



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

*AAMS 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="2007"/>		<input type="text" value="750.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="750.00"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="150.00"/>	<input type="text" value="150.00"/>
(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="900.00"/>	<input type="text" value="900.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="900.00"/>	<input type="text" value="900.00"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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

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**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

*AAMS PAC*

Report Covering the Period: From: MM / DD / YYYY *01 / 01 / 2007* To: MM / DD / YYYY *06 / 30 / 2007*

**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).....	150.00	150.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	150.00	150.00
(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).....▶	150.00	150.00
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.).....	0.00	0.00
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)).....▶	150.00	150.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	0.00	0.00

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**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 .....	0-00	0-00
24. Independent Expenditures (use Schedule E) .....	0-00	0-00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F) .....	0-00	0-00
26. Loan Repayments Made .....	0-00	0-00
27. Loans Made .....	0-00	0-00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0-00	0-00
(b) Political Party Committees .....	0-00	0-00
(c) Other Political Committees (such as PACs) .....	0-00	0-00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0-00	0-00
29. Other Disbursements .....	0-00	0-00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0-00	0-00
(ii) "Levin" Share .....	0-00	0-00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0-00	0-00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0-00	0-00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0-00	0-00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	0-00	0-00

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**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	150.00	150.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	150.00	150.00
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

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**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	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<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)

*Association of Air Medical Services Political Action Committee (AAMSPA)*

Full Name (Last, First, Middle Initial)

A. *TIMOTHY BICKERING*

Mailing Address

*PO Box 768*

City

*West Plains*

State

*MO*

Zip Code

*65775*

FEC ID number of contributing federal political committee.

C

Date of Receipt

06 /  09 /  2007

Amount of Each Receipt this Period

100.00

Name of Employer

*Air Evac Lifesaver*

Occupation

*Public Affairs Director*

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Full Name (Last, First, Middle Initial)

B. *Donna York Clark*

Mailing Address

*12900 Treaty Line Street*

City

*Camden*

State

*IN*

Zip Code

*46032*

FEC ID number of contributing federal political committee.

C

Date of Receipt

06 /  09 /  2007

Amount of Each Receipt this Period

50.00

Name of Employer

*Golden Hour Data System*

Occupation

*UNKNOWN*

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Date of Receipt

/  /

Amount of Each Receipt this Period

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

150.00

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

150.00

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**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)

PAGE OF

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)

*Association of Air Medical Services Political Action Committee (AAMS PAC)*

Full Name (Last, First, Middle Initial)

<b>A.</b>		Date of Disbursement	
Mailing Address		MM / DD / YYYY	
City State Zip Code		Amount of Each Disbursement this Period	
Purpose of Disbursement		[ ]	
Candidate Name		Category/Type	
Office Sought:	House Senate President	Disbursement For:	Primary General Other (specify) ▼
State:	District:		

<b>B.</b>		Date of Disbursement	
Mailing Address		MM / DD / YYYY	
City State Zip Code		Amount of Each Disbursement this Period	
Purpose of Disbursement		[ ]	
Candidate Name		Category/Type	
Office Sought:	House Senate President	Disbursement For:	Primary General Other (specify) ▼
State:	District:		

<b>C.</b>		Date of Disbursement	
Mailing Address		MM / DD / YYYY	
City State Zip Code		Amount of Each Disbursement this Period	
Purpose of Disbursement		[ ]	
Candidate Name		Category/Type	
Office Sought:	House Senate President	Disbursement For:	Primary General Other (specify) ▼
State:	District:		

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

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

[ ]	0.00
[ ]	0.00

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Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt  
7/31/07

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked  
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark


Overnight Delivery Service (Specify): Shipping Date  
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

 7/31/07  
 PREPARER DATE PREPARED

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