Image# 13941111590				PAGE 1 / 22
	PORT OF REC D DISBURSEM	ENTS		
1. NAME OF TYP	E OR PRINT ▼ Fxam	ple: If typing, type	Office Us	se Only
COMMITTEE (in full)		the lines.	12FE4M5	
			/IBU-PAC)	
ADDRESS (number and street)	100 Westpark Drive			
Check if different	nd Floor			
then providualy	IcLean		VA 22102	2-5116
2. FEC IDENTIFICATION NUMB	ER V CITY	S		ZIP CODE
C C00168070	3. IS THIS REPORT	× (N) OR	AMENDED (A)	
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: 	b) Monthly Report Due On: Mar 20 (M3)	May 20 (M5) Jun 20 (M6)	Aug 20 (M8) Sep 20 (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
April 15	Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)
Quarterly Report (Q1)		rimary (12P)	General (12G)	Runoff (12R)
Quarterly Report (Q2) October 15	PRE-Election Report for the:	convention (12C)	Special (12S)	
Quarterly Report (Q3) January 31 Year-End Report (YE)	Election on	M M / 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 G Report for the:	ieneral (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Election on	M = M / D = D /	Y Y Y Y Y Y	in the State of
5. Covering Period	01 / Y Y Y Y 01 2013	through 06	/ D D / Y Y 30 201	Y Y 3
I certify that I have examined this Re	eport and to the best of my knowl	edge and belief it is true	e, correct and complet	ie.
Type or Print Name of Treasurer	enise Clark			
Signature of Treasurer	rk [1	Electronically Filed]	ate 07 / 11	D / Y Y Y Y Y 2013
NOTE: Submission of false, erroneous,	or incomplete information may subj	ect the person signing th	is Report to the penaltie	es of 2 U.S.C. §437g.
Office Use Only				FORM 3X

07/11/2013 17 : 08

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)

R	eport Covering the Period: From:	01 / Y Y Y Y Y 01 2013 To:	06 / D D / Y Y Y Y Y 2013
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2013		39935.48
	(b) Cash on Hand at Beginning of Reporting Period	39935.48	
	(c) Total Receipts (from Line 19)	14729.73	14729.73
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	54665.21	54665.21
7.	Total Disbursements (from Line 31)	16000.00	16000.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	38665.21	38665.21
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

X

	FAILED SUMMARY PAGE of Receipts	Page 3
FEC Form 3X (Rev. 06/2004) Write or Type Committee Name		rage 3
AMERICAN AMBULANCE ASSOCIA	TION FEDERAL PAC (AKA AM	BU-PAC)
Report Covering the Period: From: 01	/ D D / Y Y Y Y 01 2013 To:	06 / D D / Y Y Y Y 06 30 2013
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)	10466.68	10466.68
(ii) Unitemized	1233.34	1233.34
(iii) TOTAL (add		44700.00
Lines 11(a)(i) and (ii)	11700.02	11700.02
(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)	11700.02	11700.02
12. Transfers From Affiliated/Other		
Party Committees	0.00	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	3000.00	3000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	29.71	29.71
18. Transfers from Non-Federal and Levin Funds	23.11	
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(a) Total Transform (add 10(a) and 10(b))	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))►	14729.73	14729.73
20. Total Federal Receipts (subtract Line 18(c) from Line 19)▶	14729.73	14729.73
	14123.13	14729.73

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Image# 13941111592

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)		Page 4
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.0
(ii) Non-Federal Share	0.00	0.0
(b) Other Federal Operating Expenditures	0.00	0.0
(c) Total Operating Expenditures	0.00	0.0
(add 21(a)(i), (a)(ii), and (b))► Transfers to Affiliated/Other Party		
Committees	0.00	0.0
Federal Candidates/Committees and Other Political Committees	16000.00	16000.00
Independent Expenditures (use Schedule E)	0.00	0.0
Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.0
Loan Repayments Made	0.00	0.00
	0.00	0.0
Loans Made Refunds of Contributions To: (a) Individuals/Persons Other		
Than Political Committees	0.00	0.0
(b) Political Party Committees(c) Other Political Committees	0.00	0.0
(such as PACs)	0.00	0.0
(d) Total Contribution Refunds	0.00	
(add Lines 28(a), (b), and (c))►	0.00	0.0
Other Disbursements	0.00	0.0
Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.0
		0.0
(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	0.00	
With Federal Funds	0.00	0.0
(c) Iotal 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))	16000.00	16000.0
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	16000.00	16000.00

