Image# 14961546767				PAGE 1 / 15
FEC AN	PORT OF RE	MENTS	0#	Och
1. NAME OF TYP	E OR PRINT V	Example: If typing, type		se Only
COMMITTEE (in full)		ver the lines.	12FE4M5	
American Ambulance Ass	ociation Federal Pac	(Aka Ambu-Pac)		
ADDRESS (number and street)	100 Westpark Drive			
Check if different	econd Floor			
than previously M reported. (ACC)	lcLean		VA 22102	2
2. FEC IDENTIFICATION NUMB				ZIP CODE
C C00168070	3. IS THI REPO		AMENDED (A)	
 4. TYPE OF REPORT (In the constraint of the constra	b) Monthly Report Due On: Mar 20 (N			Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
April 15	Apr 20 (N	4) Jul 20 (M7)	Oct 20 (M10)	
Quarterly Report (Q1)	(c) 12-Day	Primary (12P)	General (12G)	Runoff (12R)
October 15	Report for the:	Convention (12C)	Special (12S)	
Quarterly Report (Q3) January 31 Year-End Report (YE)	Election on	M M / D /	Y Y Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election	General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Report for the:	M = M / D = D /	Y Y Y Y Y Y	in the State of
5. Covering Period 04	01 / Y Y Y Y 01 2014	through 06	/ D D / Y Y 30 20	Y Y 14
I certify that I have examined this Re	eport and to the best of my k	nowledge and belief it is tr	rue, correct and comple	te.
Type or Print Name of Treasurer D	enise Clark			
Signature of Treasurer	rk	[Electronically Filed]	Date 07 / 10) / Y Y Y Y 2014
NOTE: Submission of false, erroneous,	or incomplete information may	subject the person signing	this Report to the penalti	ies of 2 U.S.C. §437g.
Office Use Only				FORM 3X Rev. 12/2004

07/10/2014 12 : 27

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

American Ambulance Association Federal Pac (Aka Ambu-Pac)

R	eport Covering the Period: From:	4 01 / Y Y Y Y 2014 To	b: 06 / D = D / Y = Y = Y = Y 2014
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2014		64168.09
	(b) Cash on Hand at Beginning of Reporting Period	53511.62	
	(c) Total Receipts (from Line 19)	4991.73	9335.26
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	58503.35	73503.35
7.	Total Disbursements (from Line 31)	3000.00	18000.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	55503.35	55503.35
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

X

Γ		TAILED SUMMARY PAGE of Receipts	٦
	FEC Form 3X (Rev. 06/2004)		Page 3
	/rite or Type Committee Name		
F	merican Ambulance Association Fe	ederal Pac (Aka Ambu-Pac)	
R	eport Covering the Period: From: 04	/ D D / Y Y Y Y 01 _2014 _	To: 06 30 / Y Y Y Y Y 2014
	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)	4749.98	7916.64
	(ii) Unitemized	225.00	1383.32
	(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	4974.98	9299.96
	(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)	4974.98	9299.96
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
17	to Federal Candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	16.75	35.30
	(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))▶	4991.73	9335.26
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	4991.73	9335.26

Image# 14961546769

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)		Page 4
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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	0.0
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b))	• 0.00	0.0
Transfers to Affiliated/Other Party Committees	0.00	0.0
Contributions to Federal Candidates/Committees and Other Political Committees	3000.00	18000.00
Independent Expenditures		
(use Schedule E) Coordinated Party Expenditures	0.00	0.0
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
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
Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C. §431(20 (a) Allocated Federal Election Activity (from Schedule H6)	2)))	
(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	0.0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))I	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	3000.00	18000.0
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	3000.00	18000.00
		1000.00

