

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS
For Other Than An Authorized Committee

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1. NAME OF COMMITTEE (in full) TYPE OR PRINT

Example: If typing, type over the lines.

ASSOCIATION OF AIR MEDICAL SERVICES POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 9109 N WASHINGTON STREET
SUITE 4110
ALEXANDRIA VA 22314

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C00410431

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)

- (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 (M8)
 - Sep 20 (M9)
 - Oct 20 (M10)
 - Nov 20 (M11) (Non-Election Year Only)
 - Dec 20 (M12) (Non-Election Year Only)
 - Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
 - Primary (12P)
 - Convention (12C)
 - General (12G)
 - Special (12S)
 - Runoff (12R)

Election on [] / [] / [] in the State of []

- (d) 30-Day POST-Election Report for the:
 - General (30G)
 - Runoff (30R)
 - Special (30S)

Election on [] / [] / [] in the State of []

5. Covering Period 01 01 2014 through 03 31 2014

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 Gregory P. Lynskey

Signature of Treasurer *Gregory P. Lynskey*

Date 04 14 2014

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

Office Use Only

FEC FORM 3X
Rev. 12/2004

14031223670

STATE SUMMARY REPORT OF RECEIPTS AND DISBURSEMENTS

FEC Form 28 (Rev. 02/2009)

Page 2

Write or Type Committee Name

Association of Air Medical Services PAC

Report Covering the Period:

From:

01 / 01 / 2014

To:

03 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014		15,083.22
(b) Cash on Hand at Beginning of Reporting Period	15,083.22	
(c) Total Receipts (from Line 19)	1,750.00	1,750.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	16,833.22	16,833.22
7. Total Disbursements (from Line 31)	126.20	126.20
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	16,707.02	16,707.02
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
900 E Street, NW
Washington, DC 20463

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

14031223671

DETAILED SUMMARY PAGE
of Receipts

FEC Form 278 (Rev. 06/2004)

Page 3

Write or Type Committee Name

Association of Air Medical Services PAC

Report Covering the Period: From:

01 / 01 / 2014

To:

03 / 31 / 2014

1. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individual Persons Other Than Political Committees

(i) Limited (use Schedule A).....

1,750.00

1,750.00

(ii) Unlimited.....

0.00

0.00

(iii) TOTAL (add

Lines 11(i) and (ii).....

1,750.00

1,750.00

(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)(i), (b), and (c)) (Carry

Totals to line 23, page 5).....

1,750.00

1,750.00

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)).....

1,750.00

1,750.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....

1,750.00

1,750.00

14031223672

**DETAILED SUMMARY PAGE
of Disbursements**

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements

**COLUMN 2
Total This Period**

**COLUMN 3
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	126.20	126.20
(c) Total Operating Expenditures (add #1(a)(i), (a)(ii), and (b))	126.20	126.20
22. Transfers to Another Party		
Committee	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 H8)		
(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)) ..	126.20	126.20
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	126.20	126.20

14031223673

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

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

FOR LINE NUMBER: PAGE 1 OF 2
(check only one)
 11a 11b 11c 12
 13 14 15 16 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 PAC

Full Name (Last, First, Middle Initial)

A. Pickering, Timothy R

Mailing Address

3948 Indian Ridge LN

City

Defiance

MO

63341

FEC ID number of contributing federal political committee.

C

Name of Employer

Air Evac EMS, Inc.

Occupation

Director of Government Affairs

Receipt For:

Primary
 General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 ' 12 ' 2014

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Lynskey, Gregory P

Mailing Address

2943 Sycamore Street

City

Alexandria

VA

22305

FEC ID number of contributing federal political committee.

C

Name of Employer

Assoc. of Air Medical Services

Occupation

Government Relations Manager

Receipt For:

Primary
 General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 ' 12 ' 2014

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Shedock, Richard

Mailing Address

7109 Penguin Place

City

Falls Church

VA

22043

FEC ID number of contributing federal political committee.

C

Name of Employer

Assoc. of Air Medical Services

Occupation

President and CEO

Receipt For:

Primary
 General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 ' 13 ' 2014

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

.....

