Image#	201	6012	1900	455	9395
magor					

#### 01/21/2016 16 : 12

PAGE 1 / 36

FEC A	EPORT OF R ND DISBURS Other Than An Autho	EMENTS	Office Use Only
1. NAME OF TY COMMITTEE (in full)	PE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
American Ambulance As	sociation Federal Pa	c (Aka Ambu-Pac)	
ADDRESS (number and street)	8400 Westpark Drive		
Check if different than previously reported. (ACC)	Second Floor McLean		VA 22102
2. FEC IDENTIFICATION NUM	BER V CITY		STATE ZIP CODE
C C00168070	3. IS T REF	HIS X NEW PORT X (N) OR	AMENDED (A)
<ul> <li><b>4. TYPE OF REPORT</b> (Choose One)</li> <li>(a) Quarterly Reports:</li> </ul>	(b) Monthly Report Due On: Apr 20	(M3) Jun 20 (M6)	(Non-Election Year Only)
April 15 Quarterly Report (Q1)	(c) 12-Day	Primary (12P)	General (12G) Runoff (12R)
July 15 Quarterly Report (Q2) October 15	PRE-Election Report for the:	Convention (12C)	Special (12S)
Quarterly Report (Q3) X January 31 Year-End Report (YE)	Election	on / /	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Report for the:	m / D = D /	in the State of
5. Covering Period	/ D D / Y Y Y Y 01 2015	through 12	/ D D / Y Y Y Y 31 2015
I certify that I have examined this Type or Print Name of Treasurer	Report and to the best of m Denise Clark	y knowledge and belief it is the	rue, correct and complete.
Signature of Treasurer	lark	[Electronically Filed]	Date 01 / D D / Y Y Y Y Y 21 2016
	s, or incomplete information n	nay subject the person signing	this Report to the penalties of 2 U.S.C. §437g.
Office Use Only FE6AN026			FEC FORM 3X Rev. 12/2004

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

#### American Ambulance Association Federal Pac (Aka Ambu-Pac)

R	eport Covering the Period: From: 07	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	b: 12 / D = D / Y = Y = Y = Y 2015
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2015		78234.33
	(b) Cash on Hand at Beginning of Reporting Period	64432.39	
	(c) Total Receipts (from Line 19)	34805.72	44503.78
	<ul><li>(d) Subtotal (add Lines 6(b) and</li><li>6(c) for Column A and Lines</li><li>6(a) and 6(c) for Column B)</li></ul>	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

X

#### **DETAILED SUMMARY PAGE**

of Receipts

Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

#### American Ambulance Association Federal Pac (Aka Ambu-Pac)

Report Covering the Period: From: 07	01 To:	
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	00100.00	20500.00
(i) Itemized (use Schedule A)	30190.32	38590.29
	4500.00	5734.98
(ii) Unitemized	4520.00	5734.96
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	34710.32	44325.27
	7 7 7 0 1 1 0.02	, , ,
(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
2. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
	0.00	0.00
3. All Loans Received	0.00	0.00
4. Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)	0.00	0.00
(Carry Totals to Line 37, page 5)		0.00
5. Refunds of Contributions Made		
to Federal Candidates and Other Political Committees	0.00	0.00
7. Other Federal Receipts		
(Dividends, Interest, etc.)	95.40	178.51
3. Transfers from Non-Federal and Levin Funds	30.40	110.01
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
	7 7	
(b) Levin Funds (from Schedule H5)	0.00	0.00
	7 7	7 7
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
9. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))	34805.72	44503.78
D. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	34805.72	44503.78

I

#### 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
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
<ul> <li>(c) Total Operating Expenditures</li> <li>(add 21(a)(i), (a)(ii), and (b))</li> </ul>	0.00	0.00
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees	4500.00	28000.00
and Other Political Committees Independent Expenditures		
(use Schedule E) Coordinated Party Expenditures (2 U.S.C. 8441a(d))	0.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made Refunds of Contributions To:	0.00	0.00
(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
<ul><li>(d) Total Contribution Refunds</li><li>(add Lines 28(a), (b), and (c))</li></ul>	0.00	0.00
Other Disbursements	100.00	100.00
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
<ul> <li>(c) Total Federal Election Activity (add</li> <li>Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶</li> </ul>	. 0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	4600.00	28100.00
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)▶	4600.00	28100.00

FE6AN026

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#### DETAILED SUMMARY PAGE

of Disbursements

II. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Total Contributions (other than loans) (from Line 11(d), page 3)	34710.32	44325.27
. Total Contribution Refunds (from Line 28(d))	0.00	0.00
. Net Contributions (other than loans) (subtract Line 34 from Line 33)	34710.32	44325.27
. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	0.00	0.00
Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FOR LINE NUMBER:

PAGE 6 OF

ITEMIZED RECEIPTS		Use separate schedule(s)	(check d	only c	one)	L		
		for each category of the Detailed Summary Page	<b>X</b> 11a	a 🗌	11b	11c	12	
Any information copied from such Reports and or for commercial purposes, other than using t	Statements ma	ay not be sold or used by any political committee	erson for the	ne pu	14 rpose of	15 soliciting	d contribu	tions
NAME OF COMMITTEE (In Full)	ne name and a	doress of any political committee		contri	butions	Irom sucr	1 Commu	.ee.
American Ambulance Associa	tion Federa	al Pac (Aka Ambu-Pac	;)					
Full Name (Last, First, Middle Initial) <b>A.</b> Chris Archuletta			Date	of R	eceipt			
Mailing Address 4500 Willow View Ln NW			M 1		/ D I		2015	Y
City Albuquerque	State NM	Zip Code 87120-5422				C323893 Receipt th		
FEC ID number of contributing federal political committee.	С				7		1000	).00
Name of Employer Superior Ambulance Service, Inc.	Occupation CEO							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	1					
Full Name (Last, First, Middle Initial) B. Steven Athey			Date	of R	eceipt			
Mailing Address 201 Morning Dove Court			M 1	М	/ D T 17		y y 2015	Y
City Argyle	State TX	Zip Code 76226				C323889 Receipt th	92 his Period	
FEC ID number of contributing federal political committee.	С				1		300	_
Name of Employer Health Care Visions	Occupation President	1						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00						
Full Name (Last, First, Middle Initial) c. Shawn Baird			Date	of B	eceipt			
Mailing Address 1346 SE Tenind St				М	/ D 18		2015	Y
City Portland	State OR	Zip Code 97202				C323787	<b>76</b> nis Period	
FEC ID number of contributing federal political committee.	С				,			5.00
Name of Employer	Occupation	l						
Woodburn Ambulance Service Receipt For:	Co-owner		_					
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 416.66	]					
SUBTOTAL of Receipts This Page (optional)							1425	.00
TOTAL This Period (last page this line numbe	er only)				7	,		

## SCHEDULE A (FEC Form 3X) - . . . . . .

FOR LINE NUMBER:

PAGE 7 OF

		Use separate schedule(s)	(ch	neck only	y or	ne)					
			for each category of the Detailed Summary Page		<b>X</b> 11a		11b	11c		12	
	ny information copied from such Reports and S for commercial purposes, other than using the								g cont		
$\setminus$	NAME OF COMMITTEE (In Full)										
$\rangle$	American Ambulance Association	on Federa	al Pac (Aka Ambu-Pac	)							
A.	Full Name (Last, First, Middle Initial) Shawn Baird				Date of	Re	ceipt				
	Mailing Address 1346 SE Tenind St				M M	/		) / Y		Y	
	City	State	Zip Code		11 Trans	acti	12 ion ID :	C323887	201 <b>73</b>	15	
	Portland	OR	97202	_	Amount	of	Each R	leceipt th	nis Pe	riod	
	FEC ID number of contributing federal political committee.	С					7			125.0	00
	Name of Employer	Occupation									
	Woodburn Ambulance Service	Co-owner									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		416.66								
R	Full Name (Last, First, Middle Initial) Bruce Baxter				Date of	Re	ceint				
0.	Mailing Address 5 Shapleigh Avenue				07	/	05	/ Y	201	5	
	City	State	Zip Code			acti		C323604			
	Haverhill	MA	01830	_	Amount	of	Each R	leceipt th	nis Pe	riod	
	FEC ID number of contributing federal political committee.	С				_	,			50.0	0
	Name of Employer New Britain EMS, Inc.	Occupation									
	Receipt For:	Chief Execu									
	Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)	L	750.00								
c.	Full Name (Last, First, Middle Initial) Bruce Baxter				Date of	Re	ceipt				
	Mailing Address 5 Shapleigh Avenue				м м 08	/	10	) / Y	y 201		
	City	State	Zip Code			acti		C323787			
	Haverhill	MA	01830		Amount	of	Each R	leceipt th	nis Pe	riod	
	FEC ID number of contributing federal political committee.	С				_	7			50.0	00
	Name of Employer	Occupation									
	New Britain EMS, Inc. Receipt For:	Chief Execu		_							
	Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		750.00								
s	UBTOTAL of Receipts This Page (optional)		•	<u> </u>			3			225.0	0
т	OTAL This Period (last page this line number	only)		•			,				

