

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**  
**AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)**

ADDRESS (number and street) **1201 WILSON BLVD**  
**27TH FLOOR**  
 Check if different than previously reported. (ACC) **ARLINGTON VA 22209**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

**C** **C00168070**

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

### 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on  /  /  in the State of

- (d) 30-Day POST-Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> 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.

Rose, Julie Ann, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Rose, Julie Ann, , ,

[Electronically Filed]

Date

/  /

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

Office Use Only

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2020"/>		177451.31
(b) Cash on Hand at Beginning of Reporting Period.....	173474.00	
(c) Total Receipts (from Line 19) .....	4730.40	11411.86
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	178204.40	188863.17
7. Total Disbursements (from Line 31).....	23364.51	34023.28
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	154839.89	154839.89
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

Write or Type Committee Name

**AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)**

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2020 To: M M / D D / Y Y Y Y 09 / 30 / 2020

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).....	4599.98	9433.30
(ii) Unitemized .....	111.26	1752.90
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	4711.24	11186.20
(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) .....	4711.24	11186.20
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.).....	19.16	225.66
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)).....▶	4730.40	11411.86
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	4730.40	11411.86

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	364.51	1023.28
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	364.51	1023.28
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	23000.00	33000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	23364.51	34023.28
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	23364.51	34023.28

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

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) .....	4711.24	11186.20
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4711.24	11186.20
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	364.51	1023.28
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	364.51	1023.28

**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 21
	<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	

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. Baxter, Bruce, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 Shapleigh Ave  
 City Haverhill State MA Zip Code 01830  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New Britain EMS Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **07 / 16 / 2020**  
**Transaction ID : SA11AI.9616**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Baxter, Bruce, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 Shapleigh Ave  
 City Haverhill State MA Zip Code 01830  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New Britain EMS Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **08 / 16 / 2020**  
**Transaction ID : SA11AI.9599**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

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

Date of Receipt **09 / 16 / 2020**  
**Transaction ID : SA11AI.9600**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<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: (check only one)	PAGE 7 OF 21
<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. Berry, Dale, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1200 State Circle

City Ann Arbor	State MI	Zip Code 48108
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Huron Valley Ambulance	Occupation (for Individual) President
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2020

**Transaction ID : SA11AI.9601**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Donahue, Gerard, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 931 N. Webster Ave

City Scranton	State PA	Zip Code 18510
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employer	Occupation (for Individual) Business owner
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2020

**Transaction ID : SA11AI.9602**

Amount of Each Receipt this Period  
125.00

Memo Item

**C. Gault, Debora Mary, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5502 North West Highway

City Waterford	State WI	Zip Code 53185
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) AMR	Occupation (for Individual) VP Federal Reimbursements
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
416.65

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	16	/	2020

**Transaction ID : SA11AI.9618**

Amount of Each Receipt this Period  
83.33

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	458.33
<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 8 OF 21
	<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. Gault, Debora Mary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) AMR Occupation (for Individual) VP Federal Reimbursements  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 08 / 16 / 2020  
**Transaction ID : SA11AI.9619**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**B. Gault, Debora Mary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) AMR Occupation (for Individual) VP Federal Reimbursements  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt 09 / 16 / 2020  
**Transaction ID : SA11AI.9620**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

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

Date of Receipt 07 / 23 / 2020  
**Transaction ID : SA11AI.9603**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	416.66
<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 21
	<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. Hall, Lavonne, N/A, Ms,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1001 21st St.

