FEC FORM 3X	AN	PORT C ID DISB Other Than A	URSEM	ENTS	ee	Offi	ce Use Only
1. NAME OF COMMITTEE (in fu		FEC MAILING L YPE OR PRINT		ample:If typing er the lines	, type		
			AL PAC (AKA /	AMBU-PAC)			
ADDRESS (number and	street)	100 Westpark Dri	ve 				
Check if differ than previously reported. (ACC	ent L	nd Floor Lean					22102
2. FEC IDENTIFICAT	ION NUMBER	₩	CITY 🛋		S	TATE	ZIPCODE
C00168070]	3. IS THIS REPOR		NEW N) OR	AMENI (A)	DED
 4. TYPE OF REPO (Choose One) (a) Quarterly Repo April 15 	orts:	b) Monthly Report Due On:	Feb 20 (M2 Mar 20 (M3 Apr 20 (M4)	May 20 (M5) Jun 20 (M6) Jul 20 (M7)	Aug 20 (I Sep 20 (I Oct 20 (N	M9) Year Only) Dec 20 (M12) (Non-Election Year Only)
Quarterly July 15 Quarterly October Quarterly January 3	Report(Q3)	(c) 12-Day PRE -Elec Report fo		Primary (12F		General (12G) Special (12G)	
Year Only	on-election	(d) 30-Day Post -Ele Report fo		General (300	ā)	Runoff (30R)	Special (30S) in the State of
5. Covering Period	01	01 20	11	through	0 6	30 20	011
I certify that I have exam Type or Print Name of T		t and to the best o Denise Clark	f my knowledge	and belief it is	true, correct ar	nd complete.	
Signature of Treasurer	Electronically	Filed by Denis	e Clark		Da	te 07	14 2011
NOTE : Submission of f	alse, erroneous	, or incomplete inf	ormation may s	ubject the pers	on signing this	Report to the pena	alties of 2 U.S.C 437g.
Office Use Only						F	EC FORM 3X (Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

FEC Form 3X (Rev. 02/2003)

\	Write or Type Committee Name AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)						
F	Report Covering the Period: From:	0 1 0 1 0 1	To:				
	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date				
6.	(a) Cash on Hand January 1 2011 ^{Y Y Y}		21644.19				
	(b) Cash on Hand at Begining of Reporting Period	21644.19]				
	(c) Total Receipts (from Line 19)	14620.67	14620.67				
	(d) Subtotal (add lines 6(b) and						
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	36264.86	36264.86				
7.	Total Disbursements (from Line 31)	22466.01	22466.01				
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	13798.85	13798.85				
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]				

X 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

FE6AN026

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3 Write or Type Committee Name AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC) ^M 0 1 01 м м 30 D 2011 D 2011 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period Calendar Year-to-Date** 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 11153.30 11153.30 (i) Itemized (use Schedule A) 2431.66 2431.66 (ii) Unitemized (iii) TOTAL (add 13584.96 13584.96 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 13584.96 13584.96 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 1000.00 1000.00 Political Committees 17. Other Federal Receipts 35.71 35.71 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 14620.67 14620.67 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 14620.67 14620.67 (subtract Line 18(c) from Line 19)

FE6AN026

(C)

(d)

DETAILED SUMMARY PAGE of Disbursements

COLUMN A

Total This Period

0.00

0.00

966.01

966.01

21500.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

FEC Form 3X (Rev. 02/2003)

II. DISBUBSEMENTS

Than Political Committees

Other Political Committees

Total Contribution Refunds

29. Other Disbursements.....

30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6)

(i) Federal Share

(ii) "Levin" Share (b) Federal Election Activity Paid Entirely

With Federal Funds (c) Total Federal Election Activity (add

Lines 30(a)(i), 30(a)(ii) and 30(b))....

(such as PACs)

(b) Political Party Committees

		II. DISBURSEMENTS	
21.	Ope (a)	erating Expenditures: Shared Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share	
		(ii) Non-Federal Share	
	(b)	Other Federal Operating	_
		Expenditures	
	(c)	Total Operating Expenditures	
		(add 21(a)(i), (a)(ii) and (b)) 🕨	
22.	Tra	insfers to Affiliated/Other Party	
23.	Cor	mmittees ntributions to deral Candidates/Committees	
	and	Other Political Committees	
24.	Inde	ependent Expenditure	
25.	Ċοσ	e Schedule E) ordinated Expenditures Made by Party mmittees (2 U.S.C. 441a(d)) e Schedule F)	
26.	Loa	an Repayments Made	
27. 28.		ans Made funds of Contributions To: Individuals/Persons Other Theo Palitical Committees	

.

1 1 1 1 1	
	0.00
	966.01
	966.01
	0.00
	21500.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00

		8	0.00
			0.00
			0.00
		8	0.00

22466.01

22466.01

22466.01

0.00

0.00

0.00

0.00

23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....

31. Total Disbursements (add Lines 21(c), 22,

FE6AN026

22466.01

Page 4

0.00

COLUMN B

Calendar Year-to-Date

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)	13584.96	13584.96
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	13584.96	13584.96
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	966.01	966.01
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	966.01	966.01

