Image# 14952684514				PAGE 1 / 9
	EPORT OF RE ND DISBURSI Other Than An Authori	EMENTS	Office	
1. NAME OF TYP	E OR PRINT V	Example: If typing, type	12FE4M5	Jse Only
COMMITTEE (in full)		over the lines.	12FE4M5	_
American Ambulance Ass	ociation Federal Pac	(Aka Ambu-Pac)		
ADDRESS (number and street)	400 Westpark Drive			
Check if different	econd Floor			
then providually	ΛcLean □		VA 2210	2
2. FEC IDENTIFICATION NUMB	ER ▼ CITY ▲		STATE 🔺	ZIP CODE
C C00168070	3. IS TH REPO		AMENDED (A))
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: 	(b) Monthly Report Due On: Mar 20 (Aug 20 (M8) Sep 20 (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
April 15	Apr 20 (M	Jul 20 (M7)	Oct 20 (M10)	
Quarterly Report (Q1)	(c) 12-Day	Primary (12P)	General (12G)	Runoff (12R)
Quarterly Report (Q2) October 15	Report for the:	Convention (12C)	Special (12S)	
Quarterly Report (Q3) January 31 Year-End Report (YE)	Election on	M M / D D /	Y Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST -Election X Report for the:	General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Election on	M = M / D = D / / 11 04	Y Y Y Y Y Y 2014	in the State of VA
5. Covering Period	16 / Y Y Y Y 16 2014	through 11) 14
I certify that I have examined this R	eport and to the best of my	knowledge and belief it is tru	ue, correct and comple	ete.
Type or Print Name of Treasurer	Denise Clark			
Signature of Treasurer	ırk	[Electronically Filed]	Date 12 / 02	2 / Y Y Y Y 2014
NOTE: Submission of false, erroneous	, or incomplete information may	v subject the person signing the	his Report to the penal	ties of 2 U.S.C. §437g.
Office Use Only				C FORM 3X Rev. 12/2004

12/02/2014 12 : 36

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

American Ambulance Association Federal Pac (Aka Ambu-Pac)

R	Report Covering the Period: From:	0 / D D / Y Y Y Y 0 16 2014 To	b: 11 / D D / Y Y Y Y 11 24 2014
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2014		64168.09
	(b) Cash on Hand at Beginning of Reporting Period	47136.38	
	(c) Total Receipts (from Line 19)	5383.32	19851.61
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	52519.70	84019.70
7.	Total Disbursements (from Line 31)	2000.00	33500.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	50519.70	50519.70
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY 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

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	- DI	ETAILED SUMMARY PAGE of Receipts	Г
	FEC Form 3X (Rev. 06/2004)		Page 3
	Irite or Type Committee Name		
F	American Ambulance Association Fe	ederal Pac (Aka Ambu-Pac)	
R	eport Covering the Period: From:	16 Y Y Y Y Y 16 Z014 To	b: 11 / 24 / Y Y Y Y Y 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	3058.33	16091.61
	(i) Itemized (use Schedule A)	7 7	
	(ii) Unitemized	2320.00	3703.32
	(iii) TOTAL (add		
	Lines 11(a)(i) and (ii)	5378.33	19794.93
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees	0.00	0.00
	(such as PACs)		0.00
	(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry		
	Totals to Line 33, page 5)	5378.33	19794.93
12.	Transfers From Affiliated/Other		
	Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received	0.00	0.00
15.	Offsets To Operating Expenditures		
	(Refunds, Rebates, etc.)	0.00	0.00
16	(Carry Totals to Line 37, page 5)	0.00	0.00
10.	Refunds of Contributions Made to Federal Candidates and Other		
	Political Committees	0.00	0.00
17.	Other Federal Receipts	7 7 7	
	(Dividends, Interest, etc.)	4.99	56.68
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))	5383.32	19851.61
20.	Total Federal Receipts		
	(subtract Line 18(c) from Line 19)►	5383.32	19851.61

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DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)		Page 4
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures:		
(i) Federal Share	0.00	0.0
(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	0.0
Transfers to Affiliated/Other Party		0.0
Committees Contributions to Federal Candidates/Committees and Other Political Committees	0.00	
and Other Political Committees	2000.00	33500.00
(use Schedule E) Coordinated Party Expenditures	0.00	0.0
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00
	0.00	0.00
(b) Political Party Committees(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
		0.00
Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity		
(from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))►	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	2000.00	33500.00
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)►	2000.00	33500.00
· · · /	7 7	

FE6AN026

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DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Total Contributions (other than loans) (from Line 11(d), page 3) 	5378.33	19794.93
 Total Contribution Refunds (from Line 28(d)) 	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5378.33	19794.93
 Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) 	0.00	0.00
 Offsets to Operating Expenditures (from Line 15, page 3) 	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