City Bakersfield	State CA	Zip Code 93301
---------------------	-------------	-------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) N/A
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2020

**Transaction ID : SA11AI.9604**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Howell, Jon, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 251 Bishop Farm Way

City Huntsville	State AL	Zip Code 35806
--------------------	-------------	-------------------

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

Name of Employer (for Individual) HEMSI	Occupation (for Individual) CEO
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2020

**Transaction ID : SA11AI.9605**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Johnson, James S., , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1801 Mockingbird Lane

City Enid	State OK	Zip Code 73703
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Life EMS	Occupation (for Individual) President
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2020

**Transaction ID : SA11AI.9606**

Amount of Each Receipt this Period  
250.00

Memo Item

<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 10 OF 21
	<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. Kelley, Ken, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 130 Blackgum St  
 City Magnolia State AR Zip Code 71753  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ProMed Ambulance Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 15 / 2020  
**Transaction ID : SA11AI.9607**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Mateff, Robert, F, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 42 Peter Jacob Drive  
 City Bangor State PA Zip Code 18013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cetronia Ambulance Corpws Occupation (for Individual) COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 15 / 2020  
**Transaction ID : SA11AI.9608**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**C. McEntee, Tom, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11 Founders Way  
 City Amherst State NH Zip Code 03031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Global Medical Response Occupation (for Individual) National Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 15 / 2020  
**Transaction ID : SA11AI.9609**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<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 11 OF 21
	<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. Montes, Asbel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 305 Rue Bordeaux  
 City Carencro State LA Zip Code 70520  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Acadian Companies Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **07 / 16 / 2020**  
**Transaction ID : SA11AI.9615**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Montes, Asbel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 305 Rue Bordeaux  
 City Carencro State LA Zip Code 70520  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Acadian Companies Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **08 / 17 / 2020**  
**Transaction ID : SA11AI.9610**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

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

Date of Receipt **09 / 16 / 2020**  
**Transaction ID : SA11AI.9611**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<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: (check only one)	PAGE 12 OF 21
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Date of Receipt **07 / 16 / 2020**  
**Transaction ID : SA11AI.9612**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. North, Tristan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 302 Albermark Ave  
 City Richmond State VA Zip Code 23226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Ambulance Association Occupation (for Individual) SVP of Government Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt **08 / 16 / 2020**  
**Transaction ID : SA11AI.9613**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. North, Tristan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 302 Albermark Ave  
 City Richmond State VA Zip Code 23226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Ambulance Association Occupation (for Individual) SVP of Government Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt **09 / 16 / 2020**  
**Transaction ID : SA11AI.9614**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<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: (check only one)	PAGE 13 OF 21
<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. Reinert, Aaron, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 29251 Potassium St NW  
 City Isanti State MN Zip Code 55040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lake Regions EMS Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 07 / 15 / 2020  
**Transaction ID : SA11AI.9637**  
 Amount of Each Receipt this Period 600.00  
 Memo Item

**B. Rose, Julie Ann, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1123 Chestnut Drive  
 City Ashtabula State OH Zip Code 44004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Community Care Ambulance Occupation (for Individual) Executive Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 07 / 16 / 2020  
**Transaction ID : SA11AI.9621**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**C. Rose, Julie Ann, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1123 Chestnut Drive  
 City Ashtabula State OH Zip Code 44004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Community Care Ambulance Occupation (for Individual) Executive Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 08 / 16 / 2020  
**Transaction ID : SA11AI.9622**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	766.66
<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 14 OF 21
<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. Rose, Julie Ann, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1123 Chestnut Drive  
 City Ashtabula State OH Zip Code 44004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Community Care Ambulance Occupation (for Individual) Executive Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt 09 / 16 / 2020  
**Transaction ID : SA11AI.9623**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**B. Strozyk, Randy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9209 181 Street Avenue East  
 City Bonney Lake State WA Zip Code 98390  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Medical Response Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 16 / 2020  
**Transaction ID : SA11AI.9624**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. Strozyk, Randy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9209 181 Street Avenue East  
 City Bonney Lake State WA Zip Code 98390  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Medical Response Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 08 / 16 / 2020  
**Transaction ID : SA11AI.9627**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	483.33
<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 15 OF 21
<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. Strozyk, Randy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9209 181 Street Avenue East  
 City Bonney Lake State WA Zip Code 98390  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Medical Response Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 09 / 16 / 2020  
**Transaction ID : SA11AI.9628**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**B. Thackery, Ronald, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9922 S. Silver Maple Road  
 City Highlands Ranch State CO Zip Code 80129  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Medical Response Occupation (for Individual) VP Risk Management  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 15 / 2020  
**Transaction ID : SA11AI.9617**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**C.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼