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DETAILED SUMMARY PAGE

of Disbursements

II. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Total Contributions (other than loans) (from Line 11(d), page 3) 	11700.02	11700.02
 Total Contribution Refunds (from Line 28(d)) 	0.00	0.00
 Net Contributions (other than loans) (subtract Line 34 from Line 33) 	11700.02	11700.02
. 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
. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

22

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 13 14	11c 12 15 16	17
	y information copied from such Reports and St for commercial purposes, other than using the					
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE ASS	OCIATIC	N FEDERAL PAC (AK	A AMBU-PAC)		
Α.	Full Name (Last, First, Middle Initial) Shawn Baird Mailing Address 1346 SE Tenind St			Date of Receipt		Y
	City	State	Zip Code	06 19 Transaction ID : SA	2013	
	Portland	OR	97202	Amount of Each Rec		
	FEC ID number of contributing federal political committee.	С			125	.00
	Name of Employer	Occupation		Contribution		
	Woodbern Ambulance	Owner				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00			
в.	Full Name (Last, First, Middle Initial) Dale Berry			Date of Receipt		
	Mailing Address 1200 State Circle			04 19	/ Y Y Y 2013	Y
	City	State	Zip Code	Transaction ID : SA	11AI.8425	
	Ann Arbor	MI	48108	Amount of Each Rec	eipt this Period	
	FEC ID number of contributing federal political committee.	С			250.	.00
	Name of Employer Huron Valley Ambulance	Occupation President		Contribution		
	Receipt For:		Year-to-Date ▼	-		
	Primary General Other (specify) ▼		250.00			
С.	Full Name (Last, First, Middle Initial) Dale Berry			Date of Receipt		
	Mailing Address 1200 State Circle			06 19	2013	Y
	City	State	Zip Code	Transaction ID : SA	11AI.8456	
	Ann Arbor	MI	48108	Amount of Each Rec	eipt this Period	
	FEC ID number of contributing federal political committee.	С			250	.00
	Name of Employer	Occupation		Contribution		
	Huron Valley Ambulance	President				
	Receipt For: Primary General	Aggregate	Year-to-Date ▼			
	Other (specify) ▼		500.00			
s	UBTOTAL of Receipts This Page (optional)		·····		625.	00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
				erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE AS	SOCIATIC	N FEDERAL PAC (AK	(A AMBU-PAC)
Α.	Full Name (Last, First, Middle Initial) Janice Carbonneau Mailing Address 54 Ridgewood Drive			Date of Receipt
	City	State	Zip Code	Transaction ID : SA11AI.8457
	Atkinson	NH	03811	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		150.00
	Name of Employer	Occupation		Contribution
	New Britain EMS	Assistant C	EO	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
в.	Full Name (Last, First, Middle Initial) Harvey L. Hall			Date of Receipt
	Mailing Address 1001 - 21st Street			01 15 2013
	City	State	Zip Code	Transaction ID : SA11AI.8379
	Bakersfield	CA	93301	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Hall Ambulance Service	Occupation CEO		Contribution
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00]
С.	Full Name (Last, First, Middle Initial) Harvey L. Hall			Date of Receipt
	Mailing Address 1001 - 21st Street			02 13 2013
	City	State	Zip Code	Transaction ID : SA11AI.8384
	Bakersfield	CA	93301	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer	Occupation		Contribution
	Hall Ambulance Service	CEO		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	1
s	UBTOTAL of Receipts This Page (optional)		•••••	650.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		< 11a		11b	11c	12	
_		_			13		14	15	16	17
	y information copied from such Reports and for commercial purposes, other than using the									
	NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE AS	SOCIATIC	N FEDERAL PAC (AK	a A	MBL	J-P	AC)			
Full Name (Last, First, Middle Initial) A. Harvey L. Hall					Date o	of Re	eceipt			
	Mailing Address 1001 - 21st Street	<u>.</u>			03	1 /	07		у у 2013	Y
	City Bakersfield	State CA	Zip Code 93301	-				: SA11AI.		
	FEC ID number of contributing federal political committee.	С			Amour	IT OF	Each	Receipt th	250 250	.00
	Name of Employer Hall Ambulance Service	Occupation CEO		- '	Contrib	utior	١			
	Receipt For: Primary General Other (specify)		Year-to-Date ▼ 750.00							
в.	Full Name (Last, First, Middle Initial) Harvey L. Hall				Date c	of Re	eceipt			
	Mailing Address 1001 - 21st Street				04 09 2013				Y	
	City Bakersfield	State CA	Zip Code 93301	Transaction ID : SA11AI.8415 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		250.00					.00	
	Name of Employer Hall Ambulance Service	Occupation CEO		Contribution						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00							
<u>с</u> .	Full Name (Last, First, Middle Initial) Harvey L. Hall				Date c	of Re	eceipt			
	Mailing Address 1001 - 21st Street				M 05	/	D 1(2013	Y
	City Bakersfield	State CA	Zip Code 93301					: SA11AI. Receipt th		
	FEC ID number of contributing federal political committee.	С					7		250	.00
	Name of Employer	Occupation		- '	Contrib	utior	ו			
	Hall Ambulance Service	CEO								
	Receipt For:	Aggregate	Year-to-Date 🔻							
	Primary General Other (specify) ▼		1250.00							
s	UBTOTAL of Receipts This Page (optional)	1	••••••	<u> </u>			,		750.	00
Т	OTAL This Period (last page this line numbe	r only)	•	-			,	, , , ,		