FOR LINE NUMBER:

(check only one)

PAGE 8 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
or for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Ambulance Associa	tion Feder	al Pac (Aka Ambu-Pac	;)
Full Name (Last, First, Middle Initial) <b>A.</b> <u>Bruce Baxter</u>			Date of Receipt
Mailing Address 5 Shapleigh Avenue		7.0.1	M = M         /         D = D         /         Y = Y = Y         Y           09         10         2015
City _Haverhill	State MA	Zip Code 01830	Transaction ID : C3238319 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer New Britain EMS, Inc.	Occupatior Chief Exec		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00	]
Full Name (Last, First, Middle Initial) B. Bruce Baxter			Date of Receipt
Mailing Address 5 Shapleigh Avenue			10 05 2015
City Haverhill	State MA	Zip Code 01830	Transaction ID : C3238698 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer New Britain EMS, Inc.	Occupation Chief Exect		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00	]
Full Name (Last, First, Middle Initial) C. Bruce Baxter			Date of Receipt
Mailing Address 5 Shapleigh Avenue			M M / D D / Y Y Y Y 11 12 2015
City Haverhill	State MA	Zip Code 01830	Transaction ID : C3238728 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer	Occupation		
New Britain EMS, Inc. Receipt For:	Chief Exec		
Primary General Other (specify) V	Aggregate	• Year-to-Date ▼ 750.00	1
SUBTOTAL of Receipts This Page (optional)			200.00
TOTAL This Period (last page this line numbe	er only)		

FOR LINE NUMBER:

PAGE

9 OF

		Use separate schedule(s)	(check only one)							
11			for each category of the Detailed Summary Page		<b>X</b> 11a		11b	11c	12	
	y information copied from such Reports and Sta									
	for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and ad	deress of any political committee	9 10 5	OIICIL COI		utions i	rom sucr	1 commu	ee.
$\rangle$	American Ambulance Associatio	n Federa	l Pac (Aka Ambu-Pac	:)						
A.	Full Name (Last, First, Middle Initial) Bruce Baxter				Date of	Re	ceipt			
	Mailing Address 5 Shapleigh Avenue				M M	/	13	) / Y	2015	Y
	City	State	Zip Code			acti		C323872		
	Haverhill	MA	01830	_	Amount	of	Each R	leceipt th	is Period	
	FEC ID number of contributing federal political committee.	С					7	7	100	.00
	Name of Employer	Occupation								
	New Britain EMS, Inc.	Chief Execu	tive							
	Receipt For: Primary General	Aggregate `	Year-to-Date ▼							
	Other (specify) ▼		750.00							
B	Full Name (Last, First, Middle Initial)				Date of	Ro	coint			
υ.	Mailing Address 1200 State Circle				07	/	06	/ Y	2015	Y
	City	State	Zip Code			acti		C323605		
	Ann Arbor	MI	48108		Amount	of	Each R	leceipt th	is Period	
	FEC ID number of contributing federal political committee.	С					7	9	333	.34
	Name of Employer Emerent Health Partner	Occupation CEO								
	Receipt For:		Year-to-Date ▼							
	Primary General	33 - 3	916.67	11						
	Other (specify)		, , , , , , , , , , , , , , , , , , , ,							
с.	Full Name (Last, First, Middle Initial) Dale Berry				Date of	Re	ceipt			
	Mailing Address 1200 State Circle				M M	/	17		2015	Y
	City	State	Zip Code		Trans	act	ion ID :	C323893	34	
	Ann Arbor	MI	48108	_	Amount	of	Each R	leceipt th	is Period	
	FEC ID number of contributing federal political committee.	С				_	, . ,	,	250	.00
	Name of Employer	Occupation								
	Emerent Health Partner Receipt For:	CEO								
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 916.67	]						
s	UBTOTAL of Receipts This Page (optional)			 ▶			5	7	683.	34
т	OTAL This Period (last page this line number o	nly)		•						

FOR LINE NUMBER:

(check only one)

PAGE 10 OF

		Detailed Summary Page	×	11a 13		11b 14	11c	12	17
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may	not be sold or used by any p	erson fo	or the	purp	ose of	soliciting	contribu	tions
NAME OF COMMITTEE (In Full) American Ambulance Assoc	-			aon COF		200113 II	Sun Suci		
Full Name (Last, First, Middle Initial) <b>A.</b> Gene Bradley				Date of	Rec	ceipt			
Mailing Address 802 S Washington St				м м 07	/	05	/ Y	y y 2015	Y
City Orgon	State MO	Zip Code 64473	A				C323604 eceipt th	<b>I5</b> is Period	
FEC ID number of contributing federal political committee.	С			_		,	7	25	5.00
Name of Employer Atchison-Holt Ambulance	Occupation Executive Dire	ector							
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 300.00	]						
Full Name (Last, First, Middle Initial) B. Gene Bradley				Date of	Rec	ceipt			
Mailing Address 802 S Washington St		Zin Orde		м м 08	/	D D D		2015	Y
City Orgon	State MO	Zip Code 64473					C323787 eceipt th	<b>'4</b> is Period	
FEC ID number of contributing federal political committee.	С					,	3		.00
Name of Employer Atchison-Holt Ambulance	Occupation Executive Dire	ector							
Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 300.00	]						
Full Name (Last, First, Middle Initial) C. Gene Bradley				Date of	Rec	ceipt			
Mailing Address 802 S Washington St				м м 09	/	D D 10	/ Y	2015	Y
City Orgon	State MO	Zip Code 64473	A				C323831 eceipt th	<b>15</b> is Period	
FEC ID number of contributing federal political committee.	С					,			5.00
Name of Employer	Occupation								
Atchison-Holt Ambulance Receipt For:	Executive Dire								
Primary General Other (specify)		ear-to-Date ▼ 300.00	]						
SUBTOTAL of Receipts This Page (optional	al)	······		_		9	5	75	.00
TOTAL This Period (last page this line nur	nber only)	······	•			,			

FOR LINE NUMBER:

(check only one)