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DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	4974.98	9299.96
 Total Contribution Refunds (from Line 28(d)) 	0.00	0.00
 Net Contributions (other than loans) (subtract Line 34 from Line 33) 	4974.98	9299.96
 add Line 21(a)(i) and Line 21(b)) 	0.00	0.00
 Offsets to Operating Expenditures (from Line 15, page 3) 	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
or for commercial purposes, other than usin			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Ambulance Assoc	ciation Federa	al Pac (Aka Ambu-Pac)
Full Name (Last, First, Middle Initial) A. Shawn Baird Mailing Address 1346 SE Tenind St City Portland FEC ID number of contributing federal political committee. Name of Employer Woodburn Ambulance Service Receipt For: Primary General	State OR C Occupation Co-owner Aggregate	Zip Code 97202 Year-to-Date ▼	Date of Receipt 06 / 11 / 2014 Transaction ID : C2770988 Amount of Each Receipt this Period
Other (specify) ▼ Full Name (Last, First, Middle Initial)		250.00	
B. Bruce Baxter Mailing Address 5 Shapleigh Avenue City Haverhill	State MA	Zip Code 01830	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer New Britain EMS, Inc.	Occupation Chief Execu		150.00
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]
Full Name (Last, First, Middle Initial) C. Dale Berry Mailing Address 10188 Royce Drive Sout City	h State	Zip Code	Date of Receipt
Lyon FEC ID number of contributing federal political committee.	М	48108	Transaction ID : C2770993 Amount of Each Receipt this Period 250.00
Name of Employer Huron Valley Ambulance, Inc. Receipt For: Primary General Other (specify)	Occupation President/C Aggregate]
SUBTOTAL of Receipts This Page (optional	al)		525.00
TOTAL This Period (last page this line nur	mber only)		

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

PAGE 7 OF

15

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)							
II EIVIIZED RECEIPIS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
			erson for the purpose of soliciting contributions to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)										
American Ambulance Assoc	ciation Federa	al Pac (Aka Ambu-Pac)							
Full Name (Last, First, Middle Initial) A. Janice Carbonneau			Date of Receipt							
Mailing Address 54 Ridgewood Drive			M = M / D = D / Y = Y = Y = Y							
City	State	Zip Code	06 11 2014 Transaction ID : C2770984							
Atkinson	NH	03811	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		150.00							
Name of Employer	Occupation									
New Britain EMS, Inc.	Asst Chief I	Executive Officer	_							
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify) ▼		300.00								
Full Name (Last, First, Middle Initial) B. Jerry Donahue			Date of Descript							
Mailing Address 417 Lackawanna Ave			Date of Receipt							
			06 11 2014							
City	State	Zip Code	Transaction ID : C2770992							
Scranton	PA	18503	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		250.00							
Name of Employer	Occupation									
Greater Columbia Medical Transport Receipt For:	Managing F									
Primary General	Aggregate	Year-to-Date ▼								
Other (specify)		500.00								
Full Name (Last, First, Middle Initial) C. Debora Mary Gault			Date of Receipt							
Mailing Address 5502 North West Highw	ау		M M / D D / Y Y Y Y Y 04 07 _2014 _							
City	State	Zip Code	Transaction ID : C2770969							
Waterford	WI	53185	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		83.33							
Name of Employer	Occupation	I								
AMR - Corporate	Vice Presid	ent, Federal Reimbursements	_							
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify)		499.98								
SUBTOTAL of Receipts This Page (option	al)		483.33							
TOTAL This Period (last page this line nu	mber only)									

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTO

FOR LINE NUMBER:

(check only one)

PAGE 8 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than us	and Statements may not be sold or used by any sing the name and address of any political committe	person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Ambulance Asso	ociation Federal Pac (Aka Ambu-Pa	с)
Full Name (Last, First, Middle Initial) Debora Mary Gault Mailing Address 5502 North West High	way	Date of Receipt
<u></u>		05 08 2014
City Waterford	State Zip Code WI 53185	Transaction ID : C2770974 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer	Occupation	
AMR - Corporate	Vice President, Federal Reimbursements	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify) ▼	499.98	
Full Name (Last, First, Middle Initial) B. Debora Mary Gault		Date of Receipt
Mailing Address 5502 North West High		06 10 / Y Y Y Y Y 06 10 2014
City	State Zip Code WI 53185	Transaction ID : C2770981
Waterford FEC ID number of contributing federal political committee.	WI 53185	Amount of Each Receipt this Period
Name of Employer AMR - Corporate	Occupation Vice President, Federal Reimbursements	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98]
Full Name (Last, First, Middle Initial) C. Harvey Hall		Date of Receipt
Mailing Address 1001 21st Street		04 07 Y Y Y Y Y 2014
City Bakersfield	State Zip Code CA 93301	Transaction ID : C2768607
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer	Occupation	
Hall Ambulance Service, Inc.	Information Requested	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1500.00	
SUBTOTAL of Receipts This Page (optic	nal)	416.66
	umber only)	