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

FOR LINE NUMBER:

(check only one)

PAGE 9 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE ASS	OCIATION FEDERAL PAC (AK	A AMBU-PAC)
Full Name (Last, First, Middle Initial) Harvey L. Hall Mailing Address 1001 - 21st Street City Bakersfield FEC ID number of contributing federal political committee. Name of Employer Hall Ambulance Service Receipt For: Primary General Other (specify)	State Zip Code C 93301 C Occupation CEO Aggregate Year-to-Date ▼ 1500.00	Date of Receipt
Full Name (Last, First, Middle Initial) Rachel Harracksingh Mailing Address 10633 Vista Alegre City El Paso FEC ID number of contributing federal political committee. Name of Employer Life Ambulance Service Receipt For: Primary General Other (specify) ▼	State Zip Code TX 79935 C Occupation Vice President Aggregate Year-to-Date ▼	Date of Receipt 04 19 2013 Transaction ID : SA11AI.8432 Amount of Each Receipt this Period 250.00 Contribution
Full Name (Last, First, Middle Initial) Rachel Harracksingh Mailing Address 10633 Vista Alegre City El Paso FEC ID number of contributing federal political committee. Name of Employer Life Ambulance Service Receipt For: Primary General Other (specify) ▼	State Zip Code TX 79935 C Occupation Occupation Vice President Aggregate Year-to-Date ▼ 500.00	Date of Receipt 06 / 19 / 2013 Transaction ID : SA11AI.8453 Amount of Each Receipt this Period 250.00 Contribution
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

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22

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and State or for commercial purposes, other than using the nat		
NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE ASSO	CIATION FEDERAL PAC (AK)	A AMBU-PAC)
Name of Employer O HEMSI CI	State Zip Code AL 35806 C Decupation EO Aggregate Year-to-Date ▼ 300.00	Date of Receipt
Name of Employer O AMR - Riverside County Mi	State Zip Code CA 92508 C Image: Comparison Decupation Image: Comparison Aggregate Year-to-Date ▼ 200.01	Date of Receipt
Riverside FEC ID number of contributing federal political committee. Name of Employer O AMR - Riverside County M Pageint For: O	State Zip Code CA 92508 C Decupation Manager Aggregate Year-to-Date ▼ 266.68	Date of Receipt
SUBTOTAL of Receipts This Page (optional)	▶	283.34