PAGE 11 OF

	Detailed Summary Page		-		11b	11c			
Any information copied from such Reports and Stater	nents may not be sold or used by any	person f	13 or the	purp	14 ose of	15 soliciting	contri	ibutio	17 ons
or for commercial purposes, other than using the name	ne and address of any political committee	ee to so	icit cor	ntribu	itions f	rom such	n comr	nitte	е.
NAME OF COMMITTEE (In Full) American Ambulance Association	Federal Pac (Aka Ambu-Pa	IC)							
Full Name (Last, First, Middle Initial)	``````````````````````````````````````	-							
Gene Bradley		I	Date of	f Rec	eipt				
Mailing Address 802 S Washington St			м м 10	1	05	) / Y	2018		ſ
,	State Zip Code		Trans	actic	on ID :	C323869			
Orgon	MO 64473	/	Amount	t of E	Each R	eceipt th	is Peri	iod	
FEC ID number of contributing federal political committee.				. ,	,	9		25.0	00
Name of Employer Oc	ccupation								
	ecutive Director								
Receipt For:	ggregate Year-to-Date ▼								
Primary General Other (specify) ▼	300.00		1						
Full Name (Last, First, Middle Initial) B. Gene Bradley			Date of	f Rec	eipt				
Mailing Address 802 S Washington St			™ M 11	1	D D D	/ Y	2015	y y	
,	State Zip Code					C323872			
Orgon	MO 64473	/	Amount	t of E	Each R	eceipt th	is Peri	iod	
FEC ID number of contributing federal political committee.					,	7		25.0	0
	ccupation								
	ecutive Director								
	ggregate Year-to-Date ▼								
Primary General Other (specify) ▼	300.00								
Full Name (Last, First, Middle Initial)			Date of	f Rec	eint				
Mailing Address 54 Ridgewood Drive			м м 07	/	06	/ Y	2015		
,	State Zip Code	_	Trans	actio	on ID :	C323604	16		_
	NH 03811	/	Amount	t of E	Each R	eceipt th	is Peri	iod	
FEC ID number of contributing federal political committee.				. ,	,	9	2	200.0	00
Name of Employer Oc	ccupation								
	st Chief Executive Officer								
	ggregate Year-to-Date ▼								
Primary General Other (specify) ▼	550.00								
SUBTOTAL of Receipts This Page (optional)		•					2	50.0	0

FOR LINE NUMBER:

PAGE 12 OF

IT.			Use separate schedule(s)	(ch	eck only	or or	ie)				
			for each category of the Detailed Summary Page		11a		11b 14	11c		2	17
	y information copied from such Reports and St for commercial purposes, other than using the						pose of		cont		
$\setminus$	NAME OF COMMITTEE (In Full)										
	American Ambulance Associatio	on Federa	al Pac (Aka Ambu-Pac	)							
A.	Full Name (Last, First, Middle Initial) Janice Carbonneau				Date of	Re	ceipt				
	Mailing Address 54 Ridgewood Drive				M M	/		/ Y		Y	r
	City	State	Zip Code		11 Trans	acti	12 on ID :	C323887	201 <b>75</b>	15	
	Atkinson	NH	03811	_	Amount	of	Each R	eceipt th	is Pe	riod	
	FEC ID number of contributing federal political committee.	С					7			150.0	00
	Name of Employer	Occupation									
	New Britain EMS, Inc.	Asst Chief E	xecutive Officer								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		550.00								
	Full Name (Last, First, Middle Initial) Mark Christensen				Data of	De	agint				
D.	Mailing Address 43341 US Hwy 12			_	Date of	Re		/ Y	Y	Y	
		<u></u>			11		12		201	5	
	City Webster	State SD	Zip Code 57274	-			-	C323895 eceipt th		riad	
	FEC ID number of contributing	C			Amount	U		eceipt in		300.0	0
	federal political committee.					-	7	7	-		
	Name of Employer Christensen Ambulance Service, Inc.	Occupation									
	Receipt For:	Owner		_							
	Primary General	Aggregale	Year-to-Date ▼								
	Other (specify) ▼	L	300.00								
с.	Full Name (Last, First, Middle Initial) James Finger				Date of	Re	ceipt				
	Mailing Address 18 Central Avenue				M M M	/	D D D	/ Y	201	у ту 5	
	City	State	Zip Code			acti		C323889			_
	Rutland	VT	05701	_	Amount	of	Each R	eceipt th	is Pe	riod	
	FEC ID number of contributing federal political committee.	С					7	7		300.0	00
	Name of Employer	Occupation									
	Regional Ambulance Service	Chief Execu	tive Administrator								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		300.00								
s	UBTOTAL of Receipts This Page (optional)		••••••	•			,			750.0	0
Т	OTAL This Period (last page this line number c	only)		•			,				

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

FOR LINE NUMBER:

(check only one)

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			Detailed Summary Page		<b>X</b> 11a		11b	11c		12		
_					13		14	15		16		17
	y information copied from such Reports and for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full)											_
	American Ambulance Associat	ion Federa	al Pac (Aka Ambu-Pac	:)								
Α.	Full Name (Last, First, Middle Initial) J.D. Fuiten				Date of	of R	eceipt					
	Mailing Address 9240 NW Grove land Rd				M _ M	Л	/ D 12			015	Y	
	City	State	Zip Code		Tran	sac	tion ID	: C32389	53			
	Hillsboro	OR	97124	_	Amour	nt o	f Each	Receipt th	nis F	Period		
	FEC ID number of contributing federal political committee.	С				ļ	3			2500.	.00	
	Name of Employer	Occupation										
	Metro West Ambulance	President/C	Owner									
	Receipt For:	Aggregate	Year-to-Date <b>V</b>									
	Primary General Other (specify) ▼		2500.00									
В.	Full Name (Last, First, Middle Initial) Debora Mary Gault	1			Date of	of R	eceipt					
	Mailing Address 5502 North West Highway				07	Π	/ 06		2(	) 215	Y	
	City	State	Zip Code		Tran	sac	tion ID	: C323605	51			
	Waterford	WI	53185		Amour	nt o	f Each	Receipt th	nis F	Period		
	FEC ID number of contributing federal political committee.	С				ļ	y		_	166.	68	
	Name of Employer	Occupation	1									
	AMR - Corporate	Vice Presid	ent, Federal Reimbursements									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 433.34	ı.								
			· · · · · · · · · · · · · · · · · · ·	4								
C.	Full Name (Last, First, Middle Initial) Debora Mary Gault				Date of	of R	eceipt					
	Mailing Address 5502 North West Highway				M 11	Л	/ 0			015	Y	
	City	State	Zip Code		Tran	sac	tion ID	: C32389	46			
	Waterford	WI	53185		Amour	nt o	f Each	Receipt th	nis F	Period		
	FEC ID number of contributing federal political committee.	С				ļ	y		_	100	.00	
	Name of Employer	Occupation	1	_								
	AMR - Corporate	Vice Presic	lent, Federal Reimbursements									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General		100.04	11.								
	Other (specify)		433.34	4								
	UBTOTAL of Receipts This Page (optional)					-				2766.	68	٦
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			for each category of the Detailed Summary Page		<b>K</b> 11a 13		11b 14	11c 15	12	17
	y information copied from such Reports and St for commercial purposes, other than using the				for the		pose of	soliciting	contrib	utions
$\setminus$	NAME OF COMMITTEE (In Full)									
	American Ambulance Association	on Federa	al Pac (Aka Ambu-Pac	;)						
A.	Full Name (Last, First, Middle Initial) Suzanne Guggenheim				Date of	Re	ceipt			
	Mailing Address 8157 Marseille Drive				M M	/		) / Y	Y Y	Y
	City	State	Zip Code		11 Trans	acti	12 ion ID :	C323894	2015 I <b>3</b>	_
	Corpus Christi	ТХ	78414	_				Receipt th		d
	FEC ID number of contributing federal political committee.	С					,		30	0.00
	Name of Employer	Occupation								
	Sensible Care, Inc.	President								
	Receipt For:	Aggregate	Year-to-Date ▼							
	Other (specify) ▼		300.00							
D	Full Name (Last, First, Middle Initial) Harvey Hall				Date of	E Do	opint			
<b>D</b> .	Mailing Address 1001 21st Street					/		) / Y	Y Y	Y
	<u></u> ;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	State	Zip Code		07	١.	07		2015	
	City Bakersfield	CA	93301					C323605 Receipt th		d
	FEC ID number of contributing federal political committee.	С					,			0.00
	Name of Employer	Occupation								
	Hall Ambulance Service, Inc.	Information	Requested							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Other (specify) ▼		3000.00							
с.	Full Name (Last, First, Middle Initial)				Date of	Re	ceipt			
	Mailing Address 1001 21st Street				м м 08	/	06		2015	Y
	City	State	Zip Code		Trans	act	ion ID :	C323779		
	Bakersfield	CA	93301		Amount	t of	Each F	Receipt th	is Perio	d
	FEC ID number of contributing federal political committee.	С					7		25	0.00
	Name of Employer	Occupation								
	Hall Ambulance Service, Inc.	Information								
	Receipt For:	Aggregate	Year-to-Date ▼							
	Other (specify)		3000.00							
s	UBTOTAL of Receipts This Page (optional)			•			7		80	0.00
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Any information copied from such Reports	and Statements ma	l ay not be sold or used by any p	erson f	or the	purp	pose of	15 soliciting	g contribu	utions
or for commercial purposes, other than usi	ng the name and a	ddress of any political committee	e to so	licit cor	ntrib	utions	from suc	h commi	ttee.
American Ambulance Asso	ciation Federa	al Pac (Aka Ambu-Pac	:)						
/ Full Name (Last, First, Middle Initial) A. Harvey Hall			[	Date of	Re	ceipt			
Mailing Address 1001 21st Street				M M 09		D 14		2015	Y
City	State	Zip Code			acti		C32383		
Bakersfield	CA	93301	/	Amount	of	Each F	Receipt th	nis Perioo	k
FEC ID number of contributing federal political committee.	С					7	7	25	0.00
Name of Employer	Occupation								
Hall Ambulance Service, Inc.	Information	•							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3000.00	1						
Full Name (Last, First, Middle Initial) B. Harvey Hall				Date of	Re	ceipt			
Mailing Address 1001 21st Street				м м 10	/	09		2015	Y
City	State	Zip Code					C323869		
Bakersfield	CA	93301		Amount	tof	Each F	Receipt th	nis Perioo	t
FEC ID number of contributing federal political committee.	C				_	, ,	7	250	0.00
Name of Employer Hall Ambulance Service, Inc.	Occupation Information								
Receipt For: Primary General Other (specify) ▼	I	Year-to-Date ▼ 3000.00	]						
Full Name (Last, First, Middle Initial) C. Harvey Hall				Date of	Re	ceipt			
Mailing Address 1001 21st Street				M M 11	/	13		у у 2015	Y
City Bakersfield	State CA	Zip Code 93301					C32387		
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Name of Employer	Occupation								
Hall Ambulance Service, Inc.	Information								
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Primary General Other (specify) ▼		3000.00							
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13	1 <sup>-</sup>	1b 4	11c 15	12	17
	y information copied from such Reports and St for commercial purposes, other than using the				or the p	ourpo	se of :	soliciting	g contrib	outions
	NAME OF COMMITTEE (In Full) American Ambulance Associatio	n Federa	al Pac (Aka Ambu-Pac	)						
	Full Name (Last, First, Middle Initial) Harvey Hall Mailing Address 1001 21st Street				Date of	Rece	eipt D = D 09	/ Y	2015	Y
	City	State	Zip Code			actior		C323872		
	Bakersfield	CA	93301	A	mount	of Ea	ach Re	eceipt th	nis Perio	bd
	FEC ID number of contributing federal political committee.	С				7		7	25	50.00
	Name of Employer	Occupation								
	Hall Ambulance Service, Inc.	Information	Requested	_						
	Receipt For: Primary General	Aggregate	Year-to-Date ▼							
	Other (specify) ▼		3000.00							
в.	Full Name (Last, First, Middle Initial)				Date of	Rece	eipt			
	Mailing Address 2827 S Circle Dr				м м 07	/	0 D D D	/ Y	y y 2015	Y
	City	State	Zip Code					323605		
	Inverness	FL	34450-6956	A	mount	of Ea	ach Re	eceipt th	nis Peric	od
	FEC ID number of contributing federal political committee.	С				7			10	00.00
	Name of Employer Mid Georgia Ambulance	Occupation Information								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1100.00							
<u>с.</u>	Full Name (Last, First, Middle Initial)				Date of	Rece	eipt			
	Mailing Address 2827 S Circle Dr				м м 08	1	0 06	/ Y	y y 2015	Y
	City Inverness	State FL	Zip Code 34450-6956	A				C323779	92 nis Peric	od
	FEC ID number of contributing federal political committee.	С				,		,		00.00
	Name of Employer	Occupation		_						
	Mid Georgia Ambulance	Information	Requested							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Other (specify)		1100.00							
	UBTOTAL of Receipts This Page (optional)		<b>r</b>			- 7			45	0.00