FE6AN026

Page 5

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	FOR LINE NUMBER: PAGE 6 / 34 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions policit contributions from such committee. 17
A.	AMERICAN AMBULANCE ASSOCIAT Full Name (Last, First, Middle Initial) Shawn Baird		RAL PAC (AKA AMBU-PAC)	Date of Receipt
	Mailing Address 1346 SE Tenind St			0 6 / D D / Y Y Y Y 0 1 2 0 1 1
	City	State	Zip Code	Transaction ID: SA11AI.7790
	Portland	OR	97202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Woodbern Ambulance	Occupatio Owner	on	Contribution
	Receipt For:	1	e Year-to-Date 🔻	_
	Primary General Other (specify) ▼		250.00]
B.	Full Name (Last, First, Middle Initial) Dale Berry			Date of Receipt
	Mailing Address 1200 State Circle			03 / D D / Y Y Y Y 03 / 01 2011
	City	State	Zip Code	Transaction ID: SA11AI.7726
	Ann Arbor	MI	48108	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Huron Valley Ambulance	Occupation Presider		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 250.00]
С.	Full Name (Last, First, Middle Initial) Dale Berry			Date of Receipt
	Mailing Address 1200 State Circle			0 6 0 1 Y Y Y Y 0 6 0 1 2 0 1 1
	City	State	Zip Code	Transaction ID: SA11AI.7793
	Ann Arbor	MI	48108	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Huron Valley Ambulance	Occupation Presider	nt	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 500.00]
	SUBTOTAL of Receipts This Page (optional)		······	625.00
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any perso dress of any political committee to	FOR LINE NUMBER: PAGE 7/34 (check only one) 11a X 11a 11b 13 14 15 16 17 16 17 on for the purpose of soliciting contributions solicit contributions from such committee.
	AME OF COMMITTEE (In Full)	TION FEDEF	RAL PAC (AKA AMBU-PAC)	
A.	Full Name (Last, First, Middle Initial) Howard Enloe			Date of Receipt
	Mailing Address 103 Palonma Megd			03 01 2011
	City	State	Zip Code	Transaction ID: SA11AI.7714
	Anthony	NM	88021	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		375.00
	Name of Employer Life Ambulance Service, Inc.	Occupatio Owner/C		- Contribution
	Receipt For:	Aggregate	e Year-to-Date	
	 Primary General Other (specify) ▼ 	0 0	375.00]
B.	Full Name (Last, First, Middle Initial) Howard Enloe			Date of Receipt
	Mailing Address 103 Palonma Megd			0 6 / D D / Y Y Y Y 0 6 / 0 1 2 0 1 1
	City	State	Zip Code	Transaction ID: SA11AI.7803
	Anthony	NM	88021	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		375.00
	Name of Employer Life Ambulance Service, Inc.	Occupatio Owner/C		Contribution
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	_
	Primary General Other (specify) ▼	0 0	750.00	
с.	Full Name (Last, First, Middle Initial) Harvey L. Hall			Date of Receipt
	Mailing Address 1001 - 21st Street			M M / D D / Y
	City	State	Zip Code	Transaction ID: SA11AI.7664
	Bakersfield FEC ID number of contributing federal political committee.	CA	93301	Amount of Each Receipt this Period 250.00
	Name of Employer Hall Ambulance Service	Occupatio	n	Contribution
	Receipt For:		e Year-to-Date 🔻	
	Primary General Other (specify) ▼		250.00]
	SUBTOTAL of Receipts This Page (optional)			1000.00
	TOTAL This Period (last page this line number			

ę	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 8/34
I	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 x 10 11c 12
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma	uy not be sold or used by any pers dress of any political committee to	13 14 15 16 17 on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE ASSOCIAT			
۷ A.	, Full Name (Last, First, Middle Initial) Harvey L. Hall			Date of Receipt
	Mailing Address 1001 - 21st Street			M M / D D / Y Y Y Y 03 / 08 / 2011
	City	State	Zip Code	Transaction ID: SA11AI.7707
	Bakersfield	CA	93301	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Hall Ambulance Service	Occupatio CEO	on	Contribution
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		500.00	
- B.	Full Name (Last, First, Middle Initial) Harvey L. Hall	1		Date of Receipt
	Mailing Address 1001 - 21st Street			M M M / D D Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.7708
	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	Occupatio CEO	bn	Contribution
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Primary General Other (specify)	0 0	750.00	
- C.	Full Name (Last, First, Middle Initial) Harvey L. Hall	•		Date of Receipt
	Mailing Address 1001 - 21st Street			M M / D D Y Y Y Y </th
	City	State	Zip Code	Transaction ID: SA11AI.7747
	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	Occupatio CEO	bn	Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 1000.00]
ſ	SUBTOTAL of Receipts This Page (optional)			750.00
ŀ	TOTAL This Period (last page this line number	only)		

	Any information copied from such Reports and a or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	dress of any political committee to	FOR LINE NUMBER: PAGE 9 / 34 (check only one) 11a X 11a 13 14 15 16 17 on for the purpose of soliciting contributions osolicit contributions from such committee.
A.	AMERICAN AMBULANCE ASSOCIA Full Name (Last, First, Middle Initial) Harvey L. Hall Mailing Address 1001 - 21st Street		AL PAC (AKA AMBU-PAC)	Date of Receipt
		Otata	Zin Onda	05 12 2011
	City Bakersfield	State CA	Zip Code 93301	Transaction ID: SA11AI.7768 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Hall Ambulance Service Receipt For: Primary General Other (specify)	Occupatio CEO Aggregate	on e Year-to-Date ▼ 1250.00	Contribution
- B.	Full Name (Last, First, Middle Initial) Harvey L. Hall Mailing Address 1001 - 21st Street			Date of Receipt
	City	State	Zip Code	
	Bakersfield	CA	93301	Transaction ID: SA11AI.7786 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Hall Ambulance Service	Occupatio CEO	on	Contribution
	Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 1500.00]
- C.	Full Name (Last, First, Middle Initial) Mr. Ben Hinson			Date of Receipt
	Mailing Address 2025 Vineville Ave			M M / D D Y
	City	State	Zip Code	Transaction ID: SA11AI.7717
	Macon FEC ID number of contributing federal political committee.	GA	31204	Amount of Each Receipt this Period
	Name of Employer Mid Georgia Ambulance	Occupatio Owner	on	Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 300.00]
ſ	SUBTOTAL of Receipts This Page (optional) .			600.00
	TOTAL This Period (last page this line numbe	r only)		

