



**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="2013"/>		<input type="text" value="39935.48"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="39935.48"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="14729.73"/>	<input type="text" value="14729.73"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="54665.21"/>	<input type="text" value="54665.21"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="16000.00"/>	<input type="text" value="16000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="38665.21"/>	<input type="text" value="38665.21"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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).....	10466.68	10466.68
(ii) Unitemized .....	1233.34	1233.34
(iii) TOTAL (add 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
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		
(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))..... ▶	14729.73	14729.73
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	14729.73	14729.73

**DETAILED SUMMARY PAGE**  
of Disbursements

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.....	16000.00	16000.00
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)) ..	16000.00	16000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16000.00	16000.00

**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) .....	11700.02	11700.02
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	11700.02	11700.02
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 22
<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

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 (Last, First, Middle Initial) <b>A. Shawn Baird</b>		Date of Receipt MM / DD / YYYY 06 / 19 / 2013 <b>Transaction ID : SA11AI.8451</b>
Mailing Address 1346 SE Tenind St		Amount of Each Receipt this Period 125.00
City Portland	State OR	Zip Code 97202
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Woodbern Ambulance	Occupation Owner	
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) <b>B. Dale Berry</b>		Date of Receipt MM / DD / YYYY 04 / 19 / 2013 <b>Transaction ID : SA11AI.8425</b>
Mailing Address 1200 State Circle		Amount of Each Receipt this Period 250.00
City Ann Arbor	State MI	Zip Code 48108
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Huron Valley Ambulance	Occupation President	
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) <b>C. Dale Berry</b>		Date of Receipt MM / DD / YYYY 06 / 19 / 2013 <b>Transaction ID : SA11AI.8456</b>
Mailing Address 1200 State Circle		Amount of Each Receipt this Period 250.00
City Ann Arbor	State MI	Zip Code 48108
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Huron Valley Ambulance	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	625.00
<b>TOTAL</b> 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: PAGE 7 OF 22  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)**

**A. 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 Occupation Assistant CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 19 / 2013  
**Transaction ID : SA11AI.8457**  
 Amount of Each Receipt this Period 150.00  
 Contribution

**B. Harvey L. 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 Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 15 / 2013  
**Transaction ID : SA11AI.8379**  
 Amount of Each Receipt this Period 250.00  
 Contribution

**C. Harvey L. 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 Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 13 / 2013  
**Transaction ID : SA11AI.8384**  
 Amount of Each Receipt this Period 250.00  
 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 650.00  
**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:	PAGE 8 OF 22
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)**

Full Name (Last, First, Middle Initial) <b>A. Harvey L. Hall</b>		Date of Receipt MM / DD / YYYY 03 / 07 / 2013 <b>Transaction ID : SA11AI.8393</b>
Mailing Address 1001 - 21st Street		Amount of Each Receipt this Period 250.00
City Bakersfield	State CA	Zip Code 93301
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Hall Ambulance Service	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>B. Harvey L. Hall</b>		Date of Receipt MM / DD / YYYY 04 / 09 / 2013 <b>Transaction ID : SA11AI.8415</b>
Mailing Address 1001 - 21st Street		Amount of Each Receipt this Period 250.00
City Bakersfield	State CA	Zip Code 93301
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Hall Ambulance Service	Occupation CEO	
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>C. Harvey L. Hall</b>		Date of Receipt MM / DD / YYYY 05 / 10 / 2013 <b>Transaction ID : SA11AI.8436</b>
Mailing Address 1001 - 21st Street		Amount of Each Receipt this Period 250.00
City Bakersfield	State CA	Zip Code 93301
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Hall Ambulance Service	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> 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: PAGE 9 OF 22  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)**

**A. Harvey L. 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 Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 06 / 11 / 2013  
**Transaction ID : SA11AI.8444**  
 Amount of Each Receipt this Period 250.00  
 Contribution

**B. Rachel Harracksingh**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10633 Vista Alegre  
 City El Paso State TX Zip Code 79935  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Life Ambulance Service Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 19 / 2013  
**Transaction ID : SA11AI.8432**  
 Amount of Each Receipt this Period 250.00  
 Contribution

**C. Rachel Harracksingh**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10633 Vista Alegre  
 City El Paso State TX Zip Code 79935  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Life Ambulance Service Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 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  
**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 22
	<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. Jon Howell**  
Full Name (Last, First, Middle Initial)

