

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

ADDRESS (number and street) 8400 Westpark Drive 2nd Floor McLean VA 22102-5116 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00168070 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 04 / 01 / 2012 through 06 / 30 / 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Denise Clark

Signature of Treasurer Denise Clark [Electronically Filed] Date 09 / 12 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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="2012"/> | | 48188.67 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 41099.34 | |
| (c) Total Receipts (from Line 19) | 4256.53 | 8167.20 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 45355.87 | 56355.87 |
| 7. Total Disbursements (from Line 31)..... | 12000.00 | 23000.00 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 33355.87 | 33355.87 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

Report Covering the Period: From: / / To: / /

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|-------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 3891.68 | 6550.02 |
| (ii) Unitemized | 350.01 | 1583.38 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 4241.69 | 8133.40 |
| (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) | 4241.69 | 8133.40 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 14.84 | 33.80 |
| 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))..... ▶ | 4256.53 | 8167.20 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 4256.53 | 8167.20 |

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..... | 12000.00 | 23000.00 |
| 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)) .. | 12000.00 | 23000.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 12000.00 | 23000.00 |

DETAILED SUMMARY PAGE
of Disbursements

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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) | 4241.69 | 8133.40 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 4241.69 | 8133.40 |
| 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: | PAGE 6 OF 14 |
| | (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 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Shawn Baird
Full Name (Last, First, Middle Initial)

Mailing Address 1346 SE Tenind St

City Portland State OR Zip Code 97202

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

Name of Employer Woodbern Ambulance Occupation Owner

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
 05 / 15 / 2012
Transaction ID : SA11AI.8139

Amount of Each Receipt this Period
 125.00

QUARTERLY CONTRIBUTION

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

Mailing Address 1200 State Circle

City Ann Arbor State MI Zip Code 48108

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

Name of Employer Huron Valley Ambulance Occupation 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 / 15 / 2012
Transaction ID : SA11AI.8135

Amount of Each Receipt this Period
 250.00

QUARTERLY CONTRIBUTION

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

Mailing Address 54 Ridgewood Drive

City Atkinson State NH Zip Code 03811

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

Name of Employer New Britain EMS Occupation Assistant CEO

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
 05 / 15 / 2012
Transaction ID : SA11AI.8132

Amount of Each Receipt this Period
 125.00

QUARTERLY CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00

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 7 OF 14
(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)

Full Name (Last, First, Middle Initial)
A. Kate Carroll
 Mailing Address 3720 Corley
 City State Zip Code
 Beaumont TX 77701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Acadian Ambulance Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2012
Transaction ID : SA11AI.8136
 Amount of Each Receipt this Period
 250.00
 QUARTERLY CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. Robert Garner
 Mailing Address 157 Paloma Drive
 City State Zip Code
 Coral Gables FL 33143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AMR-FL SVP
 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
 05 / 15 / 2012
Transaction ID : SA11AI.8141
 Amount of Each Receipt this Period
 250.00
 SEMIANNUAL CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. Harvey L. Hall
 Mailing Address 1001 - 21st Street
 City State Zip Code
 Bakersfield CA 93301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Hall Ambulance Service CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2012
Transaction ID : SA11AI.8113
 Amount of Each Receipt this Period
 250.00
 Contribution received

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 8 OF 14 |
| <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. 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 ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 15 | | 2012 |

Transaction ID : SA11AI.8114

Amount of Each Receipt this Period
250.00

Contribution received

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 ▼
1250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 15 | | 2012 |

Transaction ID : SA11AI.8115

Amount of Each Receipt this Period
250.00

Contribution received

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

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 15 | | 2012 |

Transaction ID : SA11AI.8131

Amount of Each Receipt this Period
250.00

QUARTERLY 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: PAGE 9 OF 14
(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. Russell Honeycutt
 Full Name (Last, First, Middle Initial)
 Mailing Address 223 Pebblebrook Lane
 City Macon State GA Zip Code 31220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Honeycutt Group Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 15 / 2012
Transaction ID : SA11Al.8116
 Amount of Each Receipt this Period 100.00
 Contribution received

B. Russell Honeycutt
 Full Name (Last, First, Middle Initial)
 Mailing Address 223 Pebblebrook Lane
 City Macon State GA Zip Code 31220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Honeycutt Group Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 15 / 2012
Transaction ID : SA11Al.8117
 Amount of Each Receipt this Period 100.00
 Contribution received

C. Russell Honeycutt
 Full Name (Last, First, Middle Initial)
 Mailing Address 223 Pebblebrook Lane
 City Macon State GA Zip Code 31220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Honeycutt Group Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 15 / 2012
Transaction ID : SA11Al.8118
 Amount of Each Receipt this Period 100.00
 Contribution received