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PAGE 17 OF

		Detailed Summary Page		11a		11b	11c		12	
Any information copied from such Reports a or for commercial purposes, other than usin										
NAME OF COMMITTEE (In Full) American Ambulance Assoc	-								<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
Full Name (Last, First, Middle Initial) A. Michael Hall				Date of	Re	ceipt				
Mailing Address 2827 S Circle Dr				м м	/	14			015	Y
City Inverness	State FL	Zip Code 34450-6956	A				C32383 Receipt		Period	
FEC ID number of contributing federal political committee.	C					9		_	100.	00
Name of Employer Mid Georgia Ambulance	Occupation Information									
Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 1100.00								
Full Name (Last, First, Middle Initial) B. Michael Hall				Date of	Re	ceipt				
Mailing Address 2827 S Circle Dr				м м 10	/	09		20	015	Y
City Inverness	State FL	Zip Code 34450-6956					C32386 Receipt f		Period	
FEC ID number of contributing federal political committee.	С					7		_	100.	00
Name of Employer Mid Georgia Ambulance	Occupation Information									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1100.00								
Full Name (Last, First, Middle Initial) C. Michael Hall	I			Date of	Re	ceipt				
Mailing Address 2827 S Circle Dr				м м 11	/	13			015	Y
City Inverness	State FL	Zip Code 34450-6956	A				C32387 Receipt		Period	
FEC ID number of contributing federal political committee.	С					7		_	100	.00
Name of Employer	Occupation									
Mid Georgia Ambulance Receipt For:	I	Requested								
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1100.00								
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PAGE 18 OF