Date of Receipt  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	325.00
<b>TOTAL</b> This Period (last page this line number only).....	4599.98

**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 21
<input 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 checked="" type="checkbox"/> 17

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

**A. SunTrust Bank**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address P.O. Box 622227

City Orlando	State FL	Zip Code 32862-2227
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
218.24

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2020

**Transaction ID : SA17.9634**

Amount of Each Receipt this Period  
11.74

Memo Item  
bank interest for July

**B. SunTrust Bank**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address P.O. Box 622227

City Orlando	State FL	Zip Code 32862-2227
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
224.37

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2020

**Transaction ID : SA17.9635**

Amount of Each Receipt this Period  
6.13

Memo Item  
bank interest for August

**C. SunTrust Bank**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address P.O. Box 622227

City Orlando	State FL	Zip Code 32862-2227
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
225.66

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2020

**Transaction ID : SA17.9636**

Amount of Each Receipt this Period  
1.29

Memo Item  
bank interest for September

<b>SUBTOTAL</b> of Receipts This Page (optional).....	19.16
<b>TOTAL</b> This Period (last page this line number only).....	19.16



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)**

Full Name (Last, First, Middle Initial)

**A. SunTrust Bank**

Mailing Address P.O. Box 622227

City  
Orlando

State  
FL

Zip Code  
32862-2227

Purpose of Disbursement  
Total bank debits for July

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.9660**  
Amount of Each Disbursement this Period

[REDACTED] 107.03

Memo Item

Full Name (Last, First, Middle Initial)

**B. SunTrust Bank**

Mailing Address P.O. Box 622227

City  
Orlando

State  
FL

Zip Code  
32862-2227

Purpose of Disbursement  
Total bank debits for July

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	2	0

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.9662**  
Amount of Each Disbursement this Period

[REDACTED] 175.52

Memo Item

Full Name (Last, First, Middle Initial)

**C. SunTrust Bank**

Mailing Address P.O. Box 622227

City  
Orlando

State  
FL

Zip Code  
32862-2227

Purpose of Disbursement  
Total bank debits for July

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.9663**  
Amount of Each Disbursement this Period

[REDACTED] 81.96

Memo Item

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

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

[REDACTED] 364.51

[REDACTED] 364.51

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)**

Full Name (Last, First, Middle Initial)

**A. BILL CASSIDY FOR US SENATE**

Mailing Address PO BOX 80505

City  
BATON ROUGE

State  
LA

Zip Code  
70898

Purpose of Disbursement  
CONTRIBUTION TO POLITICAL COMMITTEE

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 14 / 2020

FEC Identification Number

C C00543983

**Transaction ID : SB23.9683**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. DEVIN NUNES CAMPAIGN COMMITTEE**

Mailing Address PO BOX 6545

City  
VISALIA

State  
CA

Zip Code  
93290

Purpose of Disbursement  
CONTRIBUTION TO POLITICAL COMMITTEE

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: CA District: 22

Date of Disbursement

MM / DD / YYYY  
08 / 14 / 2020

FEC Identification Number

C C00370056

**Transaction ID : SB23.9696**

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF DAVE JOYCE**

Mailing Address 9856 ARCHER LN

City  
DUBLIN

State  
OH

Zip Code  
43017

Purpose of Disbursement  
CONTRIBUTION TO POLITICAL COMMITTEE

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: OH District: 14

Date of Disbursement

MM / DD / YYYY  
09 / 27 / 2020

FEC Identification Number

C C00527457

**Transaction ID : SB23.9704**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

7500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)**

Full Name (Last, First, Middle Initial)

