

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street)

 Check if different than previously reported. (ACC)

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

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

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

5. Covering Period / / through / /

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

Type or Print Name of Treasurer Denise Turner

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2016"/>		<input type="text" value="94638.11"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="90348.32"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="4991.33"/>	<input type="text" value="10201.54"/>
(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="95339.65"/>	<input type="text" value="104839.65"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="10500.00"/>	<input type="text" value="20000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="84839.65"/>	<input type="text" value="84839.65"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	4883.33	8716.66
(ii) Unitemized	50.00	1366.66
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	4933.33	10083.32
(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)	4933.33	10083.32
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.).....	58.00	118.22
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))..... ▶	4991.33	10201.54
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	4991.33	10201.54

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10500.00	20000.00
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)) ..	10500.00	20000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10500.00	20000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	4933.33	10083.32
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4933.33	10083.32
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 16
	<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"/>	<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. Shawn Baird
Full Name (Last, First, Middle Initial)

Mailing Address 1346 SE Tenind St

City Portland State OR Zip Code 97202

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

Name of Employer Woodbern Ambulance Occupation Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 12 / 2016
Transaction ID : SA11AI.8240

Amount of Each Receipt this Period 125.00

Memo Item Contribution

B. Bruce Baxter
Full Name (Last, First, Middle Initial)

Mailing Address 5 Shapleigh Ave

City Haverhill State MA Zip Code 01830

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

Name of Employer New Britain EMS Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 12 / 2016
Transaction ID : SA11AI.8215

Amount of Each Receipt this Period 100.00

Memo Item Contribution

C. Bruce Baxter
Full Name (Last, First, Middle Initial)

Mailing Address 5 Shapleigh Ave

City Haverhill State MA Zip Code 01830

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

Name of Employer New Britain EMS Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 12 / 2016
Transaction ID : SA11AI.8230

Amount of Each Receipt this Period 100.00

Memo Item Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 325.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 16
	<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. Bruce Baxter
Full Name (Last, First, Middle Initial)
Mailing Address 5 Shapleigh Ave
City Haverhill State MA Zip Code 01830
FEC ID number of contributing federal political committee. **C**
Name of Employer New Britain EMS Occupation CEO
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **600.00**

Date of Receipt **06 / 12 / 2016**
Transaction ID : SA11AI.8245
Amount of Each Receipt this Period **100.00**
 Memo Item
Contribution

B. Dale Berry
Full Name (Last, First, Middle Initial)
Mailing Address 1200 State Circle
City Ann Arbor State MI Zip Code 48108
FEC ID number of contributing federal political committee. **C**
Name of Employer Huron Valley Ambulance Occupation President
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 12 / 2016**
Transaction ID : SA11AI.8239
Amount of Each Receipt this Period **250.00**
 Memo Item
Contribution

C. Janice Carbonneau
Full Name (Last, First, Middle Initial)
Mailing Address 54 Ridgewood Drive
City Atkinson State NH Zip Code 03811
FEC ID number of contributing federal political committee. **C**
Name of Employer New Britain EMS Occupation Assistant CEO
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **300.00**

Date of Receipt **05 / 12 / 2016**
Transaction ID : SA11AI.8235
Amount of Each Receipt this Period **150.00**
 Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 8 OF 16
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Harvey L. Hall
 Full Name (Last, First, Middle Initial)
 Mailing Address 1001 - 21st Street
 City Bakersfield State CA Zip Code 93301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hall Ambulance Service Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 04 / 2016
Transaction ID : SA11AI.8213
 Amount of Each Receipt this Period 250.00
 Memo Item Contribution

B. Harvey L. Hall
 Full Name (Last, First, Middle Initial)
 Mailing Address 1001 - 21st Street
 City Bakersfield State CA Zip Code 93301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hall Ambulance Service Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 06 / 08 / 2016
Transaction ID : SA11AI.8241
 Amount of Each Receipt this Period 250.00
 Memo Item Contribution

C. Harvey L. Hall
 Full Name (Last, First, Middle Initial)
 Mailing Address 1001 - 21st Street
 City Bakersfield State CA Zip Code 93301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hall Ambulance Service Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 06 / 08 / 2016
Transaction ID : SA11AI.8242
 Amount of Each Receipt this Period 250.00
 Memo Item Contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 16
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

