PAGE 1 / 16

FEC FORM 3Y

REPORT OF RECEIPTS AND DISBURSEMENTS

For	Other Than An Au	thorized Committe	ee		Office Use Only
NAME OF TY COMMITTEE (in full)	PE OR PRINT ▼	Example: If typir over the lines.	ng, type	12FE4M	
, ,					
AMERICAN AMBULANC	CE ASSOCIATION	I FEDERAL PAC	CAKA AN	/IBU-PAC))
ADDRESS (number and street)	1201 WILSON BLVD				
Check if different	27TH FLOOR				
than previously reported. (ACC)	ARLINGTON			VA _	22209
2. FEC IDENTIFICATION NUM	BER ▼C	ITY 🛦	S	STATE A	ZIP CODE ▲
C C00168070			NEW N) OR	AM (A)	IENDED
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	b 20 (M2)	May 20 (M5)	Aug	20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Ma		Jun 20 (M6)		20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1)			Jul 20 (M7)	. —	20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q2)	(c) 12-Day PRE-Election	Primary (12P	_	General (
October 15 Quarterly Report (Q3)	Report for the:	Convention (120)	Special (125)
January 31 Year-End Report (YE)	Elect	ion on	D D /	Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (300	à)	Runoff (3	Special (30S)
Termination Report (TER)		ion on	D = D /	Y	in the State of
5. Covering Period 04	01 2020	through	06	/ D D /	2020
I certify that I have examined this I	Report and to the best of	of my knowledge and b	pelief it is true	e, correct and	d complete.
	Rose, Julie Ann, , ,				·
Signature of Treasurer Rose, Jul	ie Ann, , ,	[Electronically	, Filed] Da	ate 07	/ D D / Y Y Y Y Y Y 13 2020
NOTE: Submission of false, erroneou	s, or incomplete informati	on may subject the pers	son signing th	is Report to th	ne penalties of 52 U.S.C. § 30109
Office					

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016) Page 2

Write or Type Committee Name

AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

04 01 2020 06 30 2020 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 177451.31 January 1. 2020 (b) Cash on Hand at 180547.13 Beginning of Reporting Period..... 3585.64 6681.46 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 184132.77 184132.77 6(a) and 6(c) for Column B)..... 10658.77 10658.77 7. Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 173474.00 173474.00 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 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. 05/2016)

Write or Type Committee Name

AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

01 2020 06 30 2020 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 2933.32 4833.32 (i) Itemized (use Schedule A)..... 445.82 1641.64 (ii) Unitemized (iii) TOTAL (add 6474.96 3379.14 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 6474.96 3379.14 Totals to Line 33, page 5)▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other 0.00 0.00 Political Committees..... 17. Other Federal Receipts 206.50 (Dividends, Interest, etc.)..... 206.50 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 (from Schedule H3)..... 0.00 0.00 0.00 (b) Levin Funds (from Schedule H5) (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))....... 3585.64 6681 46 20. Total Federal Receipts 3585.64 6681.46 (subtract Line 18(c) from Line 19)▶

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Expenditures: (a) Allocated Federal/Non-Federal	2 2 2	Carolinal Toul to Pate
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	7 7 7	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	658.77	658.77
(c) Total Operating Expenditures	00077	658.77
(add 21(a)(i), (a)(ii), and (b))	658.77	030.77
CommitteesContributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	10000.00	10000.00
Independent Expenditures	7 7 7	4 4
(use Schedule E) Coordinated Party Expenditures (52 U.S.C. § 30116(d))	0.00	0.00
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans MadeRefunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	45 45	
(such as PACs)(d) Total Contribution Refunds	0.00	0.00
(add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements (Including		
Non-Federal Donations)	0.00	0.00
Federal Election Activity (52 U.S.C. § 3010	01(20))	
(a) Allocated Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	
(i) i euclai Silaie	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	0.00	0.00
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))	10658.77	10658.77
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	10000 77	
TOTAL CITIES OF J	10658.77	10658.77