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the r		
NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE ASSC	DCIATION FEDERAL PAC (AK	A AMBU-PAC)
Full Name (Last, First, Middle Initial) Thomas McEntee Mailing Address 8489 Sunshine Ln City Riverside FEC ID number of contributing federal political committee. Name of Employer AMR - Riverside County Receipt For: Primary General Other (specify) ▼	State Zip Code C 92508 C Occupation Manager Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 333.35	Date of Receipt
Full Name (Last, First, Middle Initial) Thomas McEntee Mailing Address 8489 Sunshine Ln City Riverside FEC ID number of contributing federal political committee. Name of Employer AMR - Riverside County Receipt For: Primary General Other (specify) ▼	State Zip Code CA 92508 C Occupation Manager Aggregate Year-to-Date ▼ 400.02	Date of Receipt 06 19 2013 Transaction ID : SA11AI.8448 Amount of Each Receipt this Period 66.67 Contribution
Full Name (Last, First, Middle Initial) R. Gene Moffitt Mailing Address 1410 Chancellor Way City Salt Lake City FEC ID number of contributing federal political committee. Name of Employer Gold Cross Services Receipt For: Primary General Other (specify) ▼	State Zip Code UT 84108 C Occupation CEO/Owner	Date of Receipt 01 15 2013 Transaction ID : SA11AI.8378 Amount of Each Receipt this Period 1000.00 Contribution
SUBTOTAL of Receipts This Page (optional)	••••••	1133.34

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE ASS	OCIATIC	ON FEDERAL PAC (AK	A AMBU-PAC)
A.	Full Name (Last, First, Middle Initial) Steve Murphy Mailing Address 100 S Birch Rd #901 City Ft Lauderdale FEC ID number of contributing federal political committee. Name of Employer AMR Receipt For: Primary General Other (specify) ▼	State FL Occupation Exe VP Aggregate	Zip Code 33316 Year-to-Date ▼ 250.00	Date of Receipt 04 19 2013 Transaction ID : SA11AI.8421 Amount of Each Receipt this Period 250.00 Contribution
Β.	Full Name (Last, First, Middle Initial) Steve Murphy Mailing Address 100 S Birch Rd #901 City Ft Lauderdale FEC ID number of contributing federal political committee. Name of Employer AMR Receipt For: Primary General Other (specify) ▼	State FL Occupation Exe VP Aggregate	Zip Code 33316 Year-to-Date ▼ 500.00	Date of Receipt 06 19 2013 Transaction ID : SA11AI.8459 Amount of Each Receipt this Period 250.00 Contribution
C.	Full Name (Last, First, Middle Initial) Jamie Pafford-Gresham Mailing Address 3317 W 16 City Hope FEC ID number of contributing federal political committee. Name of Employer Pafford EMS Receipt For: Primary General Other (specify) ▼	State AR C Occupation Owner/Ope Aggregate		Date of Receipt 01 / 11 / 2013 Transaction ID : SA11AI.8376 Amount of Each Receipt this Period 2000.00 Contribution
s	UBTOTAL of Receipts This Page (optional)		•••••	2500.00
т	OTAL This Period (last page this line number o	only)		

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

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

FOR LINE NUMBER:

11b

(check only one)

X 11a

PAGE 13 OF

11c 12

22

							13	14	15	16	17						
Ar or	y information copied from such Reports and Str for commercial purposes, other than using the	atements ma name and ad	ay no Iddres	t be sold or ss of any po	used by ar litical comm	ny persor nittee to s	n for the solicit con	purpose ntribution	of soliciting	g contributi h committe	ons e.						
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE ASS	OCIATIO	DN F	EDERA	L PAC ((AKA /	AMBU	-PAC))								
Α.	Full Name (Last, First, Middle Initial) Aaron Reinert						Date of	f Receipt	t								
	Mailing Address 29251 Potassium St NW						04 19 / Y Y Y Y 2013										
	City	State		Zip Code					D : SA11AI	-							
	Isanti	MN		55040			Amount	t of Each	n Receipt th	nis Period							
	FEC ID number of contributing federal political committee.	С						- 7		625.	00						
	Name of Employer	Occupation	1				Contribu	ition									
	Lake Regions EMS	Manager															
	Receipt For:	Aggregate	Year	-to-Date 🔻													
	Primary General Other (specify) ▼		,		625.00												
В.	Full Name (Last, First, Middle Initial) Aaron Reinert						Date of	f Receipt	t								
	Mailing Address 29251 Potassium St NW						м м 06	/ D	19	2013	Y						
	City	State		Zip Code					D : SA11AI.								
	Isanti	MN		55040			Amount	t of Each	n Receipt th	nis Period							
	FEC ID number of contributing federal political committee.	С								625.0	00						
	Name of Employer	Occupation	1				Contribu	tion									
	Lake Regions EMS	Manager															
	Receipt For:	Aggregate	Year	-to-Date 🔻													
	Primary General Other (specify) ▼		,		1250.00												
_	Full Name (Last, First, Middle Initial)						Data a										
С.	Greg L Shore Mailing Address 115 Andrea Point							f Receipt		X X	N.						
	Maining Address 115 Andrea Point						04		р / ү 19	2013	Ŷ						
	City	State		Zip Code			Trans	action I	D : SA11AI								
	Anderson	SC		29621			Amount	t of Each	n Receipt th	nis Period							
	FEC ID number of contributing federal political committee.	С								250.	00						
	Name of Employer	Occupation					Contribu	ition									
	MedShore Ambulance	CEO															
	Receipt For:	Aggregate	Year	-to-Date ▼													
	Primary General	, iggi oguto															
	Other (specify) ▼		7	7	250.00												
s	UBTOTAL of Receipts This Page (optional)					🕨				1500.0	00						
						-	-	7									
Т	OTAL This Period (last page this line number o	nly)				🕨											