:	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 10/34			
l	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 X 12 12			
	Any information copied from such Reports and S or for commercial purposes, other than using the						
	/ Full Name (Last, First, Middle Initial)						
Α.	Mr. Ben Hinson Mailing Address 2025 Vineville Ave			Date of Receipt 0 4 0 1 2 0 1 1			
	City	State	Zip Code	Transaction ID: SA11AI.7744			
	Macon	GA	31204	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		100.00			
	Name of Employer Mid Georgia Ambulance	Occupation Owner	n	Contribution			
	Receipt For:	1 · · · · · · · · · · · · · · · · · · ·	e Year-to-Date 🔻	_			
	Primary General Other (specify) ▼	U U U	400.00]			
- B.	Full Name (Last, First, Middle Initial) Mr. Ben Hinson			Date of Receipt			
	Mailing Address 2025 Vineville Ave			M M / D D / Y			
	City	State	Zip Code	Transaction ID: SA11AI.7765			
	Macon	GA	31204	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		100.00			
	Name of Employer Mid Georgia Ambulance	Occupation Owner		Contribution			
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	_			
	Primary General Other (specify) ▼	0 0	500.00				
- C.	Full Name (Last, First, Middle Initial) Mr. Ben Hinson	I		Date of Receipt			
	Mailing Address 2025 Vineville Ave			M M / D D Y			
	City	State	Zip Code	Transaction ID: SA11AI.7797			
	Macon	GA	31204	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		Contribution			
	Name of Employer Mid Georgia Ambulance	Occupation Owner	n				
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 600.00]			
ſ	SUBTOTAL of Receipts This Page (optional)			300.00			
ľ	TOTAL This Period (last page this line number	only)					

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11/34 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 1
	Any information copied from such Reports and or for commercial purposes, other than using t NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE ASSOCIA	he name and add	lress of any political committee t	o solicit contributions from such committee.
∠ 4.	Full Name (Last, First, Middle Initial) Russell Honeycutt			Date of Receipt
	Mailing Address 223 Pebblebrook La	ne		0 2 0 1 Y Y Y Y 0 2 0 1 2 0 1 1
	City	State	Zip Code	Transaction ID: SA11AI.7684
	Macon	GA	31220	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Hinson Systems/National	Occupation		Contribution
	Reimbu Receipt For:	Vice Pres	Year-to-Date V	
	Primary General Other (specify) ▼		400.00	
	Full Name (Last, First, Middle Initial) Russell Honeycutt			Date of Receipt
	Mailing Address 223 Pebblebrook La	ne		M M / D D / Y Y Y Y 03 / 01 / 2011
	City	State	Zip Code	Transaction ID: SA11AI.7712
	Macon	GA	31220	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Hinson Systems/National Reimbu	Occupation Vice Pres		Contribution
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	600.00	
. –	Full Name (Last, First, Middle Initial) Russell Honeycutt			Date of Receipt
	Mailing Address 223 Pebblebrook La	ne		0 4 0 1 Y Y Y Y 0 4 0 1 2 0 1 1
	City	State	Zip Code	Transaction ID: SA11AI.7742
	Macon	GA	31220	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Hinson Systems/National Reimbu	Occupation Vice Pres	ident	Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 800.00	
Γ	SUBTOTAL of Receipts This Page (optional)			600.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12/34 (check only one) 11c 12 X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	on for the purpose of soliciting contributions solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE ASSOCIATI	ION FEDERAL	- PAC (AKA AMBU-PAC)	
A.	Full Name (Last, First, Middle Initial) Russell Honeycutt			Date of Receipt
	Mailing Address 223 Pebblebrook Lane	1		05 01 2011
	City	State	Zip Code	Transaction ID: SA11AI.7762
	Macon	GA	31220	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Hinson Systems/National Reimbu	Occupation Vice Preside	ent	- Contribution
	Receipt For:	Aggregate Ye	ear-to-Date 🔻	
	Primary General Other (specify) ▼		1000.00]
— B.	Full Name (Last, First, Middle Initial) Russell Honeycutt			Date of Receipt
	Mailing Address 223 Pebblebrook Lane			M M / D D / Y
	City	State	Zip Code	Transaction ID: SA11AI.7792
	Macon	GA	31220	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Hinson Systems/National Reimbu	Occupation Vice Preside	ent	Contribution
	Receipt For: Primary General	Aggregate Ye	ear-to-Date 🔻	
	Other (specify) ▼		1200.00	
 C.	Full Name (Last, First, Middle Initial) Jon Howell	I		Date of Receipt
	Mailing Address 251 Bishop Farm Way	,		0 6 0 1 Y Y Y Y Y 0 1 2 0 1 1
	City	State	Zip Code	Transaction ID: SA11AI.7788
	Huntsville	AL	35806	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer HEMSI	Occupation CEO		Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date 300.00]
s	UBTOTAL of Receipts This Page (optional)	ı	b	550.00
	OTAL This Period (last page this line number of		•	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13/34 (check only one) I1a X 11a
	Any information copied from such Reports and S	Statements may not be sold or used by any perso e name and address of any political committee to	13 14 15 16 17
	NAME OF COMMITTEE (In Full)	TION FEDERAL PAC (AKA AMBU-PAC)	
∠ ۹.	Full Name (Last, First, Middle Initial) Thomas McEntee	Date of Receipt	
	Mailing Address 8489 Sunshine Ln		M M / D D / Y Y Y Y 03 01 2011
	City	State Zip Code	Transaction ID: SA11AI.7724
	Riverside	CA 92508	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	85.00
	Name of Employer AMR - Riverside County	Occupation Manager	- Contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	255.00]
	Full Name (Last, First, Middle Initial) Thomas McEntee		Date of Receipt
	Mailing Address 8489 Sunshine Ln	$ \begin{bmatrix} M & M \\ 0 & 4 \end{bmatrix} / \begin{bmatrix} D & D \\ 0 & 1 \end{bmatrix} / \begin{bmatrix} Y & Y & Y \\ 2 & 0 & 1 & 1 \end{bmatrix} $	
	City	State Zip Code	Transaction ID: SA11AI.7739
	Riverside	CA 92508	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	Contribution
	Name of Employer AMR - Riverside County	Occupation Manager	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00]
;.	Full Name (Last, First, Middle Initial) Thomas McEntee	1	Date of Receipt
	Mailing Address 8489 Sunshine Ln		M M / D D / Y Y Y Y 05 01 2011
	City Diverside	State Zip Code	Transaction ID: SA11AI.7761
	Riverside FEC ID number of contributing	CA 92508	Amount of Each Receipt this Period
	federal political committee.		Contribution
	Name of Employer AMR - Riverside County	Occupation Manager	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00]
Γ		L	255.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 34 (check only one) X X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	n for the purpose of soliciting contributions	
	NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE ASSOCIAT	ION FEDERAL PAC (AKA AMBU-PAC)	
۷ A.	Full Name (Last, First, Middle Initial) Thomas McEntee		Date of Receipt
	Mailing Address 8489 Sunshine Ln		M · M / D · D / Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y · Y · Y · Y Y · Y · Y · Y Y · Y · Y · Y Y · Y · Y · Y Y · Y · Y · Y Y · Y · Y · Y Y · Y · Y · Y Y · Y · Y · Y Y · Y · Y · Y Y · Y · Y · Y · Y Y · Y · Y · Y · Y Y · Y · Y · Y · Y · Y Y · Y · Y · Y · Y · Y Y · Y · Y · Y · Y · Y · Y · Y Y · Y · Y · Y · Y · Y · Y · Y · Y · Y ·
	City	State Zip Code	Transaction ID: SA11AI.7795
	Riverside	CA 92508	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	85.00
	Name of Employer AMR - Riverside County	Occupation Manager	- Contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	510.00]
- B.	Full Name (Last, First, Middle Initial) James McPartlon		Date of Receipt
	Mailing Address 1015 DiBella Dr		M · M / D · D Y Y · Y <
	City	State Zip Code	Transaction ID: SA11AI.7686
	Schenectady	NY 12303	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		Contribution
	Name of Employer Mohawk Ambulance Services	Occupation VP	Contribution
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 333.32]
- C.	Full Name (Last, First, Middle Initial) James McPartlon	I	Date of Receipt
	Mailing Address 1015 DiBella Dr		M M / D D / Y Y Y Y 0 3 0 1 2 0 1 1
	City Schenectady	State Zip Code NY 12303	Transaction ID: SA11AI.7709 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	166.66
	Name of Employer Mohawk Ambulance Services	Occupation VP	- Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98	
Γ	SUBTOTAL of Receipts This Page (optional)	1	418.32