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	3379.14	6474.96
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3379.14	6474.96
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	658.77	658.77
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	658.77	658.77

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

					MBER	:	PAGE	6	OF	16
(check only one)										
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			13		14		15	16	6	17

	γ information copied from such Reports and Stat for commercial purposes, other than using the n			
	NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE ASSC	CIATION	N FEDERAL PAC (AKA /	AMBU-PAC)
	Full Name of Individual (Last, First, Middle Initial Baxter, Bruce, , ,	l) or Full Org	anization Name	Date of Receipt
ľ	Mailing Address 5 Shapleigh Ave			05 18 2020
(City	State	Zip Code	Transaction ID : SA11AI.9565
_	Haverhill	MA	01830	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
1	Name of Employer (for Individual)	Occup	ation (for Individual)	Memo Item
1	New Britain EMS	CEO		_
Ē	Receipt For:	Aggregate Ye	ear-to-Date ▼	
	Primary General	7.199.094.0	sur to Buto	
	Other (specify) ▼		300.00	
3	Full Name of Individual (Last, First, Middle Initial Baxter, Bruce, , ,) or Full Org	anization Name	Date of Receipt
_	Mailing Address 5 Shapleigh Ave			06 15 2020
(City	State	Zip Code	Transaction ID : SA11AI.9584
	Haverhill	MA	01830	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual) New Britain EMS	Occup CEO	ation (for Individual)	Memo Item
Ē	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 400.00	
).	Full Name of Individual (Last, First, Middle Initial Carbonneau, Janice, , ,	l) or Full Org	anization Name	Date of Receipt
ľ	Mailing Address 54 Ridgewood Drive			05 18 2020
(City	State	Zip Code	Transaction ID : SA11AI.9568
_	Atkinson	NH	03811	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Name of Employer (for Individual) New Britain EMS		ation (for Individual)	Memo Item
Ī	Receipt For:	Aggregate Ye	ear-to-Date ▼	
	Primary General Other (specify)		300.00	
SU	JBTOTAL of Receipts This Page (optional)		>	500.00
TC	OTAL This Period (last page this line number on	ly)	·····	

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

					MBER	:	PAGE	7	OF	16
(check only one)										
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			13		14		15	16	6	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) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Gault, Debora Mary, , , Date of Receipt Mailing Address 5502 North West Highway 2020 City Zip Code State Transaction ID: SA11AI.9567 WI 53185 Waterford Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) VP Federal Reimbursements **AMR** Receipt For: Aggregate Year-to-Date ▼ Primary General 249.99 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Gault, Debora Mary, , , Date of Receipt Mailing Address 5502 North West Highway 2020 City State Zip Code Transaction ID: SA11AI.9583 Waterford WI 53185 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **AMR** VP Federal Reimbursements Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 333,32

		4 4	
Full Name of Individual (Last, First, Middle In Hall, Lavonne, N/A, Ms,	itial) or Full Org	anization Name	Date of Receipt
Mailing Address 1001 21st St.			04 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID : SA11AI.9491
Bakersfield	CA	93301	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer (for Individual) N/A	Occup N/A	ation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			416.66

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

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

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

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

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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) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Hall, Lavonne, N/A, Ms, Date of Receipt Mailing Address 1001 21st St. 2020 City Zip Code State Transaction ID: SA11AI.9573 CA Bakersfield 93301 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) N/A Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Hall, Lavonne, N/A, Ms, Date of Receipt Mailing Address 1001 21st St. 15 2020 City State Zip Code Transaction ID: SA11AI.9579 Bakersfield CA 93301 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) N/A Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Montes, Asbel, , , Date of Receipt Mailing Address 305 Rue Bordeaux 18 2020 City State Zip Code Transaction ID: SA11AI.9563 Carencro LA 70520 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Acadian Companies Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 850.00