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		1a 3		11b 14	11c	12	17				
	y information copied from such Reports and s for commercial purposes, other than using the			erson for	the p	purp	ose of	f soliciting	g contribu	tions				
	NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE ASS	SOCIATIO	ON FEDERAL PAC (AK	ka ami	BU-	-PA	AC)							
<u> </u>	Full Name (Last, First, Middle Initial) Greg L Shore			Dat	te of	Rec	ceipt							
	Mailing Address 115 Andrea Point			M	06 19 _ 2013 _									
	City Anderson	State SC	Zip Code 29621		Transaction ID : SA11AI.8455 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С					,	7		0.00				
	Name of Employer MedShore Ambulance	Occupation CEO	1	Con	tribut	tion								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	1										
В.	Full Name (Last, First, Middle Initial) Randy Strozyk	Dat	Date of Receipt											
	Mailing Address 9209 181 Street Avenue East			М	M = M / D = D / Y = Y = Y Y 03 19 2013									
	City Bonney Lake	State WA	Zip Code 98390					SA11AL Receipt th						
	FEC ID number of contributing federal political committee.	100.00												
	Name of Employer American Medical Response	Occupation Vice Presid		Cont	- Contribution									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	1										
с.	Full Name (Last, First, Middle Initial) Randy Strozyk			Dat	te of	Rec	ceipt							
	Mailing Address 9209 181 Street Avenue Eas	t		М	04	/	D 19	D / Y	2013	Y				
	City Bonney Lake	State WA	Zip Code 98390					: SA11AI. Receipt th						
	FEC ID number of contributing federal political committee.	С					,			0.00				
	Name of Employer	Occupation	1	Con	tribut	tion								
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

