zip Code 98391

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

Name of Employer AMR - Corporate Occupation Senior VP, Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 05 / 2015

**Transaction ID : C3236041**

Amount of Each Receipt this Period  
 200.00

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

Mailing Address 9209 181 Street Avenue East

City Bonney Lake State WA Zip Code 98391

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 ▼ 2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 10 / 2015

**Transaction ID : C3237870**

Amount of Each Receipt this Period  
 200.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 9209 181 Street Avenue East

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

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 ▼  
2600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : C3238321**

Amount of Each Receipt this Period  
200.00

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

Mailing Address 9209 181 Street Avenue East

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

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2015  
**Transaction ID : C3238701**

Amount of Each Receipt this Period  
200.00

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

Mailing Address 9209 181 Street Avenue East

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

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 ▼  
2600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 12 / 2015  
**Transaction ID : C3238727**

Amount of Each Receipt this Period  
200.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 36
	<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	<input type="checkbox"/> 17

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

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

Mailing Address 9209 181 Street Avenue East

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

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 ▼  
2600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2015

**Transaction ID : C3238724**

Amount of Each Receipt this Period  
200.00

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

Mailing Address 9922 Silver Maple Rd

City Highlands Ranch	State CO	Zip Code 80129
-------------------------	-------------	-------------------

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 ▼  
916.67

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	06	/	2015

**Transaction ID : C3236049**

Amount of Each Receipt this Period  
333.34

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

Mailing Address 9922 Silver Maple Rd

City Highlands Ranch	State CO	Zip Code 80129
-------------------------	-------------	-------------------

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 ▼  
916.67

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	12	/	2015

**Transaction ID : C3238879**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	783.34
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 36
	<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. Michael Vatch**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 147 68 Ave  
 City Flushing State NY Zip Code 11367  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Seniorcare EMS Occupation Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 17 / 2015  
**Transaction ID : C3238901**  
 Amount of Each Receipt this Period  
 500.00

**B. Jonathan Washko**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16 Pocket Ct  
 City Northport State NY Zip Code 11768-3018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Information Requested Occupation Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 17 / 2015  
**Transaction ID : C3238917**  
 Amount of Each Receipt this Period  
 250.00

**C. 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 ▼ 916.67

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 06 / 2015  
**Transaction ID : C3236050**  
 Amount of Each Receipt this Period  
 333.34

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1083.34
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 33 OF 36  
(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 (Last, First, Middle Initial)  
**Larry Wiersch**

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 ▼ **916.67**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	19	/	2015

**Transaction ID : C3238729**

Amount of Each Receipt this Period  

250.00
--------

**B.** 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  

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

Amount of Each Receipt this Period  

--

**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  

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

Amount of Each Receipt this Period  

--

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	30190.32

**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. Devin Nunes Campaign Committee**

Mailing Address P.O. Box 6545

City State Zip Code  
Visalia CA 93290

Purpose of Disbursement  
Contribution

Candidate Name

**Devin Nunes**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: GA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	5

**Transaction ID : D170521**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**B. Friends of Farr**

Mailing Address P.O. Box 122

City State Zip Code  
Monterey CA 93942

Purpose of Disbursement  
Contribution

Candidate Name

**Sam Farr**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	5

**Transaction ID : D170559**

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. KIRK FOR SENATE**

Mailing Address P.O. BOX 8

City State Zip Code  
WINNETKA IL 60093

Purpose of Disbursement  
Contribution

Candidate Name

**Mark S. Kirk**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	1	5

**Transaction ID : D170517**

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3	5	0	0	.	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

3	5	0	0	.	0	0
---	---	---	---	---	---	---