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

F	OR	LINE	NU	MBER	:	PAGE	9	OF	16
(check only one)									
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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) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Montes, Asbel, , , Date of Receipt Mailing Address 305 Rue Bordeaux 2020 15 City Zip Code State Transaction ID: SA11AI.9585 LA Carencro 70520 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Acadian Companies** Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** North, Tristan, , , Date of Receipt Mailing Address 302 Albermark Ave 04 2020 City State Zip Code Transaction ID: SA11AI.9492 VA Richmond 23226 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) American Ambulance Association SVP of Government Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** North, Tristan, , , Date of Receipt Mailing Address 302 Albermark Ave 18 2020 City State Zip Code Transaction ID: SA11AI.9576 VARichmond 23226 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) American Ambulance Association SVP of Government Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional).....

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

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

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or for commercial purposes, other than using t	,	, , , ,	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE AS	SOCIATIO	N FEDERAL PAC (AK	(A AMBU-PAC)
Full Name of Individual (Last, First, Middle North, Tristan, , , Mailing Address 302 Albermark Ave	Initial) or Full Orç	ganization Name	Date of Receipt
014	0	7:- 0-1-	06 15 2020
City Richmond	State VA	Zip Code 23226	Transaction ID : SA11AI.9578
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	20220	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer (for Individual) American Ambulance Association	'	oation (for Individual) of Government Affairs	Memo Item
Receipt For:	Aggregate Y	'ear-to-Date ▼	
Primary General Other (specify) ▼		600.00	
Full Name of Individual (Last, First, Middle Rose, Julie Ann, , ,	Initial) or Full Org	ganization Name	Date of Receipt
Mailing Address 1123 Chestnut Drive	Į _a .		05 18 2020
City Ashtabula	State	Zip Code 44004	Transaction ID : SA11AI.9570
		14004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer (for Individual) Community Care Ambulance		pation (for Individual) utive Director	Memo Item
Receipt For:	Aggregate Y	'ear-to-Date ▼	
Primary General Other (specify) ▼	4	249.99	
Full Name of Individual (Last, First, Middle Rose, Julie Ann, , ,	Initial) or Full Org	ganization Name	Date of Receipt
Mailing Address 1123 Chestnut Drive			06 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State OH	Zip Code	Transaction ID : SA11AI.9582
Ashtabula	UH	44004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer (for Individual)		pation (for Individual)	Memo Item
Community Care Ambulance Receipt For:		utive Director	
Primary General	Aggregate Y	'ear-to-Date ▼	
Other (specify)		333.32	
SUBTOTAL of Receipts This Page (optional).			266.66
TOTAL This Period (last page this line number	er only)		

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

Use separate schedule(s) for each category of the

				MBER	:	PAGE	 11	OF	16
(check only one)									
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		13		14		15	16		17

Detailed Summary Page 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) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Strozyk, Randy, , , Date of Receipt Mailing Address 9209 181 Street Avenue East 2020 City Zip Code State Transaction ID: SA11AI.9571 WA Bonney Lake 98390 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) American Medical Response Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Strozyk, Randy, , , Date of Receipt Mailing Address 9209 181 Street Avenue East 18 2020 City State Zip Code Transaction ID: SA11AI.9572 WA Bonney Lake 98390 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) American Medical Response Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 600.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Strozyk, Randy, , , Date of Receipt Mailing Address 9209 181 Street Avenue East 15 2020 City Zip Code State Transaction ID: SA11AI.9581 WA Bonney Lake 98390 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) American Medical Response Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) 600.00 SUBTOTAL of Receipts This Page (optional).....