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PAGE 15 OF

	EMIZED RECEIPTS	ECEIPIS for each category of the Detailed Summary Page					11b 14	11c	12	17							
	y information copied from such Reports and S for commercial purposes, other than using the						ose of	f soliciting	g contrib	utions							
	NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE ASS	OCIATIC	ON FEDERAL PAC (AK	A AI	MBU	-PA	AC)										
Α.	,				Date o	f Ree	ceipt										
	Mailing Address 9209 181 Street Avenue East				м м 05	/	19	D / Y	2013	Y							
	City	State	Zip Code		Transaction ID : SA11AI.8439												
	Bonney Lake	WA	98390	_ /	Amount of Each Receipt this Period												
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	Name of Employer	Employer Occupation															
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	Receipt For: Primary General	Aggregate	Year-to-Date ▼														
	Other (specify)		500.00														
в.	Full Name (Last, First, Middle Initial) Randy Strozyk						ceipt										
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	City	State	Zip Code					SA11AI.									
	Bonney Lake	WA	98390	-	Amoun	t of I	Each F	Receipt th	nis Perio	d							
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	Name of Employer American Medical Response	Occupation Vice Presid			ontribu	tion											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00														
с.	Full Name (Last, First, Middle Initial) Ronald Thackery				Date o	f Red	ceipt										
	Mailing Address 9922 S. Silver Maple Road				м м 04	/	D 19	D / Y	2013	Y							
	City Highlands Ranch	State CO	Zip Code 80129	_				SA11AI									
		00	80129	-	Amoun	t of I	Each F	Receipt th	nis Perio	d							
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	Name of Employer	Occupation	l														
	American Medical Response	VP Risk Ma	anagement	_													
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SCHEDULE A	(FEC	Form	3X)
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	y information copied from such Reports and Sta for commercial purposes, other than using the												
	NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE ASSO	OCIATIC	N FEDERAL	PAC (AKA	A AI	MBU	I-PA	C)					
<u>A</u> .	Full Name (Last, First, Middle Initial) Ronald Thackery Mailing Address 9922 S. Silver Maple Road City Highlands Ranch FEC ID number of contributing federal political committee. Name of Employer American Medical Response Receipt For: Primary General Other (specify)	State CO C Occupation VP Risk Ma Aggregate		500.00	Date of Receipt								
В.	Full Name (Last, First, Middle Initial) Larry Wiersch Mailing Address 4846 Five Point Road City New Tripoli FEC ID number of contributing federal political committee. Name of Employer Cetronia Ambulance Receipt For: Primary General Other (specify) ▼	State PA C Occupation Administrato		250.00	Date of Receipt 04 19 2013 Transaction ID : SA11AI.8420 Amount of Each Receipt this Period 250.00 Contribution]	
C.	Full Name (Last, First, Middle Initial) Larry Wiersch Mailing Address 4846 Five Point Road City New Tripoli FEC ID number of contributing federal political committee. Name of Employer Cetronia Ambulance Receipt For: Primary General Other (specify) ▼	State PA C Occupation Administrate Aggregate	Zip Code 18066 or Year-to-Date ▼	500.00			/ sactic t of E	19 0n ID :	SA11AI.	nis Period]	
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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PAGE 17 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
	ny information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
	NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE ASS	SOCIATIC	ON FEDERAL PAC (Ak	(A AMBU-PAC)							
Α.	Full Name (Last, First, Middle Initial) Gerald Zapolnik			Date of Receipt							
	Mailing Address 1116 Rathfan Circle			02 19 2013							
	City Saline	State MI	Zip Code 48176	Transaction ID : SA11AI.8382 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		125.00							
	Name of Employer	Occupation	1	Contribution							
	Huron Valley Ambulance	VP Support	t Operations								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00								
_	Full Name (Last, First, Middle Initial)		<u></u>								
в.	Gerald Zapolnik Mailing Address 1116 Rathfan Circle	Date of Receipt									
	City	State	Zip Code	Transaction ID : SA11AI.8395							
	Saline	MI	48176	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	s a l									
	Name of Employer Huron Valley Ambulance	Occupation VP Support	o Operations	Contribution							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00								
<u>с</u> .	Full Name (Last, First, Middle Initial) Gerald Zapolnik			Date of Receipt							
	Mailing Address 1116 Rathfan Circle			04 19 2013							
	City Saline	State MI	Zip Code 48176	Transaction ID : SA11AI.8416 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		125.00							
	Name of Employer	Occupation	1	Contribution							
	Huron Valley Ambulance	VP Suppor	t Operations								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
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SCHEDULE A	(FEC Form 3X)
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ITEMIZED RECEIPTS			for each category of the Detailed Summary Page		(11a		11b	11c		12				
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Α.	Full Name (Last, First, Middle Initial) Gerald Zapolnik				Date of	f Red	ceipt							
	Mailing Address 1116 Rathfan Circle				м м 05	/	D 19) / Y) 13	Y			
	City	State MI	Zip Code 48176		Transaction ID : SA11AI.8437 Amount of Each Receipt this Period									
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	Name of Employer	Occupation		Contribution										
	Huron Valley Ambulance	VP Support	Operations											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		625.00]										
В.	Full Name (Last, First, Middle Initial) Gerald Zapolnik		Date of Receipt											
	Mailing Address 1116 Rathfan Circle				06 19 2013									
	City	State MI	Zip Code 48176		Transaction ID : SA11AI.8445									
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	FEC ID number of contributing federal political committee.		125.00							00				
	Name of Employer	Occupation		— c	ontribut	tion								
	Huron Valley Ambulance	VP Support	Operations											
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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PAGE 19 OF