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00
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 10 OF 14
(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)

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

Mailing Address 2821 South Parker Road
 10th Floor

City Aurora State CO Zip Code 80014

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

Name of Employer American Medical Response Occupation Owner/Operator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 05 / 15 / 2012
Transaction ID : SA11AI.8134

Amount of Each Receipt this Period
 250.00

QUARTERLY CONTRIBUTION

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

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
 05 / 15 / 2012
Transaction ID : SA11AI.8138

Amount of Each Receipt this Period
 625.00

QUARTERLY CONTRIBUTION

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

Mailing Address 1123 Chestnut Drive

City Ashtabula State OH Zip Code 44004

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

Name of Employer Community Care Ambulance Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 333.36

Date of Receipt
 04 / 15 / 2012
Transaction ID : SA11AI.8128

Amount of Each Receipt this Period
 83.34

Contribution received

SUBTOTAL of Receipts This Page (optional)..... ▶ 958.34

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 14 |
| | <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. Julie Ann Rose
Full Name (Last, First, Middle Initial)
Mailing Address 1123 Chestnut Drive
City Ashtabula State OH Zip Code 44004
FEC ID number of contributing federal political committee. **C**
Name of Employer Community Care Ambulance Occupation Executive Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 416.70

Date of Receipt 05 / 15 / 2012
Transaction ID : SA11AI.8129
Amount of Each Receipt this Period 83.34
Contribution received

B. 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 05 / 15 / 2012
Transaction ID : SA11AI.8140
Amount of Each Receipt this Period 250.00
QUARTERLY CONTRIBUTION

C. Gerald Zapolnik
Full Name (Last, First, Middle Initial)
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 ▼ 400.00

Date of Receipt 04 / 15 / 2012
Transaction ID : SA11AI.8121
Amount of Each Receipt this Period 100.00
Contribution received

SUBTOTAL of Receipts This Page (optional)..... ▶ 433.34
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 14
(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)

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 ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2012

Transaction ID : SA11AI.8122

Amount of Each Receipt this Period
100.00

Contribution received

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 ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 15 / 2012

Transaction ID : SA11AI.8123

Amount of Each Receipt this Period
100.00

Contribution received

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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

| | |
|------------------------------------------------------------------|----------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 200.00 |
| TOTAL This Period (last page this line number only).....▶ | 3891.68 |

**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. CHARLES BOUSTANY JR. MD FOR CONGRESS, INC.

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement
Contribution

011

Candidate Name

CHARLES DR. JR. BOUSTANY

Category/
Type

Office Sought: House
 Senate
 President
State: LA District: 07

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 07 / 2012

Transaction ID : SB23.8154

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JOE HECK

Mailing Address PO BOX 750114

City LAS VEGAS State NV Zip Code 89136

Purpose of Disbursement
Contribution

011

Candidate Name

JOE HECK

Category/
Type

Office Sought: House
 Senate
 President
State: NV District: 03

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 07 / 2012

Transaction ID : SB23.8151

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF SCHUMER

Mailing Address 192 LEXINGTON AVENUE SUITE 1001

City NEW YORK State NY Zip Code 10016

Purpose of Disbursement
Contribution

011

Candidate Name

CHARLES E SCHUMER

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 00

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 23 / 2012

Transaction ID : SB23.8146

Amount of Each Disbursement this Period

2500.00

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

6000.00

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. LEAHY FOR U.S. SENATOR COMMITTEE

Mailing Address PO BOX 1042

City MONTPELIER State VT Zip Code 05601

Purpose of Disbursement
Contribution

011

Candidate Name

PATRICK J LEAHY

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: VT District: 00

Date of Disbursement

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

Transaction ID : SB23.8142

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 2 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

B. RICHARD E NEAL FOR CONGRESS

Mailing Address 76 MAGNOLIA TERRACE

City SPRINGFIELD State MA Zip Code 01108

Purpose of Disbursement
Contribution

011

Candidate Name

RICHARD E NEAL

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MA District: 02

Date of Disbursement

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

Transaction ID : SB23.8147

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 2 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

C. SCHOCK FOR CONGRESS

Mailing Address PO BOX 10555

City PEORIA State IL Zip Code 61612

Purpose of Disbursement
Contribution

011

Candidate Name

AARON JON MR. SCHOCK

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IL District: 18

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 0 | 7 | | 2 | 0 | 1 | 2 |

Transaction ID : SB23.8148

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

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

| | | | | | | |
|---|---|---|---|---|---|---|
| 6 | 0 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

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

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | 2 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|