			Detailed Summary Page		11a 13		11b 14		11c 15			17
	y information copied from such Reports and Si for commercial purposes, other than using the				or the		pose o		oliciting	contr	ributi	ons
$\rangle$	NAME OF COMMITTEE (In Full) American Ambulance Associatio	on Federa	al Pac (Aka Ambu-Pac	)								
A.	Full Name (Last, First, Middle Initial) Michael Hall				Date of	Re	ceipt					
	Mailing Address 2827 S Circle Dr				M M	/	09		/ Y	ү 201	У 5	Y
	City Inverness	State FL	Zip Code 34450-6956				-	-	323871 ceipt thi	-	riod	
	FEC ID number of contributing federal political committee.	С					,		7	Ξ	100.0	00
	Name of Employer Mid Georgia Ambulance	Occupation Information										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1100.00									
в.	Full Name (Last, First, Middle Initial) Rachel Harracksing Mailing Address 10633 Vista Alegre Dr			[	Date of	Re	D	- 1	/ Y	Ŷ		Y
	City El Paso	State TX	Zip Code 79935-3621					: C3	3238878 ceipt thi			
	FEC ID number of contributing federal political committee.	С					,		3		250.0	00
	Name of Employer Life Ambulance Service	Occupation President										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00									
c.	Full Name (Last, First, Middle Initial) Russell Honeycutt				Date of	Re	ceipt					
	Mailing Address 223 Pebblebrook Ln				м м 07	/	D 05		/ Y	2018	5	Y
	City Macon	State GA	Zip Code 31220-8713						323604 ceipt thi		riod	
	FEC ID number of contributing federal political committee.	С					,		7		200.0	00
	Name of Employer	Occupation		-								
	Central Emergency Medical Services	Director of 0	Government Affairs									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		2200.00									
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b	11c 12
Ar	y information copied from such Reports and St	atements ma	ay not be sold or used by any pe	rson for the purpose	15 16 17 of soliciting contributions
	for commercial purposes, other than using the				
$\backslash$	NAME OF COMMITTEE (In Full)				
	American Ambulance Association	n Federa	al Pac (Aka Ambu-Pac		
Α.	Full Name (Last, First, Middle Initial) Russell Honeycutt			Date of Receipt	
	Mailing Address 223 Pebblebrook Ln			M M / D	
	City	State	Zip Code		0 2015
	Macon	GA	31220-8713	Transaction ID	Receipt this Period
	FEC ID number of contributing federal political committee.	С			200.00
	Name of Employer	Occupation	I		
	Central Emergency Medical Services	Director of (	Government Affairs		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Other (specify) ▼		2200.00		
в.	Full Name (Last, First, Middle Initial)			Date of Receipt	
	Mailing Address 223 Pebblebrook Ln			M M / D	D / Y Y Y Y
	01	01-1-1	7	111	2 2015
	City Macon	State GA	Zip Code 31220-8713	Transaction ID	e: C3239130 Receipt this Period
	FEC ID number of contributing				
	federal political committee.	С			200.00
	Name of Employer Central Emergency Medical Services	Occupation			
	Receipt For:		Government Affairs	_	
	Primary General	Aggregate	Year-to-Date ▼		
	Other (specify)		2200.00		
С.	Full Name (Last, First, Middle Initial) Russell Honeycutt			Date of Receipt	
	Mailing Address 223 Pebblebrook Ln			12 / D	2015
	City	State GA	Zip Code	Transaction ID	
	Macon	GA	31220-8713	Amount of Each	Receipt this Period
	FEC ID number of contributing federal political committee.	С			200.00
	Name of Employer	Occupation	 	_	
	Central Emergency Medical Services	Director of	Government Affairs		
	Receipt For:	Aggregate	Year-to-Date ▼		
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			Detailed Summary Page		11a 13		11b 14	11c		12 16	17
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	NAME OF COMMITTEE (In Full) American Ambulance Associatio										
<u> </u>	Full Name (Last, First, Middle Initial) Jon Howell				Date of	Re	eceipt				
	Mailing Address 251 Bishop Farm Way NW				м м 07	/	06		2/	) 015	Y
	City Huntsville	State AL	Zip Code 35806-6008					C323604 Receipt th		eriod	
	FEC ID number of contributing federal political committee.	С					, ,		_	166	68
	Name of Employer Huntsville Emergency Medical Services,	Occupation CEO									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 458.34	]							
	Full Name (Last, First, Middle Initial) Jon Howell				Date of	Re	eceipt				
	Mailing Address 251 Bishop Farm Way NW				M M 11	1	12		20	) 15	Y
	City Huntsville	State AL	Zip Code 35806-6008					C323887 Receipt th		eriod	
	FEC ID number of contributing federal political committee.	С					,		_	125.	00
	Name of Employer Huntsville Emergency Medical Services,	Occupation CEO									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 458.34	]							
с.	Full Name (Last, First, Middle Initial) James S. Johnson				Date of	Re	eceipt				
	Mailing Address 1801 Mockingbird Lane				M M 11	/	D 12			)15	Y
	City Enid	State OK	Zip Code 73703					C32389: Receipt th		eriod	
	FEC ID number of contributing federal political committee.	С					,		_	1000	.00
	Name of Employer	Occupation									
	Life Emergency Medical Service Receipt For:	Director	· · · · ·								
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	]							
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		Detailed Summary Page	X	11a 13		11b	11c		12 16	17
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NAME OF COMMITTEE (In Full)	-									
American Ambulance Asso	ociation Federa	al Pac (Aka Ambu-Pac	)							
Full Name (Last, First, Middle Initial) A. Wayne Jurecki				Date of	Re	eceipt				
Mailing Address 1111 N Marshall St Unit 1002				M M	/	D D	/ Y		) 015	Y
City	State	Zip Code		Trans	acti	ion ID : C	323895			
Milwaukee	WI	53202-3380	A	Mount	of	Each Re	eceipt th	nis P	eriod	
FEC ID number of contributing federal political committee.	С					,	7		2500.	00
Name of Employer	Occupation									
Bell Ambulance, Inc.	Vice Presid	ent, Chief Operating Office								
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify) ▼		2500.00								
Full Name (Last, First, Middle Initial) B. Kevin Lyons				Date of	Re	eceipt				
Mailing Address 11-13 School St				M M	/	12	/ Y	_ 20	15	Y
City	State	Zip Code		Trans	acti	ion ID : C	323895			
Danvers	MA	01923	A	Mount	of	Each Re	eceipt th	nis P	eriod	
FEC ID number of contributing federal political committee.	C					3	7		2000.	00
Name of Employer Lyons Ambulance Service LLC	Occupation Owner									
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		2000.00	]							
Full Name (Last, First, Middle Initial) C. Sarah McEntee				Date of	Re	eceipt				
Mailing Address 1926 Waukegan Rd S	uite1			м м 07	/	D D 05	/ Y		) 15	Y
City Glenview	State IL	Zip Code 60025				ion ID : (				
		00025	^	Amount	of	Each Re	eceipt th	nis P	eriod	
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Name of Employer	Occupation	I								
CAAS	Director									
Receipt For:	Aggregate	Year-to-Date ▼	_							
Other (specify) ▼		240.00								
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PAGE 22 OF

			Detailed Summary Page		11a 13		11b	$\vdash$	11c 15	$\left  - \right $	12 16	17
	y information copied from such Reports and S for commercial purposes, other than using the				or the		pose d		oliciting		ntribut	ions
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Ambulance Associatio											
<b>A</b> .	Full Name (Last, First, Middle Initial) Sarah McEntee Mailing Address 1926 Waukegan Rd Suite1				Date of		· ·					
	City	State	Zip Code		08		1	0		20	015	Y
	Glenview	IL	60025						323787 ceipt thi		eriod	
	FEC ID number of contributing federal political committee.	С				_	7		7		20.	00
	Name of Employer CAAS	Occupation Director										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00									
В.	Full Name (Last, First, Middle Initial) Sarah McEntee				Date of	Re	eceipt					
	Mailing Address 1926 Waukegan Rd Suite1				м м 09	1	D 1	D 0	/ Y		15	Y
	City Glenview	State IL	Zip Code 60025						323831 ceipt thi		eriod	
	FEC ID number of contributing federal political committee.	С					7		7	_	20.	00
	Name of Employer CAAS	Occupation Director										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00									
С.	Full Name (Last, First, Middle Initial)				Date of	Re	eceipt					
	Mailing Address 1926 Waukegan Rd Suite1				м м 10	1	0	D 5	/ Y		) 15	Y
	City Glenview	State IL	Zip Code 60025						<b>323870</b> ceipt thi		eriod	
	FEC ID number of contributing federal political committee.	С					7			_	20	00
	Name of Employer	Occupation										
	CAAS Receipt For:	Director	· · · · ·	_								
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00									
s	UBTOTAL of Receipts This Page (optional)						7		7		60.	00
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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Ambulance Association	on Federa	al Pac (Aka Ambu-Pac	;)								
A.	Full Name (Last, First, Middle Initial) Sarah McEntee			D	ate o	f Re	eceipt					
	Mailing Address 1926 Waukegan Rd Suite1			ΙF	м м 11	/	13	/ Y	ү ү 2015	Y		
	City Glenview	State IL	Zip Code 60025					C323898 eceipt th	<b>89</b> nis Perio	d		
	FEC ID number of contributing federal political committee.	С					л. I.		2	20.00		
	Name of Employer	Occupation										
	CAAS Receipt For:	Director		_								
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	]								
B	Full Name (Last, First, Middle Initial) R. Gene Moffitt				ate o	f Re	eceint					
	Mailing Address 1410 Chancellor Way			11 12 2015								
	City Salt Lake City	State UT	Zip Code 84104-5110					C323894		d	_	
	FEC ID number of contributing federal political committee.	С				1			0.00			
	Name of Employer Gold Cross Services	Occupation President/C										
	Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 1000.00	]								
с.	Full Name (Last, First, Middle Initial) Asbel Montes			D	ate o	f Re	ceipt					
	Mailing Address 305 Rue Bordeaux				м м 11	/	12	/ Y	2015	Y		
	City Carencro	State LA	Zip Code 70520-4329				-	C32389		4		
	FEC ID number of contributing federal political committee.	С			moun				nis Perio 25	u 50.00		
	Name of Employer	Occupation										
	Acadian Ambulance Service	VP										
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]								
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## SCHEDULE A (FEC Form 3X) \_\_\_\_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_