	for each category of the Detailed Summary Page	11a 11b 11c 12 13 14 15 X 16 17
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NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE AS	SOCIATION FEDERAL PAC (A	KA AMBU-PAC)
A. FRIENDS OF MAX BAUCUS Mailing Address PO BOX 586 City HELENA FEC ID number of contributing federal political committee. Name of Employer Receipt For: 2014 Primary X General Other (specify)	State Zip Code MT 59624 C C00328211 Occupation Aggregate Year-to-Date ▼ 3000.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. Mailing Address		Date of Receipt
City FEC ID number of contributing federal political committee. Name of Employer Receipt For: □ Primary □ General Other (specify) ▼	State Zip Code C Occupation Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) C. Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) ▼	State Zip Code C Occupation Aggregate Year-to-Date ▼	Date of Receipt
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S	CHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 20 OF 22								
ITEMIZED DISBURSEMENTS		Use separate schedule(s) (check only	ly one)								
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	y information copied from such Reports and Stater for commercial purposes, other than using the nan		sed by any pers	on for the purpose of soliciting contributions								
\square	NAME OF COMMITTEE (In Full)											
	AMERICAN AMBULANCE ASSOC	CIATION FEDERAL	. PAC (AKA	AMBU-PAC)								
Α.	Full Name (Last, First, Middle Initial) BILL SHUSTER FOR CONGRESS	3		Date of Disbursement								
				M M / D D / Y Y Y Y								
	Mailing Address PO BOX 27			05 24 2013								
	,	State Zip Code PA 16648		Transaction ID : SB23.8408								
	HOLLIDAYSBURGH Purpose of Disbursement	PA 16648										
	Contribution		011	Amount of Each Disbursement this Period								
			Category/	500.00								
	WILLIAM MR. SHUSTER	nent For: 2014	Туре									
	Senate	Primary General										
	President	Other (specify)										
	State: PA District: 09											
В.	Full Name (Last, First, Middle Initial) BOEHNER FOR SPEAKER			Date of Disbursement								
				M M / D D / Y Y Y Y								
	Mailing Address 320 FIRST ST., SE			06 17 2013								
	City S WASHINGTON	State Zip Code DC 20003		Transaction ID : SB23.8411								
	Purpose of Disbursement Contribution		014	Arrount of Fook Diskurgers at this Deviat								
	Candidate Name		011	Amount of Each Disbursement this Period								
			Category/ Type	5000.00								
	Office Sought: House Disburser											
	Senate President	Primary General Other (specify) ▼										
	State: District:	None										
	Full Name (Last, First, Middle Initial)											
C.	BURGESS FOR CONGRESS CON	MMITTEE		Date of Disbursement								
	Mailing Address PO BOX 2334			04 / D D / Y Y Y Y 22 2013								
	City	State Zip Code										
	DENTON	TX 76202		Transaction ID : SB23.8403								
	Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period								
	Candidate Name		Category/									
	MICHAEL C. DR. BURGESS		Туре	2000.00								
	Office Sought: House Disburser	nent For: 2014 Primary General										
	President	Other (specify)										
	State: TX District: 26	······································										
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$\left \right\rangle$	NAME OF COMMITTEE (In Full)								_								
	AMERICAN AMBULANCE ASSOC		I FEDERAL	PAC) (A	AKA		30-	•P/	4C)							
Α.	Full Name (Last, First, Middle Initial) CANTOR FOR CONGRESS							Date of Disbursement									
							М	M	/	D	D /	Y	YY	Y			
	Mailing Address P. O. Box 17813						()2		2	1		2013				
	City Sichmond	State VA	Zip Code 23226				Tra	ansa	ictio	on ID	: SB2	3.838	8				
	Purpose of Disbursement	VA	23220	-	-	_											
	Contribution			C)11		Amo	ount	of I	Each	Disbu	rseme	ent this	Period			
	Candidate Name ERIC CANTOR				egor ype	ry/							100	0.00			
		ment For:	2014		урс			_		,		7					
	Senate X	Primary	General														
	State: VA District: 07	Other (spe	ecity) 🔻														
