

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 Primary (12P) General (12G) Runoff (12R)
PRE-Election Report for the: Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day General (30G) Runoff (30R) Special (30S)
POST-Election Report for the: / / 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 Clark

Signature of Treasurer Denise Clark [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.

Office Use Only							
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**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="2014"/>		64168.09
(b) Cash on Hand at Beginning of Reporting Period.....	50519.70	
(c) Total Receipts (from Line 19)	27714.63	47566.24
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	78234.33	111734.33
7. Total Disbursements (from Line 31).....	0.00	33500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	78234.33	78234.33
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

DETAILED SUMMARY PAGE
of Receipts

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).....	24891.63	40983.24
(ii) Unitemized	2810.00	6513.32
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	27701.63	47496.56
(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)	27701.63	47496.56
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.).....	13.00	69.68
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))..... ▶	27714.63	47566.24
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	27714.63	47566.24

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.....	0.00	33500.00
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)) ..	0.00	33500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	33500.00

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)	27701.63	47496.56
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	27701.63	47496.56
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 17
	<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. Chris Archuletta
Full Name (Last, First, Middle Initial)

Mailing Address 4500 Willow View Ln NW

City Albuquerque State NM Zip Code 87120-5422

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

Name of Employer Superior Ambulance Service, Inc. Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 25 / 2014
Transaction ID : C2914598

Amount of Each Receipt this Period 1000.00

B. 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 Woodburn Ambulance Service Occupation Co-owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 541.66

Date of Receipt 11 / 26 / 2014
Transaction ID : C2914632

Amount of Each Receipt this Period 166.66

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

Mailing Address 5 Shapleigh Avenue

City Haverhill State MA Zip Code 01830

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

Name of Employer New Britain EMS, Inc. Occupation Chief Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 26 / 2014
Transaction ID : C2914659

Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1216.66

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 17
	<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. Dale Berry
Full Name (Last, First, Middle Initial)

Mailing Address 10188 Royce Dr

City South Lyon State MI Zip Code 48178

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

Name of Employer Huron Valley Ambulance, Inc. Occupation President/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1083.33**

Date of Receipt
 M M / D D / Y Y Y Y Y
11 / 25 / 2014

Transaction ID : C2914634

Amount of Each Receipt this Period
333.33

B. Gene Bradley
Full Name (Last, First, Middle Initial)

Mailing Address 802 S Washington St

City Orgon State MO Zip Code 64473

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

Name of Employer Atchison-Holt Ambulance Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
11 / 25 / 2014

Transaction ID : C2914660

Amount of Each Receipt this Period
25.00

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, Inc. Occupation Asst Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
11 / 25 / 2014

Transaction ID : C2914635

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional).....▶	558.33
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 8 OF 17
	<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)

Full Name (Last, First, Middle Initial) A. Howard Enloe		Date of Receipt M M / D D / Y Y Y Y Y 11 / 25 / 2014 Transaction ID : C2914601
Mailing Address 5720 Trowbridge Drive Suite B		Amount of Each Receipt this Period 1000.00
City El Paso	State TX	
Zip Code 79925		
FEC ID number of contributing federal political committee. C		
Name of Employer Life Ambulance Service	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. James Finger		Date of Receipt M M / D D / Y Y Y Y Y 12 / 05 / 2014 Transaction ID : C2914949
Mailing Address 18 Central Avenue		Amount of Each Receipt this Period 250.00
City Rutland	State VT	
Zip Code 05701		
FEC ID number of contributing federal political committee. C		
Name of Employer Regional Ambulance Service	Occupation Chief Executive Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. J.D. Fuiten		Date of Receipt M M / D D / Y Y Y Y Y 11 / 25 / 2014 Transaction ID : C2914605
Mailing Address 5475 NE Dawson Creek Dr.		Amount of Each Receipt this Period 3000.00
City Hillsboro	State OR	
Zip Code 97124		
FEC ID number of contributing federal political committee. C		
Name of Employer Metro West Ambulance	Occupation President/Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

SUBTOTAL of Receipts This Page (optional).....▶	4250.00
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 17
	<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

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NAME OF COMMITTEE (In Full)
American Ambulance Association Federal Pac (Aka Ambu-Pac)

A. Debora Mary Gault
Full Name (Last, First, Middle Initial)

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 AMR - Corporate Occupation Vice President, Federal Reimbursements