				FOR LINE NUMBER: PAGE 15/34
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
I	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
F				
	Any information copied from such Reports and s or for commercial purposes, other than using the	erson for the purpose of soliciting contributions et o solicit contributions from such committee.		
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	AMERICAN AMBULANCE ASSOCIA	TION FEDEF	RAL PAC (AKA AMBU-PA	C)
. ×	Full Name (Last, First, Middle Initial) James McPartlon			Date of Receipt
	Mailing Address 1015 DiBella Dr			M M / D D / Y
	City	State	Zip Code	Transaction ID: SA11AI.7743
	Schenectady	NY	12303	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		166.66
	Name of Employer Mohawk Ambulance Services	Occupatio VP	on	Contribution
	Receipt For:		e Year-to-Date 🔻	
	Primary General	33.234	666.64	-
	Other (specify)		000.04	
-	Full Name (Last, First, Middle Initial) James McPartlon			Date of Receipt
	Mailing Address 1015 DiBella Dr			M M / D D / Y Y Y Y 05 01 2011
	City	State	Zip Code	Transaction ID: SA11AI.7766
	Schenectady	NY	12303	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		166.66
	Name of Employer Mohawk Ambulance Services	Occupatio VP	pn	Contribution
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General		833.30	· _]
	Other (specify)	0.0		
. –	Full Name (Last, First, Middle Initial) James McPartlon	-		Date of Receipt
•	Mailing Address 1015 DiBella Dr			
				06 01 2011
	City Schenectady	State NY	Zip Code 12303	Transaction ID: SA11AI.7805
	Schenectady FEC ID number of contributing		12303	Amount of Each Receipt this Period
	federal political committee.	C		166.66
	Name of Employer Mohawk Ambulance Services	Occupatio VP	on	Contribution
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify)		999.96	
		0 0	0 0 0 0 0 0	•
Γ	SUBTOTAL of Receipts This Page (optional).	-		499.98
┝	UNITED OF TECEPTS THIS F AYE (UPLICITAL).			
	TOTAL This Period (last page this line number	r only)		

c	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 16/34
		1	Use separate schedule(s) for each category of the	(check only one)
I	TEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
	Any information copied from such Reports and or for commercial purposes, other than using th	13 14 15 16 17 on for the purpose of soliciting contributions o solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE ASSOCIA			
	Full Name (Last, First, Middle Initial)			
۹.	Louis Meyer Mailing Address 10644 N. Oakwilde A	venue		Date of Receipt
	City	State	Zip Code	Transaction ID: SA11AI.7688
	Stockton	CA	95212	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer AMR	Occupation CEO - Re		Contribution
	Receipt For:		Year-to-Date V	-
	Primary General Other (specify) ▼		400.00]
- 3.	Full Name (Last, First, Middle Initial) Louis Meyer			Date of Receipt
	Mailing Address 10644 N. Oakwilde A	M · M / D · D / Y · Y · Y · Y Y 0 3 0 1 2 0 1 1 1		
	City	State	Zip Code	Transaction ID: SA11AI.7725
	Stockton	CA	95212	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer AMR	Occupation CEO - Re		
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) The second	0 0	600.00	
 ;.	Full Name (Last, First, Middle Initial) Louis Meyer			Date of Receipt
	Mailing Address 10644 N. Oakwilde A	venue		M · M / D · D Y Y · Y <
	City	State	Zip Code	Transaction ID: SA11AI.7745
	Stockton	CA	95212	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer AMR	Occupation CEO - Re	egional	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V 800.00	
Г				