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ITC	MIZED RECEIPTS		Use separate schedule(s)	(che	ck onl	y or	ne)								
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	NAME OF COMMITTEE (In Full) American Ambulance Associatio	on Federa	al Pac (Aka Ambu-Pac	:)											
A.	Full Name (Last, First, Middle Initial) Steve Murphy				Date o	f Re	ceipt								
I	Mailing Address 4300 Bayview Dr				м м	/	14	) / Y	2015		1				
	City Fort Lauderdale	State FL	Zip Code 33308-5327	A	Trans		ion ID :	C32378	75		-				
	FEC ID number of contributing federal political committee.	C					7		2	250.00	J				
	Name of Employer	Occupation													
	AMR Receipt For:		P, Government and National	_											
1	Primary General	Aggregate	Year-to-Date ▼	_											
	Other (specify)		1673.62												
	Full Name (Last, First, Middle Initial) Steve Murphy			Г	Date o	f Re	ceipt								
-	Mailing Address 4300 Bayview Dr				M M / D D / Y Y Y Y 11 02 2015										
	City	State	Zip Code		Trans	acti	on ID :	C323873	32						
-	Fort Lauderdale	FL	33308-5327	A	moun	t of	Each R	leceipt th	nis Peri	od					
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	Name of Employer	Occupation													
	Receipt For:		P, Government and National												
	Primary General	Aggregate	Year-to-Date ▼	1											
	Other (specify) V	L	1673.62	4											
	Full Name (Last, First, Middle Initial) Steve Murphy				Date o	f Re	ceipt								
I	Mailing Address 4300 Bayview Dr			11	м м 11	/	D D 17	) / Y	2015		1				
(	City Fort Lauderdale	State FL	Zip Code 33308-5327	-				C32389							
-		12	33306-3327	A	moun	t of	Each R	leceipt th	is Peri	od					
1	FEC ID number of contributing federal political committee.	С			_		,	7	2	250.0	D				
1	Name of Employer	Occupation													
-	AMR	Executive V	P, Government and National	_											
1	Receipt For: Primary General	Aggregate	Year-to-Date ▼												
	Other (specify) ▼		1673.62												
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ידו	EMIZED RECEIPTS		Use separate schedule(s)				(check only one)								
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Ar or	y information copied from such Reports and S for commercial purposes, other than using the	tatements ma name and a	y not be sold or used by any poddress of any political committee	erson f to so	13 or the licit cor	purp ntrib	oose of	solicitin	g contril	butio	ns				
$\left.\right\rangle$	NAME OF COMMITTEE (In Full) American Ambulance Associatio	on Federa	al Pac (Aka Ambu-Pac	)											
Α.	Full Name (Last, First, Middle Initial) Jamie Pafford-Gresham Mailing Address PO Box 1120				Date of	_	ceipt	) / Y	2015		1				
	City Hope	State AR	Zip Code 71802		Trans		on ID :	C32389 Receipt th	45						
	FEC ID number of contributing federal political committee.	С					y		15	00.00	D				
	Name of Employer Pafford EMS-Hempstead County Receipt For:	Occupation EMS Profes	sional Year-to-Date ▼												
	Primary General Other (specify) ▼		3000.00												
в.	Full Name (Last, First, Middle Initial) Jamie Pafford-Gresham				Date of	Re	ceipt								
	Mailing Address PO Box 1120				M M	/	12	/ Y	2015						
	City Hope	State AR	Zip Code 71802	/	Transaction ID : C3238952 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С				7		15	00.00	)					
	Name of Employer Pafford EMS-Hempstead County	Occupation EMS Profes	sional												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3000.00												
с.	Full Name (Last, First, Middle Initial) Kimberly Pate-Godden				Date of	Re	ceipt								
	Mailing Address 2135 W Walton St				м м 11	/	D 17	) / Y	2015		1				
	City Chicago	State IL	Zip Code 60622-4813					C32388 Receipt th		od					
	FEC ID number of contributing federal political committee.	С					9	7	2	50.0	0				
	Name of Employer	Occupation													
	Superior Air-Ground Ambulance Service,	Vice Presid	ent												
	Receipt For: Primary General Other (specify) V	Aggregate	Year-to-Date ▼ 250.00												
s	UBTOTAL of Receipts This Page (optional)						n	1	328	50.00	)				
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		Detailed Summary Page		<b>&lt;</b> 11a		11b	11c		12				
Ar	y information copied from such Reports and S	tatements ma	av not be sold or used by any pe	erson	13 for the		14 Dose of	15 soliciting		16 ntribut	17 ions		
or	for commercial purposes, other than using the	name and a	ddress of any political committee	e to s	olicit con	itrib	utions f	rom such	1 CO	mmitte	e.		
$\backslash$	NAME OF COMMITTEE (In Full)												
	American Ambulance Associatio	on Federa	al Pac (Aka Ambu-Pac)	)									
Α.	Full Name (Last, First, Middle Initial) Aarron Reinert				Date of	Re	ceipt						
	Mailing Address 29251 Patassium St NW				) 015	Y							
	City	State	Zip Code		Transaction ID : C3236048								
	Isanti	MN	55040	_	Amount	of	Each R	eceipt th	is P	eriod			
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	Name of Employer	Occupation											
	Lakes Region EMS	Executive D	Director										
	Receipt For: Primary General	Aggregate	Year-to-Date <b>V</b>										
	Other (specify)		2600.00										
в.	Full Name (Last, First, Middle Initial) Aarron Reinert				Date of	Re	ceipt						
	Mailing Address 29251 Patassium St NW				M M	/	D D 12	/ Y	ү 20	)15	Y		
	City	State	Zip Code		Transa	acti	on ID :	C323887	2				
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	Receipt For: Primary General	Aggregate	Year-to-Date ▼										
	Other (specify) ▼		2600.00										
С.	Full Name (Last, First, Middle Initial)				Date of	Re	ceipt						
	Mailing Address 1123 Chestnut Drive				м м 08	/	26	/ Y		)15	Y		
	City Ashtabula	State OH	Zip Code 44004	$\vdash$				C323787					
		OIT	44004	-	Amount	of	Each R	eceipt th	is P	eriod	_		
	FEC ID number of contributing federal political committee.	С			L	_	7	7	_	83.	.33		
	Name of Employer	Occupation											
	Community Care Ambulance Network	Executive D	Director										
	Receipt For: Primary General	Aggregate	Year-to-Date ▼										
	Other (specify)		833.30										
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ITEMIZED RECEIPTS		Use separate schedule(s)	(check on	(check only one)								
		for each category of the Detailed Summary Page	X 11a	11b	11c 15	12	17					
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the	purpose of	soliciting	contribut	tions					
NAME OF COMMITTEE (In Full) American Ambulance Associa	tion Federa	al Pac (Aka Ambu-Pac	)									
Full Name (Last, First, Middle Initial) <b>A.</b> JulieAnn Rose			Date o	f Receipt								
Mailing Address 1123 Chestnut Drive			м м 09	/ D D	/ Y	2015	Y					
City Ashtabula	State OH	Zip Code 44004		saction ID : t of Each R		-						
FEC ID number of contributing federal political committee.	С					83	.33					
Name of Employer	Occupation											
Community Care Ambulance Network Receipt For:	Executive E											
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 833.30	]									
Full Name (Last, First, Middle Initial) B. JulieAnn Rose			Date o	f Receipt								
Mailing Address 1123 Chestnut Drive					/ Y	2015	Y					
City Ashtabula	State OH	Zip Code 44004		<b>saction ID :</b> t of Each R		-						
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Name of Employer Community Care Ambulance Network	Occupation Executive D											
Receipt For:		Year-to-Date ▼	_									
Primary General Other (specify) ▼		833.30	1									
Full Name (Last, First, Middle Initial) C. JulieAnn Rose			Date o	f Receipt								
Mailing Address 1123 Chestnut Drive			M M	/ D D	/ Y	y y 2015	Y					
City Ashtabula	State OH	Zip Code 44004		saction ID :								
FEC ID number of contributing federal political committee.	С		Amoun	t of Each R	eceipt th		.33					
Name of Employer	Occupation	1										
Community Care Ambulance Network	Executive [	Director	_									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 833.30	1									
SUBTOTAL of Receipts This Page (optional)						249.	99					
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17									
	y information copied from such Reports and St for commercial purposes, other than using the												
	NAME OF COMMITTEE (In Full) American Ambulance Associatio	on Federa	al Pac (Aka Ambu-Pac)										
Α.	Full Name (Last, First, Middle Initial)         JulieAnn Rose         Mailing Address       1123 Chestnut Drive			Date of Receipt									
	City Ashtabula	State OH	Zip Code 44004	Transaction ID : C3238722 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		83.33									
	Name of Employer         Community Care Ambulance Network         Receipt For:         Primary       General         Other (specify) ▼	Occupation Executive D Aggregate											
в.	Full Name (Last, First, Middle Initial) Lauren Rubinson Mailing Address 5650 West Howard			Date of Receipt									
	City Skokie	State IL	Zip Code 60077	11     17     2015       Transaction ID : C3238899       Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		1000.00									
	Name of Employer Medical Express Ambulance	Occupation President &											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00										
C.	Full Name (Last, First, Middle Initial) John Russell			Date of Receipt									
	Mailing Address 2034 Pamela			M M / D D / Y Y Y Y Y 11 12 2015									
	City Cape Girardeau	State MO	Zip Code 63701	Transaction ID : C3238733 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		1500.00									
	Name of Employer	Occupation		-									
	Cape County Private Ambulance Receipt For:	President		_									
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.00										
s	UBTOTAL of Receipts This Page (optional)		••••••	2583.33									
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PAGE 29 OF