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

PAGE 9 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(che	ck only	/ or	ie)	L		
		for each category of the Detailed Summary Page		11a 13		11b 14	11c	12	17
Any information copied from such Reports or for commercial purposes, other than us				or the		oose of	soliciting	g contribu	utions
NAME OF COMMITTEE (In Full)									
American Ambulance Asso	ciation Federa	al Pac (Aka Ambu-Pac	;)						
Full Name (Last, First, Middle Initial) A. Harvey Hall				Date of	Re	ceipt			
Mailing Address 1001 21st Street			1	M M	/	DD	/ Y	Y Y	Y
City	State	Zip Code		04 Trans	acti	11 on ID : (C276860	2014 08	
Bakersfield	CA	93301	A					is Period	d
FEC ID number of contributing federal political committee.	С					9		25	0.00
Name of Employer	Occupation								
Hall Ambulance Service, Inc.	Information	Requested							
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify) ▼		1500.00							
Full Name (Last, First, Middle Initial) B. Harvey Hall				Date of	Re	ceipt			
Mailing Address 1001 21st Street				м м 05	/	07	/ Y	2014	Y
City	State	Zip Code					C277097		
Bakersfield	CA	93301	A	mount	of	Each R	eceipt th	is Period	d
FEC ID number of contributing federal political committee.	C					9		250	0.00
Name of Employer Hall Ambulance Service, Inc.	Occupation								
Receipt For:	Information	•	_						
Primary General	Aggregate	Year-to-Date ▼	1.						
Other (specify)	_ L	1500.00							
Full Name (Last, First, Middle Initial) C. Harvey Hall	·			Date of	Re	ceipt			
Mailing Address 1001 21st Street				м м 06	/	D D 06	/ Y	ү ү 2014	Y
City	State CA	Zip Code					C277097		
Bakersfield	CA	93301	A	mount	of	Each R	eceipt th	is Period	d
FEC ID number of contributing federal political committee.	C					7		25	0.00
Name of Employer	Occupation								
Hall Ambulance Service, Inc. Receipt For:	Information		_						
Primary General	Aggregate	Year-to-Date ▼	- L -						
Other (specify)		1500.00							
SUBTOTAL of Receipts This Page (optio	nal)			-		,		750	0.00
TOTAL This Period (last page this line n	umber only)					7	- J		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER:

(check only one)

PAGE 10 OF

			Detailed Summary Page		-		11b	11c		12	
Δr	y information copied from such Reports and S	Statements ma	av not be sold or used by any pe		13 for the i		14	15 soliciting		16 ntribut	17 ions
or	for commercial purposes, other than using the	e name and a	ddress of any political committee	e to so	plicit con	ntribu	itions fr	om such	1 CO	mmitte	e.
\backslash	NAME OF COMMITTEE (In Full)		/								
	American Ambulance Associati	on Federa	al Pac (Aka Ambu-Pac))							
Α.	Full Name (Last, First, Middle Initial) Rachel Harracksing				Date of	Rec	eipt				
	Mailing Address 10633 Vista Alegre				м – м 06	/	D D D	/ Y	ү 2() 14	Y
	City	State	Zip Code		Transa	actic	on ID : (C277098	7		
	El Paso	ТХ	79925	_	Amount	of E	Each Re	eceipt thi	is P	eriod	
	FEC ID number of contributing federal political committee.	С							_	250.	00
	Name of Employer	Occupation									
	Life Ambulance Service	President									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		500.00								
В.	Full Name (Last, First, Middle Initial) David Hill				Date of	Rec	eipt				
	Mailing Address 395 W. Lake St.				м м 06	/	D D D 11	/ Y	ү 20)14	Y
	City	State	Zip Code		Transa	actio	n ID : (C277099	1		_
	Elmhurst	IL	60126	_	Amount	of E	Each Re	eceipt thi	is P	eriod	
	FEC ID number of contributing federal political committee.	С			<u> </u>				_	250.	00
	Name of Employer Superior Air-Ground Ambulance Service,	Occupation President/C									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		500.00								
С.	Full Name (Last, First, Middle Initial) Jon Howell				Date of	Rec	eipt				
	Mailing Address 251 Bishop Farm Way				м м 06	/	D D 11	/ Y)14	Y
	City Huntsville	State AL	Zip Code 35807	-				C277098			
		_	33007		Amount	of E	ach Re	eceipt thi	is P	eriod	_
	FEC ID number of contributing federal political committee.	С			L			7	_	125.	00
	Name of Employer	Occupation									
	Huntsville Emergency Medical Services,	CEO									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		, 250.00								
s	UBTOTAL of Receipts This Page (optional)		····· •	•						625.	00
т	OTAL This Period (last page this line number	only)		•				,			