Mailing Address 251 Bishop Farm Way

City Huntsville State AL Zip Code 35806

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

Name of Employer HEMSI Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 19 / 2013  
**Transaction ID : SA11AI.8454**

Amount of Each Receipt this Period  
 150.00

Contribution

**B. Thomas McEntee**  
Full Name (Last, First, Middle Initial)

Mailing Address 8489 Sunshine Ln

City Riverside State CA Zip Code 92508

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

Name of Employer AMR - Riverside County Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.01

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 19 / 2013  
**Transaction ID : SA11AI.8398**

Amount of Each Receipt this Period  
 66.67

Contribution

**C. Thomas McEntee**  
Full Name (Last, First, Middle Initial)

Mailing Address 8489 Sunshine Ln

City Riverside State CA Zip Code 92508

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

Name of Employer AMR - Riverside County Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 266.68

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 19 / 2013  
**Transaction ID : SA11AI.8419**

Amount of Each Receipt this Period  
 66.67

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 283.34

**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 22
	<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. Thomas McEntee**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8489 Sunshine Ln  
City Riverside State CA Zip Code 92508  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AMR - Riverside County Occupation Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 333.35

Date of Receipt 05 / 19 / 2013  
**Transaction ID : SA11AI.8440**  
Amount of Each Receipt this Period 66.67  
Contribution

**B. Thomas McEntee**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8489 Sunshine Ln  
City Riverside State CA Zip Code 92508  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AMR - Riverside County Occupation Manager  
Receipt For:  Primary  General  Other (specify) ▼  
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

**C. R. Gene Moffitt**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1410 Chancellor Way  
City Salt Lake City State UT Zip Code 84108  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Gold Cross Services Occupation CEO/Owner  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

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).....▶

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

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

FOR LINE NUMBER: PAGE 12 OF 22  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)**

**A. Steve Murphy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 S Birch Rd #901  
 City Ft Lauderdale State FL Zip Code 33316  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AMR Occupation Exe VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 19 / 2013  
**Transaction ID : SA11AI.8421**  
 Amount of Each Receipt this Period  
 250.00  
 Contribution

**B. Steve Murphy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 S Birch Rd #901  
 City Ft Lauderdale State FL Zip Code 33316  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AMR Occupation Exe VP  
 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  
 06 / 19 / 2013  
**Transaction ID : SA11AI.8459**  
 Amount of Each Receipt this Period  
 250.00  
 Contribution

**C. Jamie Pafford-Gresham**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3317 W 16  
 City Hope State AR Zip Code 71801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pafford EMS Occupation Owner/Operator  
 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  
 01 / 11 / 2013  
**Transaction ID : SA11AI.8376**  
 Amount of Each Receipt this Period  
 2000.00  
 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2500.00  
**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 13 OF 22
	<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. Aaron Reinert**  
Full Name (Last, First, Middle Initial)

Mailing Address 29251 Potassium St NW

City Isanti State MN Zip Code 55040

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

Name of Employer Lake Regions EMS Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt **04 / 19 / 2013**

**Transaction ID : SA11AI.8427**

Amount of Each Receipt this Period **625.00**

Contribution

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

Mailing Address 29251 Potassium St NW

City Isanti State MN Zip Code 55040

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

Name of Employer Lake Regions EMS Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1250.00**

Date of Receipt **06 / 19 / 2013**

**Transaction ID : SA11AI.8466**

Amount of Each Receipt this Period **625.00**

Contribution

**C. Greg L Shore**  
Full Name (Last, First, Middle Initial)

Mailing Address 115 Andrea Point

City Anderson State SC Zip Code 29621

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

Name of Employer MedShore Ambulance Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **04 / 19 / 2013**

**Transaction ID : SA11AI.8424**

Amount of Each Receipt this Period **250.00**

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **1500.00**

**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 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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)**