		Detailed Summary Page	X	11a		11b		11c	12					
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	for commercial purposes, other than using the													
	NAME OF COMMITTEE (In Full)													
$\Big/$	American Ambulance Associatio	n Federa	al Pac (Aka Ambu-Pac)	)										
Α.	Full Name (Last, First, Middle Initial) Jon Smelley				ate of	Re	ceip	ot						
	Mailing Address 10303 House Band Rd				м м 11	/	D	D 12	/ Y	ү ү 2015	Υ			
	City	State	Zip Code		Transaction ID : C3238935									
	Northport	AL	35475	A	mount	of	Eac	h Re	ceipt th	is Period				
	FEC ID number of contributing federal political committee.	С					7		7	1000	.00			
	Name of Employer	Occupation		-										
	NorthStar EMS, Inc.	Corporate 0	Officer											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		1000.00											
	Full Name (Last, First, Middle Initial) Randy Strozyk			ate of	Re	ceip	ot							
	Mailing Address 9209 181 Street Avenue East				м м 07	/	D	05	/ Y	y y 2015	Y			
	City	State	Zip Code						323604					
	Bonney Lake	WA	98391	A	mount	of	Eac	h Re	ceipt th	is Period				
	FEC ID number of contributing federal political committee.	С			200.00									
	Name of Employer	Occupation												
	AMR - Corporate	Senior VP,	Operations											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		2600.00											
	Full Name (Last, First, Middle Initial) Randy Strozyk				ate of	Re	ceip	ot						
	Mailing Address 9209 181 Street Avenue East				м м 08	1	D	р 10	/ Y	ү ү 2015	Y			
	City	State	Zip Code						323787					
	Bonney Lake	WA	98391	A	mount	of	Eac	h Re	ceipt th	is Period				
	FEC ID number of contributing federal political committee.	С					,		9	200	.00			
	Name of Employer	Occupation												
	AMR - Corporate	Senior VP,	Operations											
	Receipt For:	Aggregate	Year-to-Date <b>V</b>											
	Primary General		2600.00											
	Other (specify)		2600.00											
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PAGE 30 OF

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12
Any information copied from such Reports and Sta or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) American Ambulance Associatio	n Federal Pac (Aka Ambu-Pa	c)
Full Name (Last, First, Middle Initial) A. Randy Strozyk		Date of Receipt
Mailing Address 9209 181 Street Avenue East		M = M         /         D = D         /         Y = Y = Y = Y         Y         O
City Bonney Lake	State Zip Code WA 98391	Transaction ID : C3238321
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer AMR - Corporate	Occupation Senior VP, Operations	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2600.00	]
Full Name (Last, First, Middle Initial) 3. Randy Strozyk		Date of Receipt
Mailing Address 9209 181 Street Avenue East		10 05 2015
City Bonney Lake	StateZip CodeWA98391	Transaction ID : C3238701 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer AMR - Corporate	Occupation Senior VP, Operations	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2600.00	]
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 9209 181 Street Avenue East		M M / D D / Y Y Y Y 11 12 2015
City Bonney Lake	StateZip CodeWA98391	Transaction ID : C3238727 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	
AMR - Corporate	Senior VP, Operations	
Receipt For:	Aggregate Year-to-Date ▼	
Primary     General       Other (specify) ▼	2600.00	]
SUBTOTAL of Receipts This Page (optional)		600.00
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TEMIZED RECEIPTS			Detailed Summary Page		11a 13		11b 14		11c		12 16	17	
	y information copied from such Reports and for commercial purposes, other than using the				or the		pose		oliciting		ntribu	tions	
$\rangle$	NAME OF COMMITTEE (In Full) American Ambulance Associat	ion Federa	al Pac (Aka Ambu-Pac	)									
Α.	Full Name (Last, First, Middle Initial) Randy Strozyk Mailing Address 9209 181 Street Avenue Eas				Date of	Re	eceipt						
	Walling Address 9209 101 Street Avenue Eas	ot			015	Y							
	City	State	Zip Code		Transaction ID : C3238724								
	Bonney Lake	WA	98391	/	Amount	of	Each	Re	ceipt th	nis F	Period		
	FEC ID number of contributing federal political committee.	С					- 7	_	200	.00			
	Name of Employer	Occupation											
	AMR - Corporate	Senior VP,	Operations										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Other (specify)		2600.00										
— B.	Full Name (Last, First, Middle Initial) Ronald Thackery				Date of	Re	ceipt						
	Mailing Address 9922 Silver Maple Rd			07 06 / Y Y Y Y Y Y							Y		
	City	State	Zip Code		Trans	acti	on ID	: C	323604	19		_	
	Highlands Ranch	CO	80129	/	Amount	of	Each	Re	ceipt th	nis F	Period		
	FEC ID number of contributing federal political committee.	С				_	7		7	_	333	.34	
	Name of Employer AMR - Corporate	Occupation VP, Safety	& Risk Mgmt										
	Receipt For: Primary General Other (specify) ▼	Year-to-Date ▼ 916.67											
с.	Full Name (Last, First, Middle Initial) Ronald Thackery	1			Date of	Re	eceipt						
	Mailing Address 9922 Silver Maple Rd				M M 11	/	D 1	D 2	/ Y		) 15	Y	
	City	State CO	Zip Code						32388				
	Highlands Ranch	00	80129	_ /	Amount	of	Each	Re	ceipt th	is F	Period		
	FEC ID number of contributing federal political committee.	С				_	7			_	250	.00	
	Name of Employer	Occupation											
	AMR - Corporate	VP, Safety	& Risk Mgmt										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Other (specify) ▼		916.67										
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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(checł	only	one	e)							
		for each category of the Detailed Summary Page		ŀ	_	11b	11c	12					
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NAME OF COMMITTEE (In Full)	0												
American Ambulance Asso	ciation Federa	al Pac (Aka Ambu-Pac	;)										
Full Name (Last, First, Middle Initial) A. Michael Vatch			Da	te of	Rec	ceipt							
Mailing Address 147 68 Ave			IV.	м 11	/	D D	/ Y	2015	Y				
City Flushing	State NY	Zip Code 11367					C323890	)1					
		11307	Am	ount	of E	Each R	eceipt th	is Period					
FEC ID number of contributing federal political committee.	C				;	,	7	500	.00				
Name of Employer	Occupation												
Seniorcare EMS	Chief Execu	utive Officer											
Receipt For:	Aggregate	Year-to-Date <b>V</b>											
Other (specify)		500.00	]										
Full Name (Last, First, Middle Initial) B. Jonathan Washko			Da	te of	Bec	eint							
Mailing Address 16 Pocket Ct				Date of Receipt									
City	State	Zip Code			ctio		C323891						
Northport	NY	NY 11768-3018					eceipt th	is Period					
FEC ID number of contributing federal political committee.	С				,	,	7	250	.00				
Name of Employer Information Requested	Occupation												
Receipt For:	Information	•											
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00											
Full Name (Last, First, Middle Initial) C. Larry Wiersch			Da	te of	Bec	eint							
Mailing Address 4846 Five Point Road				07	/	06	/ Y	y y 2015	Y				
City	State	Zip Code	T	ransa	actic	on ID :	C323605	50					
New Tripoli	PA	18066	Am	nount	of E	Each R	eceipt th	is Period					
FEC ID number of contributing federal political committee.	C					,		333	.34				
Name of Employer	Occupation												
Cetronia Ambulance Corps, Inc	Executive D	Director											
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify)		916.67	]										
SUBTOTAL of Receipts This Page (option	al)				,	,	- 7	1083	34				
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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			Detailed Summary Page		11a 13		11b 14	11c	12	_	17		
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	tements ma	y not be sold or used by any p	erson f	or the	pur	pose o	f soliciting	g contrib	outior	ns		
	NAME OF COMMITTEE (In Full) American Ambulance Association												
<b>A</b> .	Full Name (Last, First, Middle Initial) Larry Wiersch Mailing Address 4846 Five Point Road				Date of		eceipt	D / Y	Y Y	Y	1		
	City New Tripoli	State PA	Zip Code 18066		11     19     2015       Transaction ID : C3238729       Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С					7		25	50.00	)		
	Name of Employer       Cetronia Ambulance Corps, Inc       Receipt For:	Occupation Executive D Aggregate	irector Year-to-Date ▼										
	Primary General Other (specify) ▼		916.67										
в.	Full Name (Last, First, Middle Initial) Mailing Address				Date of		eceipt	D / Y	YY	Y	1		
	City	State	Zip Code		Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С											
	Name of Employer	Occupation											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼										
C.	Full Name (Last, First, Middle Initial)				Date of	f Re	eceipt						
	Mailing Address				M – M	1	D	D / Y	YY	Y	]		
	City	State	Zip Code	<i>F</i>	Amount	t of	Each F	Receipt th	nis Peric	d			
	FEC ID number of contributing federal political committee.	С					7						
	Name of Employer	Occupation											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼										
s	UBTOTAL of Receipts This Page (optional)						7		25	50.00			
т	OTAL This Period (last page this line number or	וy)					, .		3019	0.32			