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 11 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page		_		-	1b	11c		12		
A	uinformation conied from such Departs and O	totomorte			13		_	4	15		16	17	
or	y information copied from such Reports and S for commercial purposes, other than using the												
\backslash	NAME OF COMMITTEE (In Full)												
	American Ambulance Association	on Federa	al Pac (Aka Ambu-Pac)									
	Full Name (Last, First, Middle Initial) Steve Murphy				Date c	of Re	ece	eipt					
	Mailing Address 100 S Birch Road				M N	1 /		D	D /	Y	Y Y	Y	
	Suite 901				06		I.	11		2	2014		
	City	State	Zip Code		Tran	sact	tio	n ID :	C2770	994			
	Fort Lauderdale	FL	33316	_	Amour	nt of	Ea	ach F	Receipt	this	Period		
	FEC ID number of contributing federal political committee.	С					,				250	.00	
	Name of Employer	Occupation		_									
	AMR	Executive V	P, Government and National										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General												
	Other (specify)		500.00										
	Full Name (Last, First, Middle Initial)				Date o	of Re	000	aint					
	Mailing Address 29251 Patassium St NW			_				·		V	vv	V	
			06 11 2014										
	City	State		Transaction ID : C2770986 Amount of Each Receipt this Period									
	Isanti	MN	_										
	FEC ID number of contributing federal political committee.	С					,				650.	00	
	Name of Employer	Occupation		_									
	Lakes Region EMS	Executive D	irector										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General		4000.00										
	Other (specify)		1300.00										
	Full Name (Last, First, Middle Initial) JulieAnn Rose				Date c	of Re	ece	eipt					
	Mailing Address 1123 Chestnut Drive				04	/	′	D 07			y y 2014	Y	
	City	State	Zip Code		Tran	sact	tio	n ID :	: C2770	970			
	Ashtabula	OH	44004		Amour	nt of	Ea	ach F	Receipt	this	Period		
	FEC ID number of contributing federal political committee.	С					,				83	.33	
	Name of Employer	Occupation		_									
	Community Care Ambulance Network	Executive D	irector										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General	55 - 5											
	Other (specify)		499.98										
S	UBTOTAL of Receipts This Page (optional)			<u> </u>			7		7		983.	33	
т	OTAL This Period (last page this line number of	only)		•			7						

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

FOR LINE NUMBER:

(check only one)