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1083.29**

Date of Receipt **11 / 26 / 2014**

Transaction ID : C2914652

Amount of Each Receipt this Period **166.66**

B. Harvey 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, Inc. Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3000.00**

Date of Receipt **12 / 08 / 2014**

Transaction ID : C2914952

Amount of Each Receipt this Period **250.00**

C. Rachel Harracksing
Full Name (Last, First, Middle Initial)

Mailing Address 10633 Vista Alegre Dr

City El Paso State TX Zip Code 79935-3621

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

Name of Employer Life Ambulance Service Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1250.00**

Date of Receipt **11 / 26 / 2014**

Transaction ID : C2914653

Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional).....▶	916.66
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 17
	<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

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NAME OF COMMITTEE (In Full)
American Ambulance Association Federal Pac (Aka Ambu-Pac)

A. Doug Hooten
Full Name (Last, First, Middle Initial)

Mailing Address 12716 Villa Milano Dr

City Fort Worth State TX Zip Code 76126

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

Name of Employer AMAA/MedStar Occupation Executive Director

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
 11 / 25 / 2014

Transaction ID : C2914608

Amount of Each Receipt this Period
 500.00

B. Jon Howell
Full Name (Last, First, Middle Initial)

Mailing Address 251 Bishop Farm Way NW

City Huntsville State AL Zip Code 35806-6008

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

Name of Employer Huntsville Emergency Medical Services, Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 541.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014

Transaction ID : C2914636

Amount of Each Receipt this Period
 166.66

C. Wayne Jurecki
Full Name (Last, First, Middle Initial)

Mailing Address 1111 N Marshall St
Unit 1002

City Milwaukee State WI Zip Code 53202-3380

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

Name of Employer Bell Ambulance, Inc. Occupation Vice President, Chief Operating Office

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014

Transaction ID : C2914609

Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional).....▶	3166.66
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 17
<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. Michael Lammers
Full Name (Last, First, Middle Initial)

Mailing Address 12161 W Lake Ave

City Littleton State CO Zip Code 80127-2368

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

Name of Employer United Resource Systems Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 25 / 2014

Transaction ID : C2914628

Amount of Each Receipt this Period
 500.00

B. Kevin Lyons
Full Name (Last, First, Middle Initial)

Mailing Address 11-13 School St

City Danvers State MA Zip Code 01923

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

Name of Employer Lyons Ambulance Service LLC Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 25 / 2014

Transaction ID : C2914612

Amount of Each Receipt this Period
 2000.00

C. James McParton
Full Name (Last, First, Middle Initial)

Mailing Address 55 Railroad Pl

City Saratoga Springs State NY Zip Code 12866-2145

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

Name of Employer Mohawk Ambulance Service 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 Y Y
 11 / 25 / 2014

Transaction ID : C2916087

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	3500.00
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 12 OF 17
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Ambulance Association Federal Pac (Aka Ambu-Pac)

A. Mark Meijer
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 2284

City Grand Rapids State MI Zip Code 49501

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

Name of Employer Life EMS Ambulance Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2014

Transaction ID : C2914953

Amount of Each Receipt this Period
 2000.00

B. Asbel Montes
Full Name (Last, First, Middle Initial)

Mailing Address 305 Rue Bordeaux

City Carencro State LA Zip Code 70520-4329

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

Name of Employer Acadian Ambulance Service Occupation Information Requested

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
 12 / 04 / 2014

Transaction ID : C2914950

Amount of Each Receipt this Period
 500.00

c. Steve Murphy
Full Name (Last, First, Middle Initial)

Mailing Address 4300 Bayview Dr

City Fort Lauderdale State FL Zip Code 33308-5327

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

Name of Employer AMR Occupation Executive VP, Government and National

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1083.33

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014

Transaction ID : C2914640

Amount of Each Receipt this Period
 333.33

SUBTOTAL of Receipts This Page (optional).....▶	2833.33
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 13 OF 17
<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. Jamie Pafford-Gresham
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1120
 City Hope State AR Zip Code 71802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pafford EMS-Hempstead County Occupation Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : C2914617
 Amount of Each Receipt this Period
 2500.00

