

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
PUBLIC ENCLOSURE  
DIVISION

2005 MAY 26 P 1:41

Office Use Only

FEC  
FORM 1

# STATEMENT OF ORGANIZATION

1. NAME OF  
COMMITTEE (in full)

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

Association of Air Medical Services Political  
Action Committee (AAMS PAC)

ADDRESS (number and street)

526 King Street, Suite 415

(Check if address  
is changed)

Alexandria

VA

22314-3143

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

703-836-8920

2. DATE

05 / 26 / 2005

3. FEC IDENTIFICATION NUMBER ▶

C00410431

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

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

Type or Print Name of Treasurer

DAVID F. GENCAROLI

Signature of Treasurer

Date

05 / 26 / 2005

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation  Office Sought:  House  Senate  President State  District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

- (d)  This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.

- (e)  This committee is a separate segregated fund.

- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Association of AER Medical Services

Mailing Address

526 King St Suite 415

Alexandria

VA

22314-5143

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Connected

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

25030014514

Write or Type Committee Name

Association of Air Medical Services Political Action Committee (AAMSPAC)

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name Chris EASTLEE

Mailing Address 526 King Street Suite 415

Alexandria VA 22314-3143

Title or Position Assistant TREASURER CITY STATE ZIP CODE

Telephone number 703-836-8732

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer DAVID F. GENICARELLI

Mailing Address 410 3rd Street SE

WASHINGTON DC 20003

Title or Position Treasurer CITY STATE ZIP CODE

Telephone number 202-543-6970

Full Name of Designated Agent Chris EASTLEE

Mailing Address 526 King Street, Suite 415

Alexandria VA 22314-3143

Title or Position Assistant TREASURER CITY STATE ZIP CODE

Telephone number 703-836-8732

23038814515

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

SUN TRUST BANK

Mailing Address

575 KING ST

Alexandria

VA

22314-3132

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

25038814516

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt  
5/26/05

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked  
Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date  
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

*[Signature]*  
PREPARER  
(3/2005)

5/26/05  
DATE PREPARED

25033614513