PAGE 12 OF

	J RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b 14	11c 15	12 16	17
or for comme	on copied from such Reports and prcial purposes, other than using th	Statements mane name and a	ay not be sold or used by any poddress of any political committee	erson fo e to soli	or the cit cor	purp ntrib	oose of utions f	soliciting	3 contribu h commit	itions tee.
	COMMITTEE (In Full) can Ambulance Associat	ion Federa	al Pac (Aka Ambu-Pac)						
A. JulieAn	(Last, First, Middle Initial) n Rose Idress 1123 Chestnut Drive			_	ate of	Re	ceipt		YYY	V
City		State	Zip Code	41	05	acti	08	C27709	2014	
Ashtabula		OH	44004						nis Period	ł
	umber of contributing litical committee.	С					7			3.33
Name of E Communit	Employer y Care Ambulance Network	Occupation Executive D								
Receipt Fo	or:		Year-to-Date ▼							
Othe	er (specify) ▼	L	499.98							
Full Name B. JulieAn	(Last, First, Middle Initial) n Rose			D	ate of	Re	ceipt			
Mailing Ad	dress 1123 Chestnut Drive				м м 06	/	10	/ Y	2014	Y
City		State	Zip Code		Trans	acti	on ID :	C277098	32	
Ashtabula		OH	44004	A	mount	of	Each R	leceipt th	nis Perioc	ł
	umber of contributing litical committee.	С					,	7	83	3.33
Name of E Community	Employer y Care Ambulance Network	Occupation Executive D								
Receipt Fo		Aggregate	Year-to-Date ▼ 499.98							
Full Name c. Randy	(Last, First, Middle Initial)				ate of	Be	ceipt			
	Idress 9209 181 Street Avenue Eas	st		_	м м 04	/	07	/ Y	2014	Y
City		State	Zip Code		Trans	acti	ion ID :	C27686	17	
Bonney L	ake	WA	98391	A	mount	of	Each R	leceipt th	nis Perioc	ł
	umber of contributing litical committee.	С					,		10	0.00
Name of E	Employer	Occupation		_						
AMR - Cor	rporate	Senior VP,	Operations							
Receipt Fo		Aggregate	Year-to-Date ▼							
Othe	ary General er (specify) ▼		600.00							
SUBTOTAL	of Receipts This Page (optional)								266	5.66
TOTAL This	Period (last page this line numbe	r only)					,			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER:

(check only one)

PAGE 13 OF

		Detailed Summary Page		11a		11b		11c		12				
Any information copied from such Reports and S	Statemonto m	av not be cold or used by any m		13 or the		14	f	15		16 atribut	17			
or for commercial purposes, other than using the														
NAME OF COMMITTEE (In Full)														
American Ambulance Associati	on Federa	al Pac (Aka Ambu-Pac)											
Full Name (Last, First, Middle Initial) A. Randy Strozyk														
Mailing Address 9209 181 Street Avenue East		м м 05	/	08		/ Y	Y 20)14	Y					
City	State	Zip Code		Trans	acti	ion ID	: C	277097	2					
Bonney Lake	WA	98391	/	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С					,		y		100.	.00			
Name of Employer	Occupation													
AMR - Corporate	Senior VP,	Operations												
Receipt For:	Aggregate	Year-to-Date ▼												
Primary General Other (specify) ▼		600.00												
Full Name (Last, First, Middle Initial) B. Randy Strozyk			[Date of	Re	ceipt								
Mailing Address 9209 181 Street Avenue East		M = M / D = D / Y = Y = Y = Y Y 06 10 2014												
City														
Bonney Lake	WA	98391	/	Amount	t of	Each	Rec	eipt th	is P	eriod				
FEC ID number of contributing federal political committee.	С					,		J		100.	00			
Name of Employer	r Occupation													
AMR - Corporate	Senior VP,	Operations												
Receipt For:	Aggregate	Year-to-Date ▼												
Primary General		600.00	11											
Other (specify)		, , , , , , , , , , , , , , , , , , , ,	4											
Full Name (Last, First, Middle Initial) Ronald Thackery					Date of Receipt									
Mailing Address 6200 S. Syracuse Way #200				м м 06	/	D 11		/ Y) 14	Y			
City	State	Zip Code 80111		Trans	acti	ion ID	: C	277098	39					
Greenwood Village	CO	A	Amount	t of	Each	Rec	eipt th	is P	eriod					
FEC ID number of contributing federal political committee.	С					,		J		250	.00			
Name of Employer	Name of Employer Occupation													
AMR - Corporate	VP, Safety	& Risk Mgmt												
Receipt For:	Aggregate	Year-to-Date ▼												
Primary General		500.00	1											
Other (specify)		500.00												
SUBTOTAL of Receipts This Page (optional)			_	-		-	-	-	-		-			
		••••••				,		7		450.	00			