B. Kimberly Pate-Godden
 Full Name (Last, First, Middle Initial)
 Mailing Address 2135 W Walton St
 City Chicago State IL Zip Code 60622-4813
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Superior Air-Ground Ambulance Service, Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : C2914607
 Amount of Each Receipt this Period
 500.00

C. Mark Postma
 Full Name (Last, First, Middle Initial)
 Mailing Address 3705 Jacmel Way
 City Palm Harbor State FL Zip Code 34685-3608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer East Texas Medical Center EMS Occupation COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : C2914602
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	3500.00
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 14 OF 17
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Ambulance Association Federal Pac (Aka Ambu-Pac)

A. Mark Postma
Full Name (Last, First, Middle Initial)

Mailing Address 3705 Jacmel Way

City State Zip Code
Palm Harbor FL 34685-3608

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

Name of Employer Occupation
East Texas Medical Center EMS COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2014

Transaction ID : C2914951

Amount of Each Receipt this Period
500.00

B. Aarron Reinert
Full Name (Last, First, Middle Initial)

Mailing Address 29251 Patassium St NW

City State Zip Code
Isanti MN 55040

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

Name of Employer Occupation
Lakes Region EMS Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2950.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 25 / 2014

Transaction ID : C2914642

Amount of Each Receipt this Period
1000.00

C. JulieAnn Rose
Full Name (Last, First, Middle Initial)

Mailing Address 1123 Chestnut Drive

City State Zip Code
Ashtabula OH 44004

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

Name of Employer Occupation
Community Care Ambulance Network Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
916.63

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 26 / 2014

Transaction ID : C2914656

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional).....▶	1583.33
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 15 OF 17
	<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	<input type="checkbox"/> 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. Lauren Rubinson		Date of Receipt M M / D D / Y Y Y Y Y 11 / 25 / 2014 Transaction ID : C2914618
Mailing Address 123 Oakmont Dr		Amount of Each Receipt this Period 1000.00
City Deerfield	State IL	Zip Code 60015-5085
FEC ID number of contributing federal political committee. C		
Name of Employer Medical Express Ambulance	Occupation Dir Business Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Alan Schwalberg		Date of Receipt M M / D D / Y Y Y Y Y 11 / 25 / 2014 Transaction ID : C2914619
Mailing Address 23 Manitou Trl		Amount of Each Receipt this Period 500.00
City Kings Park	State NY	Zip Code 11754-4542
FEC ID number of contributing federal political committee. C		
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Randy Strozyk		Date of Receipt M M / D D / Y Y Y Y Y 11 / 25 / 2014 Transaction ID : C2914661
Mailing Address 9209 181 Street Avenue East		Amount of Each Receipt this Period 200.00
City Bonney Lake	State WA	Zip Code 98391
FEC ID number of contributing federal political committee. C		
Name of Employer AMR - Corporate	Occupation Senior VP, Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

SUBTOTAL of Receipts This Page (optional).....▶	1700.00
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 16 OF 17
	<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. David Tetrault
 Full Name (Last, First, Middle Initial)
 Mailing Address 624 Wallace Rd
 City Farmington State MO Zip Code 63640
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Francois County Ambulance District Occupation Administrator/CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 25 / 2014
Transaction ID : C2914622
 Amount of Each Receipt this Period
 500.00

B. Ronald Thackery
 Full Name (Last, First, Middle Initial)
 Mailing Address 9922 Silver Maple Rd
 City Highlands Ranch State CO Zip Code 80129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AMR - Corporate Occupation VP, Safety & Risk Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1083.33

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 26 / 2014
Transaction ID : C2914647
 Amount of Each Receipt this Period
 333.33

C. Jonathan Washko
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 Pocket Ct
 City Northport State NY Zip Code 11768-3018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Information Requested Occupation Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 25 / 2014
Transaction ID : C2914623
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1333.33
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 17 OF 17
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<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. Full Name (Last, First, Middle Initial)
Larry Wiersch

Mailing Address **4846 Five Point Road**

City **New Tripoli** State **PA** Zip Code **18066**

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

Name of Employer **Cetronia Ambulance Corps, Inc** Occupation **Executive Director**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1083.33**

Date of Receipt
 M M / D D / Y Y Y Y
11 / 26 / 2014

Transaction ID : C2914650

Amount of Each Receipt this Period
333.33

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	333.33
TOTAL This Period (last page this line number only).....▶	24891.63