	Full Name (Last, First, Middle Initial)																
В.	DAVE CAMP FOR CONGRESS						Date	e of	Dis	burse	ment						
	Mailing Address 5915 Eastman Avenue)4	/	2	D / 2	Y	y y 2013	Y			
	Suite 100										-		2010				
	Midland	State MI	Zip Code 48640				Tr	ansa	acti	on ID	: SB2	3.840	7				
	Purpose of Disbursement Contribution			(011		Amo	ount	of I	Each	Disbu	rseme	ent this	Period			
	Candidate Name			Cat	egor	v/		_	-		-	-	050	0.00			
					ype			-	-	7	-	7	250	00.00			
		ment For: Primary	2014 General														
	President	Other (spe															
	State: MI District: 04																
C.	Full Name (Last, First, Middle Initial) FRIENDS OF JOE PITTS						Date	e of	Dis	burse	ment						
	Mailing Address PO BOX 775)2	/	D 2		Y	ү ү 2013	Y			
	City	State	Zip Code														
	UNIONVILLE	PA	19375				Tr	ansa	acti	on ID	: SB2	3.839	0				
	Purpose of Disbursement Contribution		011					Amount of Each Disbursement this Period									
	Candidate Name			1.1	egor	21/	Amo	ount	of I	∟acn	Disbu	rseme	ent this	Period			
	JOSEPH R. PITTS				ype	<i>y</i> ,				7		7	100	0.00			
	Office Sought: House Disburser Senate	nent For: Primary	2014 General														
	President	Other (spe															
_	State: PA District: 16																
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	y information copied from such Reports and Stater for commercial purposes, other than using the nan													S	
$\left \right\rangle$	NAME OF COMMITTEE (In Full)			.											
	AMERICAN AMBULANCE ASSOC		N FEDERAL	PAC	(Ał			J-PA	AC)						
Δ.	Full Name (Last, First, Middle Initial) KEVIN MCCARTHY FOR CONGR						Date of	of Dist	burse	ment					
		E33					M	_	D		Y	YY	Y		
	Mailing Address PO BOX 12667						04		22	2	L	2013	_		
	City S BAKERSFIELD	State CA	Zip Code 93389				Tran	sactio	on ID	: SB2	3.838	9			
	Purpose of Disbursement	CA	93369	_	_										
	Contribution			01	1		Amour	nt of E	Each	Disbur	seme	ent this	Perio	bd	
	Candidate Name KEVIN MCCARTHY			Categ	gory/	1						250	00.00		
		ment For:	2014	Тур	pe	_			7		7				
	Senate	Primary	General												
	State: CA District: 22	Other (sp	ecify) 🔻												
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В.	ROSKAM FOR CONGRESS COM	IMITTE	E				Date of	of Disl	burse	ment					
							M	/	D		Y	Y Y	Y		
	Mailing Address P. O. BOX 713						04		2	2	-	2013	_		
		State IL	Zip Code				Tran	sactio	on ID	: SB2	3.840	1			
	WHEATON	IL	60187		-										
	Purpose of Disbursement														
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	Contribution Candidate Name PETER ROSKAM	ment For:	2014	<u> </u>	gory/	1	Amour	nt of E	Each	Disbur	seme			bd	
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 C.	Contribution Candidate Name PETER ROSKAM Office Sought: Senate President State: IL District: 06 Full Name (Last, First, Middle Initial)	Primary	General	Categ	gory/				, ,	ment	y		00.00	od	
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C.	Contribution Candidate Name PETER ROSKAM Office Sought: Senate President State: IL District: 06 Full Name (Last, First, Middle Initial) Mailing Address	Primary Other (sp	General ecify) ▼	Categ	gory/]			burse	ment	y	15(00.00		
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 C.	Contribution Candidate Name PETER ROSKAM Office Sought: Senate President State: IL District: 06 Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement Candidate Name Office Sought: House Disburser	Primary Other (sp State ment For: Primary	General ecify) ▼ Zip Code	Categ	gory/ pe]		of Disl	burse	ment	7 Y	15(Y Y	90.00		
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 c.	Contribution Candidate Name PETER ROSKAM Office Sought: Senate President State: IL District: 06 Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement Candidate Name Office Sought: House Disburser Senate President Disburser	Primary Other (sp State ment For: Primary	General ecify) ▼ Zip Code	Categ	gory/ pe]		of Disl	burse	ment	7 Y	Y Y	00.00 Y		
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