A. Michael Hall
 Full Name (Last, First, Middle Initial)
 Mailing Address 2827 S Circle Dr
 City Inverness State FL Zip Code 34450
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Nature Coast EMS Occupation CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 31 / 2016**
Transaction ID : SA11AI.8226
 Amount of Each Receipt this Period **50.00**
 Memo Item
 Contribution

B. Rachel Harracksingh
 Full Name (Last, First, Middle Initial)
 Mailing Address 10633 Vista Alegre
 City El Paso State TX Zip Code 79935
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Life Ambulance Service Occupation Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 12 / 2016**
Transaction ID : SA11AI.8233
 Amount of Each Receipt this Period **250.00**
 Memo Item
 Contribution

C. Russell Honeycutt
 Full Name (Last, First, Middle Initial)
 Mailing Address 223 Pebblebrook Lane
 City Macon State GA Zip Code 31220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Honeycutt Group Occupation President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **800.00**

Date of Receipt **04 / 12 / 2016**
Transaction ID : SA11AI.8217
 Amount of Each Receipt this Period **200.00**
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 16
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Russell Honeycutt
 Full Name (Last, First, Middle Initial)
 Mailing Address 223 Pebblebrook Lane
 City Macon State GA Zip Code 31220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Honeycutt Group Occupation President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **05 / 12 / 2016**
Transaction ID : SA11AI.8229
 Amount of Each Receipt this Period **200.00**
 Memo Item
 Contribution

B. Russell Honeycutt
 Full Name (Last, First, Middle Initial)
 Mailing Address 223 Pebblebrook Lane
 City Macon State GA Zip Code 31220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Honeycutt Group Occupation President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1200.00**

Date of Receipt **06 / 12 / 2016**
Transaction ID : SA11AI.8243
 Amount of Each Receipt this Period **200.00**
 Memo Item
 Contribution

C. Jon Howell
 Full Name (Last, First, Middle Initial)
 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 HEMSI Occupation CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 12 / 2016**
Transaction ID : SA11AI.8234
 Amount of Each Receipt this Period **125.00**
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional).....	525.00
TOTAL This Period (last page this line number only).....	

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

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

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

A. Steve Murphy
 Full Name (Last, First, Middle Initial)
 Mailing Address 4300 Bayview Drive
 City Ft Lauderdale State FL Zip Code 33316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AMR Occupation Exe VP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 12 / 2016**
Transaction ID : SA11AI.8238
 Amount of Each Receipt this Period **250.00**
 Memo Item
 Contribution

B. Aaron Reinert
 Full Name (Last, First, Middle Initial)
 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 Lake Regions EMS Occupation Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1200.00**

Date of Receipt **05 / 12 / 2016**
Transaction ID : SA11AI.8236
 Amount of Each Receipt this Period **600.00**
 Memo Item
 Contribution

C. Julie Ann Rose
 Full Name (Last, First, Middle Initial)
 Mailing Address 1123 Chestnut Drive
 City Ashtabula State OH Zip Code 44004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Community Care Ambulance Occupation Executive Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.32**

Date of Receipt **04 / 12 / 2016**
Transaction ID : SA11AI.8214
 Amount of Each Receipt this Period **83.33**
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional).....	933.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 16
	<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. Randy Strozyk
Full Name (Last, First, Middle Initial)

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 American Medical Response	Occupation Vice President
---	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		12		2016

Transaction ID : SA11AI.8216

Amount of Each Receipt this Period
200.00

Memo Item
Contribution

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

Mailing Address 9209 181 Street Avenue East

City Bonney Lake	State WA	Zip Code 98390
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FEC ID number of contributing federal political committee. **C**

Name of Employer American Medical Response	Occupation Vice President
---	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		12		2016

Transaction ID : SA11AI.8227

Amount of Each Receipt this Period
200.00

Memo Item
Contribution

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

Mailing Address 9209 181 Street Avenue East

City Bonney Lake	State WA	Zip Code 98390
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FEC ID number of contributing federal political committee. **C**

