

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
2014 JUL 18 PM 12:36

Office Use Only
FEDERAL CENTER
12FE4M5

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines.
ASSOCIATION OF AIR MEDICAL SERVICES POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 909 NORTH WASHINGTON ST
SUITE 410
 Check if different than previously reported. (ACC) ALEXANDRIA VA 22314

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C00410431

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on MM/DD/YYYY in the State of VA

(d) 30-Day POST-Election Report for the:

General (30G) Runoff (30R) Special (30S)

Election on MM/DD/YYYY in the State of VA

5. Covering Period 04/01/2014 through 06/30/2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Gregory P. Lynskey

Signature of Treasurer *Gregory P. Lynskey* Date 07/19/2014

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

Office Use Only									
-----------------	--	--	--	--	--	--	--	--	--

FEC FORM 3X
Rev. 12/2004

1103101010

**DATA SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Association of Air Medical Services PAC

Report Covering the Period: From:

M M M ' D D ' Y Y Y Y Y
04 ' *01* ' *2014*

To:

M M M ' D D ' Y Y Y Y Y
06 ' *30* ' *2014*

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text"/>		<input type="text" value="1508322"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1670702"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="000"/>	<input type="text" value="175000"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<input type="text" value="1670702"/>	<input type="text" value="1683322"/>
7. Total Disbursements (from Line 31)	<input type="text" value="113398"/>	<input type="text" value="126018"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<input type="text" value="1557354"/>	<input type="text" value="1557304"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="000"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="000"/>	



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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Association of Air Medical Services PAC

Report Covering the Period: From:

04 ' 01 ' 2014

To:

06 ' 30 ' 2014

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).....

000

1,750.00

(ii) Unitemized.....

000

0.00

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

000

1,750.00

(b) Political Party Committees.....

000

0.00

(c) Other Political Committees (such as PACs).....

000

0.00

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

000

1,750.00

12. Transfers From Affiliated/Other Party Committees.....

000

0.00

13. All Loans Received.....

000

0.00

14. Loan Repayments Received.....

000

0.00

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

000

0.00

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

000

0.00

17. Other Federal Receipts (Dividends, Interest, etc.).....

000

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

000

0.00

(b) Levin Funds (from Schedule H5).....

000

0.00

(c) Total Transfers (add 18(a) and 18(b))..

000

0.00

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

0.00

1,750.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

0.00

1,750.00

**DETAILED SUMMARY PAGE
of Disbursements**

II. Disbursements

**COLUMN A
Total This Period**

**COLUMN B
Calendar Year-to-Date**

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1,339.8	260.18
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1,339.8	260.18
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1,000.00	1,000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	1,133.98	1,260.18
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1,133.98	1,260.18

11041101101

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1,750.00	1,750.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1,750.00	1,750.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1,339.8	260.18
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1,339.8	260.18

4-1-00 10:00 AM

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

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)
Association of Air Medical Services PAC

A. Full Name (Last, First, Middle Initial) <i>PETE PAC</i>		Date of Disbursement <i>05 29 2014</i>
Mailing Address <i>7804 Evening Lane</i>		
City <i>Alexandria</i>	State <i>VA</i>	Zip Code <i>22306</i>
Purpose of Disbursement <i>PAC Contribution</i>		Amount of Each Disbursement this Period <i>1,000.00</i>
Candidate Name <i>Rep. Pete Sessions</i>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <i>TX</i>	District: <i>32</i>	

B. Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address		
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

C. Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address		
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

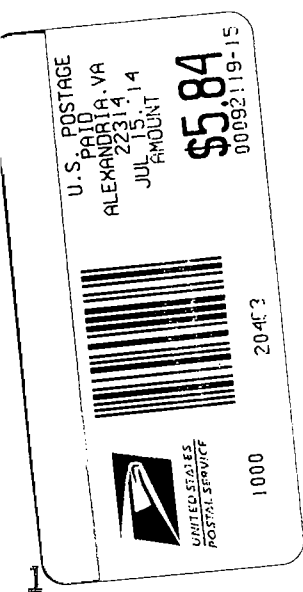
SUBTOTAL of Disbursements This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	

14030107-05-14



ASSOCIATION OF AIR MEDICAL SERVICES
 909 NORTH WASHINGTON STREET
 SUITE 410
 ALEXANDRIA, VA 22314

01-11-11 11:11:11



RECEIVED
 2014 JUL 18 PM 12:38
 FEC MAIL CENTER

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