Full Name (Last, First, Middle Initial) <b>A. Greg L Shore</b>		Date of Receipt MM / DD / YYYY 06 / 19 / 2013 <b>Transaction ID : SA11AI.8455</b>
Mailing Address 115 Andrea Point		Amount of Each Receipt this Period 250.00
City Anderson	State SC	Zip Code 29621
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer MedShore Ambulance	Occupation CEO	
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) <b>B. Randy Stroyk</b>		Date of Receipt MM / DD / YYYY 03 / 19 / 2013 <b>Transaction ID : SA11AI.8397</b>
Mailing Address 9209 181 Street Avenue East		Amount of Each Receipt this Period 100.00
City Bonney Lake	State WA	Zip Code 98390
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer American Medical Response	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Randy Stroyk</b>		Date of Receipt MM / DD / YYYY 04 / 19 / 2013 <b>Transaction ID : SA11AI.8418</b>
Mailing Address 9209 181 Street Avenue East		Amount of Each Receipt this Period 100.00
City Bonney Lake	State WA	Zip Code 98390
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer American Medical Response	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<b>TOTAL</b> 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 22
	<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. Randy Strozyk**  
Full Name (Last, First, Middle Initial)

Mailing Address 9209 181 Street Avenue East

City Bonney Lake	State WA	Zip Code 98390
---------------------	-------------	-------------------

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

Name of Employer American Medical Response	Occupation Vice President
---	------------------------------

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
05	/	19	/	2013

**Transaction ID : SA11AI.8439**

Amount of Each Receipt this Period  

100.00
--------

Contribution

**B. Randy Strozyk**  
Full Name (Last, First, Middle Initial)

Mailing Address 9209 181 Street Avenue East

City Bonney Lake	State WA	Zip Code 98390
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FEC ID number of contributing federal political committee. **C**

Name of Employer American Medical Response	Occupation Vice President
---	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	19	/	2013

**Transaction ID : SA11AI.8447**

Amount of Each Receipt this Period  

100.00
--------

Contribution

**C. Ronald Thackery**  
Full Name (Last, First, Middle Initial)

Mailing Address 9922 S. Silver Maple Road

City Highlands Ranch	State CO	Zip Code 80129
-------------------------	-------------	-------------------

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

Name of Employer American Medical Response	Occupation VP Risk Management
---	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	19	/	2013

**Transaction ID : SA11AI.8429**

Amount of Each Receipt this Period  

250.00
--------

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>450.00</b>
<b>TOTAL</b> 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 22
<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. Ronald Thackery**  
Full Name (Last, First, Middle Initial)

Mailing Address 9922 S. Silver Maple Road

City Highlands Ranch State CO Zip Code 80129

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

Name of Employer American Medical Response Occupation VP Risk Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **06 / 19 / 2013**

**Transaction ID : SA11AI.8450**

Amount of Each Receipt this Period **250.00**

Contribution

**B. Larry Wiersch**  
Full Name (Last, First, Middle Initial)

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 Occupation Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **04 / 19 / 2013**

**Transaction ID : SA11AI.8420**

Amount of Each Receipt this Period **250.00**

Contribution

**C. Larry Wiersch**  
Full Name (Last, First, Middle Initial)

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 Occupation Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **06 / 19 / 2013**

**Transaction ID : SA11AI.8458**

Amount of Each Receipt this Period **250.00**

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... **750.00**

**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 17 OF 22
<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) <b>A. Gerald Zapolnik</b>		Date of Receipt MM / DD / YYYY 02 / 19 / 2013 <b>Transaction ID : SA11AI.8382</b>
Mailing Address 1116 Rathfan Circle		Amount of Each Receipt this Period 125.00
City Saline State MI Zip Code 48176	FEC ID number of contributing federal political committee. C	Contribution
Name of Employer Huron Valley Ambulance Occupation VP Support Operations	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) <b>B. Gerald Zapolnik</b>		Date of Receipt MM / DD / YYYY 03 / 19 / 2013 <b>Transaction ID : SA11AI.8395</b>
Mailing Address 1116 Rathfan Circle		Amount of Each Receipt this Period 125.00
City Saline State MI Zip Code 48176	FEC ID number of contributing federal political committee. C	Contribution
Name of Employer Huron Valley Ambulance Occupation VP Support Operations	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00

Full Name (Last, First, Middle Initial) <b>C. Gerald Zapolnik</b>		Date of Receipt MM / DD / YYYY 04 / 19 / 2013 <b>Transaction ID : SA11AI.8416</b>
Mailing Address 1116 Rathfan Circle		Amount of Each Receipt this Period 125.00
City Saline State MI Zip Code 48176	FEC ID number of contributing federal political committee. C	Contribution
Name of Employer Huron Valley Ambulance Occupation VP Support Operations	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	375.00
<b>TOTAL</b> 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: PAGE 18 OF 22  
(check only one)