Name of Employer American Medical Response	Occupation Vice President
---	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		12		2016

Transaction ID : SA11AI.8244

Amount of Each Receipt this Period
200.00

Memo Item
Contribution

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

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

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

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

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

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

Mailing Address 9922 S. Silver Maple Road

City State Zip Code
 Highlands Ranch CO 80129

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

Name of Employer Occupation
 American Medical Response VP Risk Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 05 / 12 / 2016
Transaction ID : SA11AI.8232

Amount of Each Receipt this Period
 250.00

Memo Item
 Contribution

Full Name (Last, First, Middle Initial)
B. Jonathan Washko

Mailing Address 16 Pocket CT

City State Zip Code
 Northport NY 11768

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

Name of Employer Occupation
 Washko and Associates Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 05 / 12 / 2016
Transaction ID : SA11AI.8237

Amount of Each Receipt this Period
 250.00

Memo Item
 Contribution

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

Mailing Address 4846 Five Point Road

City State Zip Code
 New Tripoli PA 18066

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

Name of Employer Occupation
 Cetronia Ambulance Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 05 / 12 / 2016
Transaction ID : SA11AI.8231

Amount of Each Receipt this Period
 250.00

Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	4883.33

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

Full Name (Last, First, Middle Initial)

A. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address 430 South Capitol Street SE
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 21 / 2016

Transaction ID : SB23.8252

Amount of Each Disbursement this Period

1000.00

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

Candidate Name

Devin Nunes

Office Sought: House Senate President
State: CA District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 31 / 2016

Transaction ID : SB23.8221

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. FRIENDS OF KELLY AYOTTE INC

Mailing Address PO BOX 937

City MANCHESTER State NH Zip Code 03105

Purpose of Disbursement
Contribution

Candidate Name

KELLY A AYOTTE

Office Sought: House Senate President
State: NH District: 00

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 21 / 2016

Transaction ID : SB23.8257

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)..... ▶

3000.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

Full Name (Last, First, Middle Initial)

A. KEVIN MCCARTHY FOR CONGRESS

Mailing Address PO BOX 12667

City BAKERSFIELD State CA Zip Code 93389

Purpose of Disbursement
Contribution

011

Candidate Name

KEVIN MCCARTHY

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 22

Date of Disbursement

MM / DD / YYYY
06 / 21 / 2016

Transaction ID : SB23.8260

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. KINZLER FOR CONGRESS

Mailing Address 929 N NEWTON AVE

City GLEN ELLYN State IL Zip Code 60137

Purpose of Disbursement
Contribution

011

Candidate Name

ADAM KINZINGER

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 16

Date of Disbursement

MM / DD / YYYY
06 / 21 / 2016

Transaction ID : SB23.8254

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. KURT SCHRADER FOR CONGRESS

Mailing Address PO BOX 3314

City OREGON CITY State OR Zip Code 97045

Purpose of Disbursement
Contribution

011

Candidate Name

KURT SCHRADER

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OR District: 05

Date of Disbursement

MM / DD / YYYY
05 / 09 / 2016

Transaction ID : SB23.8222

Amount of Each Disbursement this Period

1000.00

Memo Item

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

4500.00

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

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NAME OF COMMITTEE (In Full)

AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

Full Name (Last, First, Middle Initial)

A. LEAHY FOR U.S. SENATOR COMMITTEE

Mailing Address PO BOX 1042

City MONTPELIER State VT Zip Code 05601

Purpose of Disbursement Contribution

011

Candidate Name

PATRICK J LEAHY

Category/Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: VT District: 00

Date of Disbursement

MM / DD / YYYY
06 / 21 / 2016

Transaction ID : SB23.8253

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MICHAEL BURGESS FOR CONGRESS

Mailing Address PO BOX 2334

City DENTON State TX Zip Code 76202

Purpose of Disbursement Contribution

011

Candidate Name

MICHAEL C. DR. BURGESS

Category/Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: TX District: 26

Date of Disbursement

MM / DD / YYYY
06 / 07 / 2016

Transaction ID : SB23.8248

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 FIRST STREET

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement Contribution

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 07 / 2016

Transaction ID : SB23.8246

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3000.00

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

10500.00