2933.32

	FOR LINE NUMBER:						PAGE	. 1	12	OF		16
Use separate schedule(s)	(0	he	ck only	or	ne)							
for each category of the Detailed Summary Page			11a		11b		11c		12			
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	ny information copied from such Reports and Sta for commercial purposes, other than using the								
	NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE ASSO	OCIATION	I FEDERAL PAC ((AKA	AMBU	-PAC)			
<u> </u>	Full Name of Individual (Last, First, Middle Initi SunTrust Bank	al) or Full Org	anization Name		Date of	Receipt			
	Mailing Address P.O. Box 622227				M = M 06	/ 30		2020	Y
	City Orlando	State FL	Zip Code 32862-2227				: SA17.95 8 Receipt thi		
	FEC ID number of contributing federal political committee.	C				4	4	22.	
	Name of Employer (for Individual)	Occup	ation (for Individual)			emo Item erest for Ju	ne		
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 206.50						
 В.	Full Name of Individual (Last, First, Middle Initi	al) or Full Org	anization Name		Date of	Receipt			
	Mailing Address				M = M	/ D	D / Y	Y	Y
	City	State	Zip Code		Amount	of Each I	Receipt thi	s Period	
	FEC ID number of contributing federal political committee.	С			Ē	7	4		
	Name of Employer (for Individual)	Occup	ation (for Individual)		Me	emo Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼						
<u>с.</u>	Full Name of Individual (Last, First, Middle Initi	al) or Full Org	anization Name		Date of	Receipt			
	Mailing Address				M = M	/ D	D / Y	YY	Y
	City	State	Zip Code		Amount	of Each I	Receipt thi	s Period	
	FEC ID number of contributing federal political committee.	С							
	Name of Employer (for Individual)	Occup	ation (for Individual)		M	emo Item			
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼						
s	SUBTOTAL of Receipts This Page (optional)			▶				22.8	36
L,	TOTAL This Pariod (last page this line number of	nlv)						22.	86

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S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 13 OF 16							
	EMIZED DISBURSEMENTS		arate schedule(s)	(check only	TVO IVIDETT.							
• •			category of the Summary Page	X 21b	22 23 26 27							
_		Detailed		28a	28b 28c 29 30b							
	y information copied from such Reports and State											
or	for commercial purposes, other than using the nar	me and addi	ress of any politic	cal committee to	solicit contributions from such committee.							
	NAME OF COMMITTEE (In Full)											
$ \rangle$	AMERICAN AMBULANCE ASSOC	CIATION	FEDERAL	PAC (AKA	AMBU-PAC)							
\angle	Full Name (Last, First, Middle Initial)			1								
Α.	SunTrust Bank				Date of Disbursement							
	Sull lust Balik				M M / D D / Y Y Y Y							
	Mailing Address P.O. Box 622227				04 01 2020							
	City	State FL	Zip Code		FEC Identification Number							
	Orlando Purpose of Disbursement	rL_	32862-2227									
	total ACH DEBIT SUNTRUST MERCH				C							
	Candidate Name			Category/	Transaction ID : SB21B.9594 Amount of Each Disbursement this Period							
				Type	Amount of Each Disbursement this Feriod							
	Office Sought: House Disburse	ment For:			151.80							
	Senate	Primary	General									
	President	Other (spec	cify) 🔻		Memo Item							
_	State: District:											
В.	Full Name (Last, First, Middle Initial) SunTrust Bank				Date of Disbursement							
٥.	Suffrust Balik				M M / D D / Y Y Y Y							
	Mailing Address P.O. Box 622227				04 30 _ 2020 _							
	,	State	Zip Code		FEC Identification Number							
	Orlando Purpose of Disbursement	FL	32862-2227		C							
	DebitACCOUNT ANALYSIS FEE											
	Candidate Name			Category/	Transaction ID : SB21B.9591 Amount of Each Disbursement this Period							
				Type	Amount of Each Disbursement this Feriod							
	Office Sought: House Disburse	ment For:			51.34							
	Senate	Primary	General									
	President	Other (spec	cify)		Memo Item							
_	State: District:											
C	Full Name (Last, First, Middle Initial) SunTrust Bank				Date of Disbursement							
٥.	Sufffust Balik				M M / D D / Y Y Y Y							
	Mailing Address P.O. Box 622227				04 30 2020							
	,	State	Zip Code		FEC Identification Number							
	Orlando Purpose of Disbursement	FL	32862-2227		С							
	April total ACH DEBIT SUNTRUST MERCH											
	Candidate Name			Category/	Transaction ID: SB21B.9595 Amount of Each Disbursement this Period							
				Type								
		ment For:			102.31							
	Senate	Primary	General									
	State: President State:	Other (spec	uiiy) ▼		Memo Item							
г	Side. District.				_							
۱ ,	UBTOTAL of Disbursements This Page (optional)				305.45							
Ĕ												
l٠	OTAL This Period (last page this line number only)										