**A. KEVIN MCCARTHY FOR CONGRESS**

Mailing Address PO BOX 12667

City  
BAKERSFIELD

State  
CA

Zip Code  
93389

Purpose of Disbursement  
CONTRIBUTION TO POLITICAL COMMITTEE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: CA District: 23

Date of Disbursement

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

FEC Identification Number

**C** C00420935

**Transaction ID : SB23.9664**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. LEAHY FOR U.S. SENATOR COMMITTEE**

Mailing Address PO BOX 1042

City  
MONTPELIER

State  
VT

Zip Code  
05601

Purpose of Disbursement  
CONTRIBUTION TO POLITICAL COMMITTEE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: VT District: 00

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	6			2	0	2	0	

FEC Identification Number

**C** C00068353

**Transaction ID : SB23.9641**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. MULLIN FOR CONGRESS**

Mailing Address PO BOX 3681

City  
MUSKOGEE

State  
OK

Zip Code  
74402

Purpose of Disbursement  
CONTRIBUTION TO POLITICAL COMMITTEE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: OK District: 02

Date of Disbursement

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

FEC Identification Number

**C** C00498345

**Transaction ID : SB23.9653**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

4500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)**

Full Name (Last, First, Middle Initial)

**A. RICHARD E NEAL FOR CONGRESS COMMITTEE**

Mailing Address 76 MAGNOLIA TERRACE

City SPRINGFIELD State MA Zip Code 01108

Purpose of Disbursement CONTRIBUTION TO POLITICAL COMMITTEE

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For: 2020  Primary  General  Other (specify) ▼  
 State: MA District: 01

Date of Disbursement

MM / DD / YYYY  
08 / 14 / 2020

FEC Identification Number

C C00226522

**Transaction ID : SB23.9694**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. TERRI SEWELL FOR CONGRESS**

Mailing Address PO BOX 1964

City BIRMINGHAM State AL Zip Code 35201

Purpose of Disbursement CONTRIBUTION TO POLITICAL COMMITTEE

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For: 2020  Primary  General  Other (specify) ▼  
 State: AL District: 07

Date of Disbursement

MM / DD / YYYY  
07 / 21 / 2020

FEC Identification Number

C C00458976

**Transaction ID : SB23.9685**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. TEXANS FOR SENATOR JOHN CORNYN INC.**

Mailing Address PO BOX 13026

City AUSTIN State TX Zip Code 78711

Purpose of Disbursement CONTRIBUTION TO POLITICAL COMMITTEE

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For: 2020  Primary  General  Other (specify) ▼  
 State: TX District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 27 / 2020

FEC Identification Number

C C00369033

**Transaction ID : SB23.9702**

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

7500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)**

Full Name (Last, First, Middle Initial)

**A. UPTON FOR ALL OF US**

Mailing Address PO BOX 490

City  
SAINT JOSEPH

State  
MI

Zip Code  
49085

Purpose of Disbursement  
CONTRIBUTION TO POLITICAL COMMITTEE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: MI District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	2	0

FEC Identification Number

**C** C00200584

**Transaction ID : SB23.9698**

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. WELCH FOR CONGRESS**

Mailing Address PO BOX 1682

City  
BURLINGTON

State  
VT

Zip Code  
05401

Purpose of Disbursement  
CONTRIBUTION TO POLITICAL COMMITTEE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: VT District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	2	0

FEC Identification Number

**C** C00413179

**Transaction ID : SB23.9700**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. ZELDIN FOR CONGRESS**

Mailing Address 47 FLINTLOCK DRIVE

City  
SHIRLEY

State  
NY

Zip Code  
11967

Purpose of Disbursement  
CONTRIBUTION TO POLITICAL COMMITTEE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: NY District: 01

Date of Disbursement

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

FEC Identification Number

**C** C00552547

**Transaction ID : SB23.9688**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3500.00

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

23000.00