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

FOR LINE NUMBER:

(check only one)

PAGE 14 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17											
or for commercial purposes, other than usin	and Statements mang the name and a	y not be sold or used by any p ddress of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.											
NAME OF COMMITTEE (In Full) American Ambulance Assoc	ciation Federa	al Pac (Aka Ambu-Pac	;)											
Full Name (Last, First, Middle Initial) Larry Wiersch Mailing Address 4846 Five Point Road			Date of Receipt											
City New Tripoli	State PA	Zip Code 18066	06 11 2014 Transaction ID : C2770990											
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period											
Name of Employer Cetronia Ambulance Corps, Inc Receipt For: Primary General Other (specify) ▼	Occupation Executive D Aggregate	irector Year-to-Date ▼ 500.00	-											
B. Full Name (Last, First, Middle Initial)	Otete	Zin Onde	Date of Receipt											
City FEC ID number of contributing federal political committee. Name of Employer	State C Occupation	Zip Code	Amount of Each Receipt this Period											
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼]											
Full Name (Last, First, Middle Initial) C.			Date of Receipt											
Mailing Address	State	Zip Code	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С													
Name of Employer	Occupation													
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼]											
SUBTOTAL of Receipts This Page (option	al)		250.00											
TOTAL This Period (last page this line nur	mber only)		4749.98											

S	CHEDULE B (FEC Form 3X)			FC	DR I		IUMBE	R:			PA	GE	15 (DF 15				
IT	EMIZED DISBURSEMENTS	Use separat for each cat			k only	nly one)												
		Detailed Sur			21b 27	22 28a	a X	23 28b		24 28c		25 29	26 30b					
	y information copied from such Reports and Stater for commercial purposes, other than using the nan																	
$\left \right\rangle$	NAME OF COMMITTEE (In Full)																	
	American Ambulance Association	Federal Pa	ac (Aka An	nbu-	Pa	ac)												
Α.	Full Name (Last, First, Middle Initial) Friends of Dave Joyce		Date	of Di	sburse	eme	ent											
	Mailing Address 320 Kenarden Dr							M /	D	D 09	/ Y		й 014	Y				
	City	State Z	ip Code															
	Cleveland		4143-3710				Transaction ID : D159464											
	Purpose of Disbursement Contribution				-		Amount of Each Disbursement this Period											
	Candidate Name			Cate	egor	y/	1000.00											
	David Joyce				/pe			-	7	-	- 7	-	1000	.00				
	Office Sought: X House Disburser Senate President	nent For: 201 Primary Other (specify	General															
	State: OH District: 14																	
в.	Full Name (Last, First, Middle Initial) Walsh for Montana						Date	of Di	sburse	eme	ent							
	Mailing Address PO Box 1724							06 / Y Y Y Y Y 06 2014										
	City	State Z	ip Code				Tra	nsac	tion IF	ר ר	115046	5						
	Helena Purpose of Disbursement	MT t	59624-1724				Transaction ID : D159465											
	Contribution					Amount of Each Disbursement this Period 2000.00												
	Candidate Name		Cate	gor	·v/													
	John Walsh				/pe			-	7	-	- 7	-	2000).00				
	Office Sought: House Disburser Senate President	nent For: 201 Primary Other (specify	K General															
	State: MT District:																	
C.	Full Name (Last, First, Middle Initial)							Date of Disbursement										
	Mailing Address		M	M /	D	D	/ Y	Y	Y	Y								
	City	ip Code																
	Purpose of Disbursement																	
	Candidate Name					ry/	Amount of Each Disbursement this Period											
	Office Sought: House Disburser Senate President	nent For: Primary Other (specify	General) ▼		/pe				-									
_	State: District:									_								
s	UBTOTAL of Disbursements This Page (optional)					►			7		,		3000	.00				
Т	OTAL This Period (last page this line number only)								,				3000	.00				