<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. Gerald Zapolnik**

Mailing Address 1116 Rathfan Circle

City Saline	State MI	Zip Code 48176
----------------	-------------	-------------------

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

Name of Employer Huron Valley Ambulance	Occupation VP Support Operations
--	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
05		19		2013

**Transaction ID : SA11AI.8437**

Amount of Each Receipt this Period  

125.00
--------

**Contribution**

Full Name (Last, First, Middle Initial)  
**B. Gerald Zapolnik**

Mailing Address 1116 Rathfan Circle

City Saline	State MI	Zip Code 48176
----------------	-------------	-------------------

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

Name of Employer Huron Valley Ambulance	Occupation VP Support Operations
--	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06		19		2013

**Transaction ID : SA11AI.8445**

Amount of Each Receipt this Period  

125.00
--------

**Contribution**

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

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  

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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>250.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>10466.68</b>

**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 19 OF 22
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input checked="" 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. FRIENDS OF MAX BAUCUS**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 586

City HELENA	State MT	Zip Code 59624
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00328211

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 09 / 2013  
**Transaction ID : SA16.8464**

Amount of Each Receipt this Period  
3000.00

Contribution Refund

**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 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 Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	3000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)**

Full Name (Last, First, Middle Initial)

**A. BILL SHUSTER FOR CONGRESS**

Mailing Address PO BOX 27

City HOLLIDAYSBURGH State PA Zip Code 16648

Purpose of Disbursement  
Contribution

011

Candidate Name

**WILLIAM MR. SHUSTER**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 09

Date of Disbursement

MM / DD / YYYY  
05 / 24 / 2013

Transaction ID : **SB23.8408**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. BOEHNER FOR SPEAKER**

Mailing Address 320 FIRST ST., SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
Contribution

011

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District: None

Date of Disbursement

MM / DD / YYYY  
06 / 17 / 2013

Transaction ID : **SB23.8411**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. BURGESS FOR CONGRESS COMMITTEE**

Mailing Address PO BOX 2334

City DENTON State TX Zip Code 76202

Purpose of Disbursement  
Contribution

011

Candidate Name

**MICHAEL C. DR. BURGESS**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 26

Date of Disbursement

MM / DD / YYYY  
04 / 22 / 2013

Transaction ID : **SB23.8403**

Amount of Each Disbursement this Period

2000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

7500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)**

Full Name (Last, First, Middle Initial)

**A. CANTOR FOR CONGRESS**

Mailing Address P. O. Box 17813

City Richmond State VA Zip Code 23226

Purpose of Disbursement  
Contribution

011

Candidate Name

**ERIC CANTOR**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: VA District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	1		2	0	1	3

**Transaction ID : SB23.8388**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. DAVE CAMP FOR CONGRESS**

Mailing Address 5915 Eastman Avenue  
Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement  
Contribution

011

Candidate Name

**DAVID CAMP**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	2		2	0	1	3

**Transaction ID : SB23.8407**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF JOE PITTS**

Mailing Address PO BOX 775

City UNIONVILLE State PA Zip Code 19375

Purpose of Disbursement  
Contribution

011

Candidate Name

**JOSEPH R. PITTS**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 16

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	1		2	0	1	3

**Transaction ID : SB23.8390**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4	5	0	0	0	0	0	0	0	0

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

4	5	0	0	0	0	0	0	0	0

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)**

Full Name (Last, First, Middle Initial)

**A. KEVIN MCCARTHY FOR CONGRESS**

Mailing Address PO BOX 12667

City BAKERSFIELD State CA Zip Code 93389

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**KEVIN MCCARTHY**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 22

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	22	/	2013

**Transaction ID : SB23.8389**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. ROSKAM FOR CONGRESS COMMITTEE**

Mailing Address P. O. BOX 713

City WHEATON State IL Zip Code 60187

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**PETER ROSKAM**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	22	/	2013

**Transaction ID : SB23.8401**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
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Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4000.00
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**TOTAL** This Period (last page this line number only)..... ▶

16000.00
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