9

			Detailed Summary Page		-		11b		11c	12	Г				
	y information copied from such Reports and S							of soli							
	for commercial purposes, other than using the														
\backslash	NAME OF COMMITTEE (In Full) American Ambulance Association	on Feder	al Pac (Aka Ambu-Pac	•)											
				·)											
^	Full Name (Last, First, Middle Initial) Steven Athey														
Α.	Mailing Address 201 Morning Dove Court				Date of Receipt										
		- -								2014					
	City Argyle	State TX	Zip Code 76226						375002						
			10220	_ /	Amount	tof	Each	Rece	ipt this	; Perio	od	_			
	FEC ID number of contributing federal political committee.	С			_		7		7	10	0.0	0			
	Name of Employer	Occupation													
	Health Care Visions	President													
	Receipt For: Primary General	Aggregate	Year-to-Date ▼												
	Other (specify)		250.00												
B.	Full Name (Last, First, Middle Initial) Gene Bradley				Date of	Re	eceipt								
	Mailing Address 802 S Washington St				M M	/	D	D /	Y	Y Y	Y				
	<u></u>	Ctoto	Zin Codo	- 1	11		14			2014					
	City Orgon	State MO	Zip Code 64473		Trans				374859		hd				
	FEC ID number of contributing			unoun		Laon	11000	ipt the							
	federal political committee.	С			_	-	7	_	7	2	25.0	0			
	Name of Employer Atchison-Holt Ambulance	Occupation													
	Receipt For:	Executive D		_											
	Primary General	Aggregate	Year-to-Date ▼												
	Other (specify)		275.00	4											
с.	Full Name (Last, First, Middle Initial) Debora Mary Gault				Date of	Re	eceipt								
	Mailing Address 5502 North West Highway				м м 11	/	D			y y 2014	Y	1			
	City	State	Zip Code		Trans	act	ion ID	: C28	874855						
	Waterford	WI	53185	A	Amount	t of	Each	Rece	ipt this	; Perio	d				
	FEC ID number of contributing federal political committee.	С				_	7		7	Ę	33.3	3			
	Name of Employer	Occupation													
	AMR - Corporate	Vice Presid	ent, Federal Reimbursements												
	Receipt For: Primary General	Aggregate	Year-to-Date ▼												
	Other (specify)		916.63												
s	UBTOTAL of Receipts This Page (optional)									20	8.3	3			
				- i		-	-,		7	-	Ŧ	-			
Т	OTAL This Period (last page this line number	only)		•			,		,	_					

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

FOR LINE NUMBER:

(check only one)

PAGE 7 OF

	EMIZED RECEIPIS		Detailed Summary Page		11a		11b		11c		12								
			Setance Cummuy Page		13		14		15		16	17							
An or	y information copied from such Reports and s for commercial purposes, other than using the	Statements ma e name and a	ay not be sold or used by any p ddress of any political committee	erson f e to so	or the licit co	pur ntrib	pose oution	of s s frc	oliciting	j con h con	tribut	ions ee.							
\backslash	NAME OF COMMITTEE (In Full)																		
$\Big)$	American Ambulance Associati	ion Federa	al Pac (Aka Ambu-Pac	:)															
A.	Full Name (Last, First, Middle Initial) Harvey Hall				Date o	f Re	ceipt												
	Mailing Address 1001 21st Street				M M	/		D 18	/ Y	20		Y							
	City	State	Zip Code		Transaction ID : C2873797														
	Bakersfield	CA	93301	A	Amoun	t of	Each	Re	ceipt th	nis Pe	eriod								
	FEC ID number of contributing federal political committee.	С					7		7		250.	00							
	Name of Employer	Occupation																	
	Hall Ambulance Service, Inc.	Information	Requested																
	Receipt For:	Aggregate	Year-to-Date V																
	Other (specify)	Primary General																	
В.	Full Name (Last, First, Middle Initial) James McNeal				Date o	f Re	ceipt												
	Mailing Address 414 W. Elm				M M		D		/ Y	201		Y							
	City	State	Zip Code		Trans	sacti	ion ID) : C	287537										
	Burbank	CA	91506	ļ	Amoun	t of	Each	Re	ceipt th	nis Pe	eriod								
	FEC ID number of contributing federal political committee.	ů – Elektrik								1000.00									
	Name of Employer Schaefer Ambulance Service	Occupation President																	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00																
с.	Full Name (Last, First, Middle Initial) John Russell				Date o	f Re	ceipt												
	Mailing Address 2034 Pamela				м м 11		D	D 24	/ Y	201		Y							
	City	State	Zip Code		Trans	sact	ion IE) : C	287537	77									
	Cape Girardeau	MO	63701	/	Amoun	t of	Each	Re	ceipt th	nis Pe	eriod								
	FEC ID number of contributing federal political committee.	С					7		y		1500	00							
	Name of Employer																		
	Cape County Private Ambulance																		
	Receipt For:	Aggregate	Year-to-Date ▼																
	Primary General		4500.00	11															
	Other (specify)		1500.00																
s	UBTOTAL of Receipts This Page (optional)						7		7	2	2750.	00							
т	OTAL This Period (last page this line number	only)					,		3										