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SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 14 C)F 16						
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only								
		Summary Page	X 21b 28a	22 23 26 27 28b 28c 29 30b							
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NAME OF COMMITTEE (In Full)											
AMERICAN AMBULANCE ASSOC	CIATION	FEDERAL	PAC (AKA	AMBU-PAC)							
Full Name (Last, First, Middle Initial)											
A. SunTrust Bank				Date of Disbursement O5 20 2020	Y						
Mailing Address P.O. Box 622227				03 20 2020							
City	State	Zip Code		FEC Identification Number							
Orlando	FL	32862-2227									
Purpose of Disbursement				C							
Candidate Name				Transaction ID : SB21B.9592							
Candidate Name			Category/ Type	Amount of Each Disbursement this F	Period						
Office Sought: House Disburse	ment For:		, ypc	53.0	8						
Senate	Primary	General									
President	Other (spe	ecify) 🔻		Memo Item							
State: District:				1							
Full Name (Last, First, Middle Initial)				5 . (5:1							
B. SunTrust Bank				Date of Disbursement							
Mailing Address P.O. Box 622227				05 31 2020	Y						
Mailing Address P.O. Box 622227				00 31 2020							
City	State	Zip Code		FEC Identification Number							
Orlando	FL	32862-2227									
Purpose of Disbursement Total May ACH DEBIT SUNTRUST MERCH				C							
Candidate Name				Transaction ID : SB21B.9596							
			Category/ Type	Amount of Each Disbursement this F	Period						
Office Sought: House Disburse	ment For:	I		42.0	3						
Senate	Primary	General									
President	Other (spe	ecify)		Memo Item							
State: District:				1							
Full Name (Last, First, Middle Initial)				Date of Disbursement							
C. SunTrust Bank				M M / D D / Y Y Y	V						
Mailing Address P.O. Box 622227				06 18 2020	Y						
City	State	Zip Code		FFC Identification Number							
Orlando	FL	32862-2227		FEC Identification Number							
Purpose of Disbursement DebitACCOUNT ANALYSIS FEE				Transaction ID : SB21B.9593							
Candidate Name			Category/ Type	Amount of Each Disbursement this F	Period						
Office Sought: House Disburse	ment For:		туре	52.7	2						
Senate	Primary	General		4 4							
President	Other (spe	ecify) 🔻		Memo Item							
State: District:	'			Wichio Item							
SUBTOTAL of Disbursements This Page (optional).			·····•	147.8	33						
TOTAL This Period (last page this line number only	٨										