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17/34 (check only one) X X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any pers e name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN AMBULANCE ASSOCIAT	TION FEDERAL PAC (AKA AMBU-PAC)	,
⊻ 4.	Full Name (Last, First, Middle Initial) Louis Meyer		Date of Receipt
	Mailing Address 10644 N. Oakwilde Av	venue	0 5 0 1 Y Y Y Y 0 5 0 1 2 0 1 1
	City	State Zip Code	Transaction ID: SA11AI.7764
	Stockton	CA 95212	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	200.00
	Name of Employer AMR	Occupation CEO - Regional	Contribution
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify)	1000.00	
- 3.	Full Name (Last, First, Middle Initial) Louis Meyer	1	Date of Receipt
	Mailing Address 10644 N. Oakwilde Av	0 6 / D D / Y Y Y Y Y 0 1 2 0 1 1	
	City	State Zip Code	Transaction ID: SA11AI.7794
	Stockton	CA 95212	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	200.00
	Name of Employer AMR	Occupation CEO - Regional	Contribution
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 1200.00	
-).	Full Name (Last, First, Middle Initial) Steve Murphy	1	Date of Receipt
	Mailing Address 100 S Birch Rd #901		0 1 / D D / Y Y Y Y 0 1 1 4 2 0 1 1
	City Ft Lauderdale	State Zip Code FL 33316	Transaction ID: SA11AI.7668 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	255.00
	Name of Employer AMR	Occupation Exe VP	Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	
Γ			655.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and ad	dress of any political committee to	FOR LINE NUMBER: PAGE 18 / 34 (check only one) 11a X 11a 11b 13 14 15 16 17 16 17 on for the purpose of soliciting contributions o solicit contributions from such committee. 17
Α.	AMERICAN AMBULANCE ASSOCIAT Full Name (Last, First, Middle Initial) Steve Murphy Mailing Address 100 S Birch Rd #901 City	State	Zip Code	Date of Receipt $ \begin{array}{c} $
	Ft Lauderdale	FL	33316	Transaction ID: SA11AI.7713
	FEC ID number of contributing federal political committee.	C	33310	Amount of Each Receipt this Period
	Name of Employer AMR Receipt For: Primary General Other (specify) ▼	Occupation Exe VP Aggregation	on e Year-to-Date ▼ 510.00	Contribution
в.	Full Name (Last, First, Middle Initial) Steve Murphy Mailing Address 100 S Birch Rd #901	I		Date of Receipt
	City	State	Zip Code	Transaction ID: SA11AI.7791
	Ft Lauderdale	FL	33316	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		255.00 Contribution
	Name of Employer AMR	Occupation Exe VP	n	Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregat	e Year-to-Date ▼ 765.00]
- C.	Full Name (Last, First, Middle Initial) Jamie Pafford-Gresham			Date of Receipt
	Mailing Address 3317 W 16			0 6 / D D / Y Y Y Y 2 0 1 1
	City	State	Zip Code	Transaction ID: SA11AI.7799
	Hope FEC ID number of contributing federal political committee.	AR C	71801	Amount of Each Receipt this Period
	Name of Employer Pafford EMS	Occupation Owner/C		Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 1200.00]
ſ	SUBTOTAL of Receipts This Page (optional)			1710.00
Ī	TOTAL This Period (last page this line number	only)		

l	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19/34 (check only one) 11a X 11a 11b 11c 12 I 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	n for the purpose of soliciting contributions solicit contributions from such committee.	
	/	TION FEDERAL PAC (AKA AMBU-PAC)	
Α.	Full Name (Last, First, Middle Initial) Aaron Reinert	Date of Receipt	
	Mailing Address 29251 Potassium St N	IW	M M / D D / Y Y Y Y 03 01 2011
	City	State Zip Code	Transaction ID: SA11AI.7711
	Isanti	MN 55040	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	300.00
	Name of Employer Lake Regions EMS	Occupation Manager	Contribution
	Receipt For:	Aggregate Year-to-Date V	1
	Primary General Other (specify) ▼	300.00	
- В.	Full Name (Last, First, Middle Initial) Aaron Reinert	1	Date of Receipt
	Mailing Address 29251 Potassium St N	IW	M M / D D / Y
	City	State Zip Code	Transaction ID: SA11AI.7802
	Isanti	MN 55040	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		300.00 Contribution
	Name of Employer Lake Regions EMS	Occupation Manager	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify)	600.00	
– C.	Full Name (Last, First, Middle Initial) Randy Strozyk	1	Date of Receipt
	Mailing Address 9209 181 Street Avenu	ue East	0 2 0 1 2 0 1 1
	City Bonney Lake	State Zip Code WA 98390	Transaction ID: SA11AI.7682 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	200.00
	Name of Employer American Medical Response	Occupation Vice President	- Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Γ	SUBTOTAL of Receipts This Page (optional)	·	800.00
ŀ	TOTAL This Period (last page this line number	·	

	CHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 34 (check only one) 11a X 11a 11b 11c 12 14
	Any information copied from such Reports and S	Statements may e name and add	not be sold or used by any person ress of any political committee to	13 14 15 16 1 on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)	TION FEDER	AL PAC (AKA AMBU-PAC)	
. Z	Full Name (Last, First, Middle Initial) Randy Strozyk			Date of Receipt
	Mailing Address 9209 181 Street Aven	ue East		M M / D D / Y Y Y Y 03 01 2011
	City	State	Zip Code	Transaction ID: SA11AI.7720
	Bonney Lake	WA	98390	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer American Medical Response	Occupation Vice Pres		Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 600.00	
	Full Name (Last, First, Middle Initial) Randy Strozyk Mailing Address 9209 181 Street Aven	ue East		Date of Receipt
	City	State	Zip Code	04012011 Transaction ID: SA11AI.7741
	Bonney Lake	WA	98390	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer American Medical Response	Occupation Vice Pres		- Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V 800.00]
_	Full Name (Last, First, Middle Initial) Randy Strozyk			Date of Receipt
	Mailing Address 9209 181 Street Aven	05 01 2011		
	City	State	Zip Code	Transaction ID: SA11AI.7760
	Bonney Lake	WA	98390	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer American Medical Response	Occupation Vice Pres		Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date T1000.00]
	SUBTOTAL of Receipts This Page (optional)	1		600.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 34 (check only one) X X 11a 11b 11c 12
	ny information copied from such Reports and S			
	NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE ASSOCIAT	TION FEDER	AL PAC (AKA AMBU-PAC)	
. Z	Full Name (Last, First, Middle Initial) Randy Strozyk			Date of Receipt
	Mailing Address 9209 181 Street Aven	ue East		M M / D D / Y Y Y Y 06 01 2011
	City	State	Zip Code	Transaction ID: SA11AI.7800
	Bonney Lake	WA	98390	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer American Medical Response	Occupation Vice Pres		- Contribution
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1200.00	1
	Full Name (Last, First, Middle Initial) Ronald Thackery Mailing Address 9922 S. Silver Maple I	Road		Date of Receipt
	City	State	Zip Code	
	Highlands Ranch	CO	80129	Transaction ID: SA11AI.7716 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer American Medical Response	Occupation VP Risk I	n Management	Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 250.00]
	Full Name (Last, First, Middle Initial) Kurt Williams			Date of Receipt
	Mailing Address 2122 Willow Street			0 3 0 1 2 0 1 1
	City	State	Zip Code	Transaction ID: SA11AI.7722
	San Diego	CA	92106	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer American Medical Response	Occupation CEO		Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 255.00]
Γ	SUBTOTAL of Receipts This Page (optional)	1		535.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22/34 (check only one) 11a X 11a 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN AMBULANCE ASSOCIAT	ION FEDEF	RAL PAC (AKA AMBU-PAC)	
A.	Full Name (Last, First, Middle Initial) Kurt Williams			Date of Receipt
	Mailing Address 2122 Willow Street			M M / D D / Y
	City	State	Zip Code	Transaction ID: SA11AI.7740
	San Diego	CA	92106	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer American Medical Response	Occupatio CEO	n	- Contribution
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	340.00]
В.	Full Name (Last, First, Middle Initial) Kurt Williams			Date of Receipt
	Mailing Address 2122 Willow Street			05 01 Y Y Y Y 2011
	City	State	Zip Code	Transaction ID: SA11AI.7763
	San Diego	CA	92106	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer American Medical Response	Occupatio CEO	n	- Contribution
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	 Primary General Other (specify) ▼ 		425.00	
С.	Full Name (Last, First, Middle Initial) Kurt Williams	<u> </u>		Date of Receipt
	Mailing Address 2122 Willow Street			M M / D D / Y
	City	State	Zip Code	Transaction ID: SA11AI.7789
	San Diego	CA	92106	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer American Medical Response	Occupatio CEO	n	Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 510.00]
	SUBTOTAL of Receipts This Page (optional)			255.00
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Use segnate schedule() betailed Summary Page FOR LINE NUMBER: [_PAGE 23/34_ (sthek king) one)					
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Image: Second Statements may not be sold or used by any person for the purpose of soliciting contributions for committee is solid any parameter of the purpose of soliciting contributions for committee is solid contributions for the purpose of soliciting contributions for committee. MARE CPE COMMITTEE (in Full) MARE CPE COMMITTEE (in Full) AME CPE COMMITTEE (in Full) Mare CPE COMMITTEE (in Full) AME CPE COMMITTEE (in Full) Mare CPE COMMITTEE (in Full) Grand Zaponik. Mailing Address 1116 Rathfan Circle City State Zip Code Saline Mailing Address 1116 Rathfan Circle City State Pecipit For: Occupation Perinary General Orty State City State State Zip Code Mailing Address 1116 Rathfan Circle City State Primary General Orty (Support Operations) Angergate Veer-to-Date Pecipit For: Pagergate Veer-to-Date Primary General Orty (Support Operations) Angergate Veer-to-Date Pecipit For: Poilson Poilson Py Support Operations Poilson Poilso		• •			
Arry information capies from such. Reports and Statements may not be sold or used to committee to soliciting contributions from such committee. NAME OF COMMITTEE (In Full) NAME OF COMMITTEE (In Full) AME OF COMMITTEE (In Full) Mailing Address 1116 Rathfan Circle City Saline Mil 49176 FEC ID number of contributing C Name (Last, First, Middle Initial) Gead Zapolink Mailing Address Name (Last, First, Middle Initial) Gead Zapolink Mailing Address Name (Last, First, Middle Initial) Gead Zapolink Mailing Address Huron Valley Ambulance VP Support Operations Receipt for (specify) ♥ Gead Zapolink Mailing Address Mailing Address 1116 Rathfan Circle City State Zip Code Name (Last, First, Middle Initial) Gead Zapolink Mailing Address				Detailed Summary Page	