14031223675

**SCHEDULE A (FEC Form 8X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 2 OF 2

<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Association of Air Medical Services PAC

Full Name (Last, First, Middle Initial)

A. Frakes, Michael A.

Mailing Address

41 Cooper Road

City

Manfield

State

MA

Zip Code

02048

FEC ID number of contributing federal political committee.

C

Name of Employer

Boston MedFlight

Occupation

Director, Clinical Services + Organizational Quality

Receipt For:

Primary General
 Other (specify) ☐

Aggregate Year-to-Date

250.00

Date of Receipt

03 / 15 / 2014

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Arkus, Martin

Mailing Address

10490 North Pistachio Ave

City

Tucson

State

AZ

Zip Code

85737

FEC ID number of contributing federal political committee.

C

Name of Employer

Med-Trans Corporation

Occupation

Director

Receipt For:

Primary General
 Other (specify) ☐

Aggregate Year-to-Date

250.00

Date of Receipt

03 / 17 / 2014

Amount of Each Receipt this Period

250.00

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

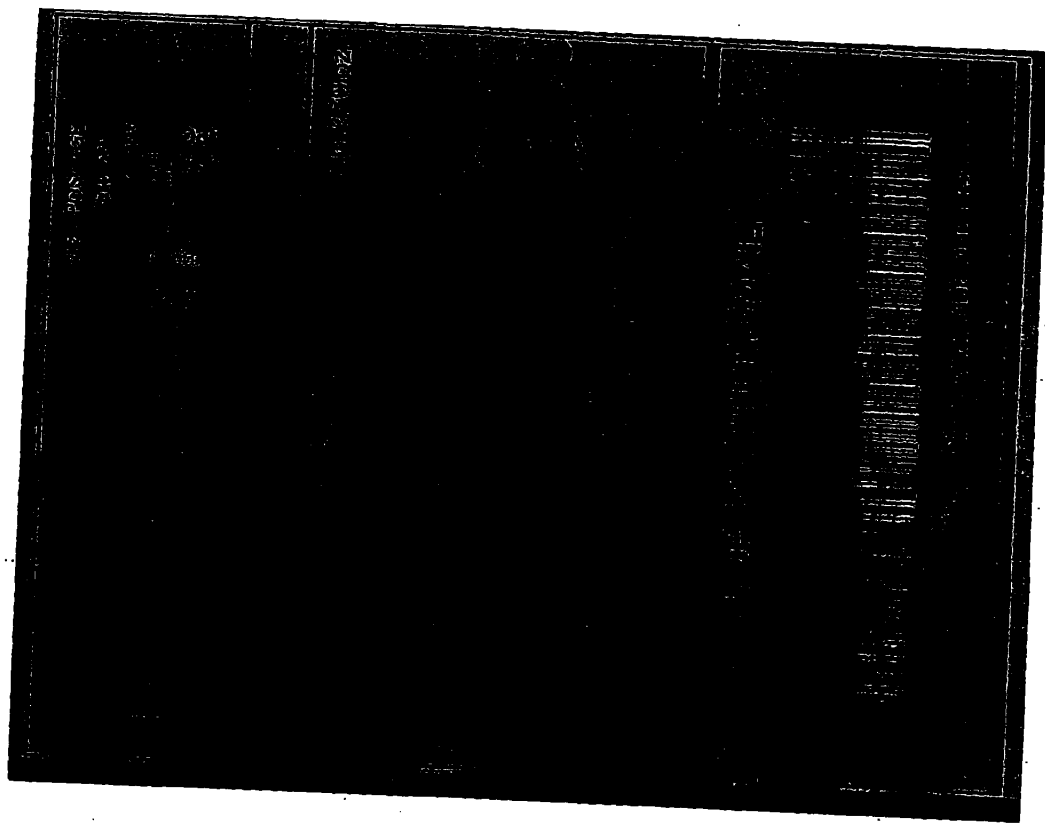
TOTAL This Period (last page this line number only)

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ASSOCIATION OF AIR MEDICAL SERVICES
909 NORTH WASHINGTON STREET
SUITE 410
ALEXANDRIA, VA 22314



Federal Election Commission
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 The FEC added this page to the end of this filing to indicate how it was received.

14031223678

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<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER	4/21/14 DATE PREPARED