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S	CHEDULE B (FEC Form 3X)				JB i	INE N	NUMBE				PAC	 GE	15 ()F 1	16
ΙΤ	EMIZED DISBURSEMENTS		rate schedule(s)			only		١.				_			
			Category of the Summary Page			21b	22		23		26		27		
						28a	28b		28c	\perp	29	Щ	30b		
	ly information copied from such Reports and Stater for commercial purposes, other than using the nan														
<u>\</u>	NAME OF COMMITTEE (In Full)	no ana adan	occ or any point	001			oonon c		Janone	- 1101	11 000		,,,,,,,,,,		
$ \rangle$	AMERICAN AMBULANCE ASSOC	CIATION	FEDERAL	PAC	(A	KA	AMB	J-P	AC)						
_	Full Name (Last, First, Middle Initial)														
Α.	SunTrust Bank		Date of Disbursement												
	Mailing Address P.O. Box 622227				06 30 2020										
	City Sorlando	State FL	Zip Code 32862-2227				FEC	ldenti	ificatio	n Nı	ımber				
	Purpose of Disbursement		02002 2227	-	-	\neg	С						П		
	June Total ACH DEBIT SUNTRUST MERCH			L.		Ш		rans	action	ID :	SB21	B.9	597		
	Candidate Name				egory ype	′/	Amou	nt of	Each	Disk	oursen	nent	this I	Period	
	Office Sought: House Disburser						L			_			53.7	5	
	Senate President	Primary Other (spec	General												
	State: District:	Other (open	··y) ▼				N	1emo	Item						
	Full Name (Last, First, Middle Initial)														
B.							Date of Disbursement								
	Mailing Address						M	M /	D	D	/ Y	■ Y	Y	Y	
	-		I												
	City	State	Zip Code				FEC	ldenti	ificatio	n Nu	ımber				
	Purpose of Disbursement			_	-	\neg	С	Т	Π	Τ	Τ	Ξ	П		
	Candidate Name			0.11			Δ			Dial			ا ماماد) - ui - a	
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	Office Sought: House Disburser						L.			_		_	. 4		
	Senate President	Primary Other (spec	Primary General Other (specify)												
	State: District:	(-	,,				N	1emo	Item						
_	Full Name (Last, First, Middle Initial)						Б.								
C.							Date	_	sburse	emer	_	. V	Y	V	
	Mailing Address						IVI -	,			Ĺ			1	
	City	State	Zip Code				FEC	ldenti	ificatio	n Nı	ımber				
	Purpose of Disbursement			_	-	\exists	С								
	Candidate Name			0.4		.,	Amou	nt of	Each	Diel	ouroon	nont	thia I	Poriod	
					egory ype	"	AIIIOU	TIL OI	Eacii	DIS	Juisen	lent	. 11115	enou	1
	Office Sought: House Disburser Senate	nent For: Primary	General				L	_	-	_	7	_	1 40		J
	President	Other (spec					п.								
	State: District:						L N	iemo	Item						
	LIDTOTAL of Dishumannest This Day (a 11)									_		_	53.	75	7
L	UBTOTAL of Disbursements This Page (optional)					<u> </u>	 	÷	7	=	-	=	50.	-	4
Т	OTAL This Period (last page this line number only)					•			,		,		507.	03	

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 28a	22 X 23 26 27 28b 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE ASSOC			
Full Name (Last, First, Middle Initial) A. COLLINS FOR SENATOR			Date of Disbursement
Mailing Address PO BOX 1096			06 15 2020
BANGOR	State Zip Code 04402		FEC Identification Number
Purpose of Disbursement Candidate Name		011 Category/	C C00314575 Transaction ID : SB23.9489 Amount of Each Disbursement this Period
Senate President	nent For: 2020 Primary General Other (specify)	Туре	2500.00 Memo Item
State: ME District: 00 Full Name (Last, First, Middle Initial) B. FRIENDS OF SCHUMER Mailing Address 192 LEXINGTON AVENUE			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
,	State Zip Code NY 10016		FEC Identification Number C C00346312
Candidate Name		011 Category/ Type	Transaction ID : SB23.9485 Amount of Each Disbursement this Period
x Senate	nent For: 2020 Primary General Other (specify)		5000.00 Memo Item
Full Name (Last, First, Middle Initial) C. MCCONNELL SENATE COMMITT	EE		Date of Disbursement
Mailing Address PO BOX 1496			06 15 2020
City S LOUISVILLE Purpose of Disbursement CONTRIBUTION TO POLITICAL COMMITTEE	State Zip Code KY 40201	011	FEC Identification Number C C00193342
Candidate Name		011 Category/ Type	Transaction ID: SB23.9487 Amount of Each Disbursement this Period
x Senate	nent For: 2020 Primary General Other (specify)	~	2500.00 Memo Item
SUBTOTAL of Disbursements This Page (optional)			10000.00
TOTAL This Period (last page this line number only).			10000.00