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME GE COMMITTEE (in Full) AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC) Full Name (Last, First, Middle Initial) Garda Zapoink. Mailing Address Mailing Address Transaction ID: SA11AL7718 Saline Maing Address Pecipt For: Ore report Ore report Operations Pecipt For: Ore report Maing Address The copy of the period Period Committee. Ore report Operations Pecipt For: Operations Primary General Operations Maing Address Maing Address 1116 Rathfan Circle City Saline Mil 49176 FEC ID number of contributing factoral political committee. Operations Recipt For: Operations Primary General Other	Г				
AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC) Full Name (Last, First, Middle Initial) Genda Zapolnik. Maling Address 1116 Rathfan Circle City Saline Mill 43176 FEC ID number of contributing C Name of Employer Huron Vallag Anthulance VP Support Operations Receipt For: Primary General Baline Mill 49176 Full Name (Last, First, Middle Initial) General Original Committee Primary General Primary General Other (specify) ₹ Saline Mill Aggregate Year-to-Date ₹ Occupation VP Support Operations Receipt For: Aggregate Year-to-Date ₹ Other (specify) ₹		Any information copied from such Reports and Si or for commercial purposes, other than using the	name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC) Full Name (Last, First, Middle Initial) Genda Zapolnik. Maling Address 1116 Rathfan Circle City Saline Mill 43176 FEC ID number of contributing C Name of Employer Huron Vallag Anthulance VP Support Operations Receipt For: Primary General Baline Mill 49176 Full Name (Last, First, Middle Initial) General Original Committee Primary General Primary General Other (specify) ₹ Saline Mill Aggregate Year-to-Date ₹ Occupation VP Support Operations Receipt For: Aggregate Year-to-Date ₹ Other (specify) ₹		11, 5			
✓ Full Name (Last, First, Middle Initial) Genda Zapolnik. Malling Address 1116 Rathfan Circle City State Zip Code Saline Mil 48176 FEC ID number of contributing C Interpret of Each Receipt in Period Primary General Occupation VP Support Operations Aggregate Year-to-Date Occupation VII Name (Last, First, Middle Initial) Occupation VP Support Operations General Obter (specify) ♥ 300.00 Contribution VP Support Operations Aggregate Year-to-Date Interpret of Perceipt Mailing Address 1116 Rathfan Circle Interpret of Perceipt Interpret of Perceipt City State Zip Code Amount of Each Receipt file Period Mailing Address 1116 Rathfan Circle Interpret of Perceipt Interpret of Perceipt City State Zip Code Amount of Each Receipt file Period Name of Enployeer Aggregate Year-to-Date Interpret of Perceipt Interpret of Perceipt Hurner Valley Athfoldance VP Support Operations Aggregate Year-to-Date Interpret of Perceipt				BAL PAC (AKA AMBU-PAC)	
Genet Zapoink Date of Receipt Mailing Address 1116 Rathfan Circle State Zip Code Saline Mil A3176 FEC ID number of contributing C Transaction Dis SA11A1.7718 Name of Employer Occupation VP Support Operations Receipt For: Aggregate Year-to-Date Occupation Walling Address 1116 Rathfan Circle State Zip Code Saline Mil 43176 Full Name (Laat, First, Middle Initial) General 05 2.0.1.1 City State Zip Code Mil 43176 FEC ID number of contributing C Image: State Zip Code Saline Mil 43176 Transaction D: SA11A1.7746 Mailing Address 1116 Rathfan Circle Occupation VP Support Operations Contribution Receipt For: Occupation VP Support Operations Contribution Contribution PEU Name of Last, First, Middle Initial) General Occupation Contribution Contribution Full Name (Last, First, Middle Initial) General 01 2.0.1.1 Transaction Dis SA11A1.776					
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s	UBTOTAL of Disbursements This Page (optional)	·			•							150.9	9		
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	NUMBER: PAGE 29/34								
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only X 21b 27	rone) 22 23 24 25 26 28a 28b 28c 29 30l							
Any Information copied from such Reports and State or for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE ASSOCIATIO	me and address of any political c	ommittee to sol								
	IN FEDERAL FAC (ARA AM	BU-FAC)								
Full Name (Last, First, Middle Initial) SunTrust Bank			Transaction ID: SB21B.7738 Date of Disbursement							
Mailing Address P.O. Box 622227			$ \begin{bmatrix} M & M \\ 0 & 4 \end{bmatrix} ^{M} \begin{pmatrix} D & D \\ 1 & 1 \end{bmatrix} ^{T} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 1 & 1 \end{bmatrix} $							
City Orlando	StateZip CodeFL32862-2227		Amount of Each Disbursement this Period							
Purpose of Disbursement SunTrust Merchant Fees Candidate Name	001	49.55								
		Category/ Type								
Office Sought: House Disbur Senate President State: District:	sement For: Primary General Other (specify) ▼									
Full Name (Last, First, Middle Initial) SunTrust Bank			Transaction ID: SB21B.7755 Date of Disbursement							
Mailing Address P.O. Box 622227			$\begin{bmatrix} M & M \\ 0 & 5 \end{bmatrix} \begin{pmatrix} D & D \\ 1 & 0 \end{bmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 1 & 1 \end{bmatrix}$							
City Orlando	StateZip CodeFL32862-2227		Amount of Each Disbursement this Period							
Purpose of Disbursement SunTrust Merchant Fees		001	10.71							
Candidate Name	Category/ Type									
Office Sought: House Disbur Senate President State: District:	sement For: Primary General Other (specify) ▼	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
Full Name (Last, First, Middle Initial) SunTrust Bank			Transaction ID: SB21B.7772 Date of Disbursement							
Mailing Address P.O. Box 622227			$\begin{array}{c} \begin{array}{c} M & M \\ 0 & 6 \end{array} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} D & D \\ 1 & 0 \end{array} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} Y \\ 2 & 0 & 1 & 1 \end{array} \begin{array}{c} Y \\ Y \\ \end{array} \begin{array}{c} Y \\ 2 & 0 & 1 & 1 \end{array} \end{array}$							
City Orlando	StateZip CodeFL32862-2227		Amount of Each Disbursement this Period							
Purpose of Disbursement SunTrust Merchant Fee		001	10.71							
Candidate Name	Category/ Type									
Office Sought: House Disbur Senate President State: District:	sement For: Primary General Other (specify) ▼									
SUBTOTAL of Disbursements This Page (optional)	►	70.97							
TOTAL This Period (last page this line number onl	·		966.01							
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SCHED	ULE E	B (FEC Form	3X)	Use sep	arate schedule(s)		-			R:			P	AGE	30 /	34
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	CAN AN	MBULANCE ASSO	OCIATION	FEDERA	L PAC (AKA A	MΒι	J-P/	AC)								