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

PAGE

8 OF

	-	Use separate schedule(s)	(check on					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a			1c	12	
Any information copied from such Reports or for commercial purposes, other than us					se of solid			
NAME OF COMMITTEE (In Full)	<u> </u>	, see e, person commune						
American Ambulance Asso	ciation Federa	al Pac (Aka Ambu-Pac	;)					
Full Name (Last, First, Middle Initial) A. Randy Strozyk			Date o	of Rece	ipt			
Mailing Address 9209 181 Street Avenu	e East		M - N 1_1	/	D D / 14	Y	у у 2014	Y
City	State	Zip Code		sactior	n ID : C28	74862		
Bonney Lake	WA	98391	Amour	nt of Ea	ach Recei	pt this	3 Period	
FEC ID number of contributing federal political committee.	С					,	100.	.00
Name of Employer	Occupation							
AMR - Corporate	Senior VP,	Operations						
Receipt For:	Aggregate	Year-to-Date ▼						
Other (specify) ▼		1100.00]					
Full Name (Last, First, Middle Initial) B.			Data	of Rece	int			
Mailing Address						Y	YY	Y
City	State	Zip Code	Amour	nt of Ea	ach Recei	pt this	s Period	
FEC ID number of contributing federal political committee.	С							
Name of Employer	Occupation							
Receipt For:	Aggregate	Year-to-Date ▼						
Primary General	Aggregate							
Other (specify)	_ L	<u> </u>						
Full Name (Last, First, Middle Initial)			Date o	of Rece	ipt			
Mailing Address			M	_	D D /	Y	Y Y	Y
City	State	Zip Code					Deried	
FEC ID number of contributing	С		Amour	it of Ea	ach Recei	pt this	3 Period	
federal political committee.	U					7		
Name of Employer	Occupation							
Receipt For:	Aggregate	Year-to-Date ▼						
Other (specify)		g 1 g 1 g 1 g 1]					
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SCHEDULE B (FEC Form 3X)			י פר).		P	AGE	9 (DF 9					
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the		heck	only	NE NUMBER: PAGE 9 OF 9 pnly one)											
	Detailed Summary Page			21b 27	22 28a	×	23 28b	24 280	;	25 29	26 30b					
Any information copied from such Reports and State or for commercial purposes, other than using the na																
NAME OF COMMITTEE (In Full)		-	_													
American Ambulance Association	Federal Pac (Aka A	mbu-	Pa	ic)												
Full Name (Last, First, Middle Initial) A. Steve Daines for Montana					Date of	of Di	eburee	mont								
Sieve Dames for Montana					M		D		Y Y	Y	Y					
Mailing Address PO BOX 1598					10 29 2014											
City	State Zip Code				Tran	sact	ion ID	: D1629	09							
HELENA Purpose of Disbursement	MT 59624			Transaction ID : D162909												
Contribution					Amou	nt of	Each	Disburs	ement	t this I	Period					
		Cate		y/						2000	0.00					
STEVEN DAINES Office Sought: House Disburse	ement For: 2014	Ту	/pe				7	7	_	2000						
X Senate	Primary X General															
	Other (specify)															
State: MT District: 00 Full Name (Last, First, Middle Initial)																
B.					Date	of Di	sburse	ment								
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Mailing Address																
City	State Zip Code															
Purpose of Disbursement			-		•		F I	Disk			Devia					
Candidate Name				Amount of Each Disbursement					emeni	t this i	Period					
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	ement For:															
Senate President	Primary General Other (specify)															
State: District:																
Full Name (Last, First, Middle Initial)					Dett	.t D.	ob									
C.					Date of	_	sburse		V	Y	V					
Mailing Address						1 7			Y = Y	Ŷ	Y					
City	State Zip Code															
Purpose of Disbursement		-	_													
Candidate Name				<i>y</i> /	Amount of Each Disbursement this Period											
Office Sought: House Disburse	ement For:	.,	/pe				7	7								
Senate	Primary General															
State: District:	Other (specify)															
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