SCHEDULE B (FEC Form 3X)		FOR LINE										
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page		22 🗙 23 24 25 26									
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or for commercial purposes, other than using the na	me and address of any politi	cal committee to	o solicit contributions from such committee.									
NAME OF COMMITTEE (In Full)												
American Ambulance Association	Federal Pac (Aka A	mbu-Pac)										
Full Name (Last, First, Middle Initial)												
A. Devin Nunes Campaign Committe	Date of Disbursement											
Mailing Address P.O. Box 6545	dress P.O. Box 6545											
City Visalia	State Zip Code CA 93290		Transaction ID : D170521									
Purpose of Disbursement	93290											
Contribution			Amount of Each Disbursement this Period									
Candidate Name Devin Nunes		Category/ Type	1500.00									
	ment For: 2016	туре										
Senate	Primary General											
State: GA District:	Other (specify)											
Full Name (Last, First, Middle Initial)												
B. Friends of Farr			Date of Disbursement									
Mailing Address P.O. Box 122			07 31 2015									
			0. 0. 20.0									
City Monterey	StateZip CodeCA93942		Transaction ID : D170559									
Purpose of Disbursement Contribution		· · · · ·	Amount of Each Disbursement this Period									
Candidate Name		Category/										
Sam Farr		Туре	1000.00									
	ment For: 2016 Primary General											
President	Other (specify)											
State: CA District:	1											
Full Name (Last, First, Middle Initial) C. KIRK FOR SENATE												
Mailing Address P.O. BOX 8	09 23 2015											
City WINNETKA	State Zip Code IL 60093		Transaction ID : D170517									
Purpose of Disbursement Contribution												
Candidate Name	andidate Name											
Mark S. Kirk		Category/ Type	1000.00									
Senate President	ment For: 2016 Primary General Other (specify) ▼											
State: IL District:												
SUBTOTAL of Disbursements This Page (optional).		····· ►	3500.00									
TOTAL This Period (last page this line number only	n											

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER PAGE 35 OF 36											
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27												
Any information copied from such Reports and Staten or for commercial purposes, other than using the name														
NAME OF COMMITTEE (In Full)		、												
American Ambulance Association F	Federal Pac (Aka An	nbu-Pac)												
Full Name (Last, First, Middle Initial)			Date of Disbursement											
A. Walden for Congress			M M / D D / Y Y Y Y											
Mailing Address PO Box 1091	ddress PO Box 1091													
,	State Zip Code		Transaction ID : D170519											
Hood River Purpose of Disbursement	OR 97031-0037		_											
Contribution			Amount of Each Disbursement this Period											
Candidate Name		Category/	1000.00											
Greg Walden		Туре	1000.00											
Senate President	nent For: 2016 Primary X General Other (specify) <del>V</del>													
State: OR District:														
Full Name (Last, First, Middle Initial) B.			Date of Disbursement											
Mailing Address	Mailing Address													
City	State Zip Code													
Purpose of Disbursement	Purpose of Disbursement													
Candidate Name		Category/ Type	Amount of Each Disbursement this Period											
President	nent For: Primary General Other (specify) ▼													
State: District: Full Name (Last, First, Middle Initial)														
C.			Date of Disbursement											
Mailing Address														
City S														
Purpose of Disbursement														
Candidate Name		Category/ Type	Amount of Each Disbursement this Period											
	nent For: Primary General Other (specify) ▼													
State: District:														
SUBTOTAL of Disbursements This Page (optional)		····· ►	1000.00											
TOTAL This Period (last page this line number only)		••••••	4500.00											

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ITI	EMIZED DISBURSEMENTS		arate schedule(s) category of the			k on	ly o			23	Г	24		25	26			
			Summary Page			210		22 28a		23 28b	+	24			30b			
	y information copied from such Reports and Statem for commercial purposes, other than using the nam																	
$\backslash$	NAME OF COMMITTEE (In Full)				_	、												
	American Ambulance Association F	-ederal	Рас (Ака А	mbu	-Pa	ac)												
	Full Name (Last, First, Middle Initial) American Ambulance Association		Date of Disbursement															
	Mailing Address 8400 Westpark Drive 2nd Floor							11 19 2015										
	CityStateZip CodeMcLeanVA22102						Transaction ID : D170570											
	Purpose of Disbursement Due to AAA			· · · · ]				Amount of Each Disbursement this Period										
	Candidate Name		Cate	ego ype	,		100.											
	President	nent For: Primary Other (spe	General ccify) ▼															
	State:     District:       Full Name (Last, First, Middle Initial)							Data	( D:	- 1								
B.								Date c	_		sen		Y Y	Y	Y			
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	City S	State	Zip Code															
Purpose of Disbursement						Amount of Each Disbursement this Period												
	Candidate Name Office Sought: House Disbursement For:				ego ype													
	Senate	nent For: Primary Other (spe	General cify) ▼															
	State: District:																	
C.	Full Name (Last, First, Middle Initial)						Date of Disbursement											
	Mailing Address						1											
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Purpose of Disbursement							Amount of Each Disbursement this Period											
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		nent For: Primary Other (spe	General ccify) ▼															
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⊢	UBTOTAL of Disbursements This Page (optional) OTAL This Period (last page this line number only).							Ļ.	-	3	_				.00			