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City ALEXA	NDRIA			State VA	Zip Code 22314				Amou	int o	fEac	h C	Disburs	-		
Purpose Contribu		irsement bint fund-raising com	mittee				011							2:	500.00)
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Office S	ought:	House	Disburse	ement For:	2011		Туре	9								
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		First, Middle Initial)							Trans Date				SB23 ment	8.76	97	
Mailing A	Address	P. O. Box 178	13						0 ^M 2	М	/ D	1 !	5 /	Y 2	žoł·	I Y
City Richmo	and			State VA	Zip Code 23226				Amou	int o	f Eac	h [Disburs	eme	nt this I	Period
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State: V		District: 07														
		First, Middle Initial) USTANY JR. MD	FOR CON	IGRESS,	INC.				Date		sbur	ser				Y
Mailing A	Address	PO Box 80126							0 4			14	4	. 2	žo i	1
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		-	OR LINE	-	NUMBER: one)			PAGE 31/34						
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Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE ASSOCIATION	e and address of any political	com	imit	tee to so									s		
Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS Mailing Address 5915 Eastman Avenue					Tran Date	of D			mer	B23. nt		8 0 1	1 ^Y		
Suite 100 City	State Zip Code				Amo	unt c	of Ea			burse	men	t this	Perio		
Midland Purpose of Disbursement Contribution Candidate Name DAVID CAMP	MI 48640	Ca	01 ateg Typ	jory/							25	00.00)		
	ement For: 2012 Primary General Other (specify) ▼														
Full Name (Last, First, Middle Initial) DEMOCRATIC SENATORIAL CAMPAIGN Mailing Address 120 MARYLAND AVENU					Tran Date 0 6	of D			mer	B23. nt		7 0 1	1 ^Y		
City	State Zip Code									burse					
WASHINGTON Purpose of Disbursement Contribution Candidate Name	DC 20002	Ca	01 ateg Typ	jory/								00.00			
Senate	ement For: 2011 Primary General Other (specify)		1.26												
Full Name (Last, First, Middle Initial) FRIENDS OF ROSA DELAURO					Tran Date			ursei	mer	B23. nt		-	Y		
Mailing Address 12 TRUMBULL STREET					0 2	IVI		^D 1	5		2	0 ľ	1		
City NEW HAVEN	State Zip Code CT 06511				Amo	unt c	of Ea	ach [Disl	burse	-				
Purpose of Disbursement Contribution Candidate Name		Ca	-	jory/							12	50.00	,		
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		NUMBER:	PAGE 32/34					
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NAME OF COMMITTEE (In Full)									
AMERICAN AMBULANCE ASSOCIATION	FEDERAL PAC (AKA A	MBU-PAC)							
Full Name (Last, First, Middle Initial) FRIENDS OF SHERROD BROWN			Date of Disbu						
Mailing Address PO BOX 76187 Suite 800			06 /						
City WASHINGTON	StateZip CodeDC20013		Amount of Ea	ach Disbursement this Perio					
Purpose of Disbursement Contribution		011		500.00					
Candidate Name SHERROD BROWN		Category/ Type							
	ement For: 2012 Primary General Other (specify)								
State: OH District: 00 Full Name (Last, First, Middle Initial) HATCH ELECTION COMMITTEE INC			Transaction Date of Disbu	ID: SB23.7783 ursement					
Mailing Address 175 SOUTH WEST TEN		0 ^M 6 ^M	^D 27 / Y Y Y Y Y 2011						
City SALT LAKE CITY	State Zip Code UT 84101		Amount of Ea	ach Disbursement this Perio					
Purpose of Disbursement Contribution		011	L	2500.00					
Candidate Name ORRIN G HATCH		Category/ Type							
	ement For: 2012 Primary General Other (specify) ▼								
Full Name (Last, First, Middle Initial) KEVIN MCCARTHY FOR CONGRESS			Date of Disbu						
Mailing Address PO BOX 12667			0 ^M 4 ^M	^D 1 4 / ^Y 2 0 1 1					
City BAKERSFIELD	State Zip Code CA 93389		Amount of Ea	ach Disbursement this Perio					
Purpose of Disbursement Contribution		011	L	3500.00					
Candidate Name KEVIN MCCARTHY		Category/ Type							
Senate X President	ement For: 2012 Primary General Other (specify) ▼								
State: CA District: 22				6500.00					
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		-	-	E NUMBER:				PAGE 33 / 34					
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AMERICAN AMBULANCE ASSOCIATIO	ON FEDERAL PAC (AKA AM	ΜBI	J-P	PAC)										
Full Name (Last, First, Middle Initial) MICA FOR CONGRESS					Trar Date			burs	en		3.7 ⁻	-		V
Mailing Address P. O. BOX 181546					0 [°] t	5			2 0	Ď		Ź	0 1 ·	1
City CASSELBERRY	State Zip Code FL 32718				Amo	ount	of	Each	ו D	isbur	0			
Purpose of Disbursement Contribution			01	1								100	0.00)
Candidate Name JOHN L. MR. MICA			ateg Typ	gory/ De										
Office Sought: X House Disbu Senate President State: FL District: 07	Insement For: 2012 X Primary General Other (specify) ▼													
Full Name (Last, First, Middle Initial) POE FOR CONGRESS					Date	e of [burs	em		3.7			
Mailing Address P.O. BOX 14222					0 2	м 2	/	D.	13	3	Y	ž	0 1 -	ľ
City HUMBLE	State Zip Code TX 77347				Amo	ount	of	Each	ו D	isbur	•	0	-	
Purpose of Disbursement Contribution		_	01									100	0.00)
Candidate Name TED POE			ateg Typ	jory/ De										
Office Sought: X House Disbu Senate President State: TX District: 02	X Primary General Other (specify) ▼													
Full Name (Last, First, Middle Initial) RICHARD E NEAL FOR CONGRESS					Date	e of [burs	en		3.7 [.]			
Mailing Address 76 MAGNOLIA TERRACE					04 ^M /28/2011									
City SPRINGFIELD	State Zip Code MA 01108				Amo	ount	of	Each	ו D	isbur	sem		-	_
Purpose of Disbursement 011 Contribution 011 Candidate Name Category/ RICHARD E NEAL Type												25	50.00)
Senate President	xrsement For: 2012 X Primary General Other (specify) ▼													
State MA District 02 I														
State: MA District: 02 SUBTOTAL of Disbursements This Page (option	al)			►							2	25	0.00)

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		y Information copied from such Reports and Statem or commercial purposes, other than using the name NAME OF COMMITTEE (In Full)									
	\rangle	AMERICAN AMBULANCE ASSOCIATION	FEDERAL PAC (AKA AI	MBU-PAC)							
Α.		Full Name (Last, First, Middle Initial) SENSENBRENNER COMMITTEE Mailing Address P. O. BOX 575		Transaction ID: SB23.7779 Date of Disbursement 0.6 / 0.7 / $2.0.11$							
		7	State Zip Code WI 53008		Amount of Each Disbursement this Period						
		Purpose of Disbursement Contribution		011	1000.00						
		Candidate Name F JAMES JR SENSENBRENNER		Category/ Type							
		Office Sought: X House Disburse Senate X President State: WI District: 05	ment For: 2012 Primary General Other (specify) ▼								

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