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### **FEC** FORM 3Y

### **REPORT OF RECEIPTS AND DISBURSEMENTS**

|   | Other Than An              | - dtiioiize     | Committee       |                     |                 | Office Use Only                                     |
|---|----------------------------|-----------------|-----------------|---------------------|-----------------|---|
| NAME OF TYPE COMMITTEE (in full)                            | PE OR PRINT ▼              |                 | mple: If typir  | ng, type            | 12FE4M          |   |
| , ,   |                            |                 |                 |                     |                 |   |
| AMERICAN AMBULANC   | E ASSOCIATIC               | ON FEDE         | RAL PAC         | CAKA AN             | /IBU-PAC)       | )   |
| <u> </u>  |                            |                 |                 |                     |                 |   |
| ADDRESS (number and street)                                 | 201 WILSON BLVD            |                 |                 |                     |                 |   |
| Check if different  | 7TH FLOOR                  |                 |                 |                     |                 |   |
| than previously reported. (ACC)                             | ARLINGTON                  |                 |                 |                     | VA L            | 22209   |
| 2. FEC IDENTIFICATION NUME                                  | BER ▼                      | CITY ▲          |                 | 5                   | STATE <b>A</b>  | ZIP CODE ▲  |
| C C00168070   | 3                          | IS THIS REPORT  |                 | IEW<br>N) <b>OR</b> | AM (A)          | IENDED  |
| 4. TYPE OF REPORT (Choose One)                              | (b) Monthly Report Due On: | Feb 20 (M2)     |                 | May 20 (M5)         | Aug             | 20 (M8) Nov 20 (M11) (Non-Election Year Only)       |
| (a) Quarterly Reports:                                      | L                          | Mar 20 (M3)     |                 | lun 20 (M6)         |                 | 20 (M9) Dec 20 (M12)<br>(Non-Election<br>Year Only) |
| April 15 Quarterly Report (Q1)                              |                            | Apr 20 (M4)     |                 | Jul 20 (M7)         | Oct 2           | 20 (M10) Jan 31 (YE)                                |
| July 15 Quarterly Report (Q2)                               | (c) 12-Day  PRE-Election   | Ш               | Primary (12P    | )                   | General         | (12G) Runoff (12R)                                  |
| October 15 Quarterly Report (Q3)                            | Report for the             | e:              | Convention (    | 12C)                | Special (       | 12S)  |
| January 31 Year-End Report (YE)                             | Ele                        | ection on       | M = M /         | D   D /             | Y               | in the State of                                     |
| July 31 Mid-Year<br>Report (Non-election<br>Year Only) (MY) | (d) 30-Day POST-Electio    |                 | General (300    | à)                  | Runoff (3       | Special (30S)                                       |
| Termination Report (TER)                                    | Report for the             | e:<br>ection on | M = M /         | D = D /             | Y " Y " Y " Y   | in the<br>State of                                  |
| 5. Covering Period 07                                       | 01 20                      | 21              | through         | M M 12              | 31              | 2021  |
| I certify that I have examined this F                       |                            | st of my know   | wledge and b    | pelief it is tru    | e, correct and  | d complete.   |
| Type or Print Name of Treasurer                             | Rose, Julie Ann, , ,       |                 |                 |                     |                 |   |
| Signature of Treasurer  Rose, Juli                          | e Ann, , ,                 |                 | [Electronically | Filed] D            | ate 01          | 27 / 2022   |
| NOTE: Submission of false, erroneous                        | , or incomplete inform     | ation may su    | bject the pers  | son signing th      | is Report to th | ne penalties of 52 U.S.C. § 30109                   |
| Office Use Only   |                            |                 |                 |                     |                 | FEC FORM 3X<br>Rev. 05/2016                         |

### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016) Page 2

Write or Type Committee Name

#### AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

07 01 2021 12 31 2021 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 196590.90 January 1. 2021 (b) Cash on Hand at 189389.10 Beginning of Reporting Period..... 57100.00 65898.20 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 262489.10 246489.10 6(a) and 6(c) for Column B)..... 19500.00 35500.00 7. Total Disbursements (from Line 31)..... Cash on Hand at Close of 8. Reporting Period 226989.10 226989.10 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

### AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

| R   | eport Covering the Period: From:   |                               | 12 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
|-----|--|-------------------------------|---|
|     | I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date           |
| 11. | Contributions (other than loans) From:  (a) Individuals/Persons Other  Than Political Committees                         |                               |   |
|     | (i) Itemized (use Schedule A)  | 52300.00                      | 58650.00                                    |
|     | (ii) Unitemized  | 4800.00                       | 6000.00                                     |
|     | (iii) TOTAL (add<br>Lines 11(a)(i) and (ii)▶   | 57100.00                      | 64650.00                                    |
|     | (b) Political Party Committees   | 0.00                          | 0.00  |
|     | (c) Other Political Committees (such as PACs)  | 0.00                          | 0.00  |
| 12  | 11(a)(iii), (b), and (c)) (Carry  Totals to Line 33, page 5)  Transfers From Affiliated/Other                            | 57100.00                      | 64650.00                                    |
| 12. | 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 to Federal Candidates and Other | 0.00                          | 1248.20                                     |
| 17  | Political Committees   | 0.00                          | 0.00  |
|     | (Dividends, Interest, etc.)<br>Transfers from Non-Federal and Levin Funds  | 0.00                          | 0.00  |
|     | (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))▶   | 57100.00                      | 65898.20                                    |
| 20. | Total Federal Receipts (subtract Line 18(c) from Line 19)▶   | 57100.00                      | 65898.20                                    |

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

| II. Disbursements  | COLUMN A<br>Total This Period           | COLUMN B<br>Calendar Year-to-Date       |
|--|---|---|
| Operating Expenditures:     (a) Allocated Federal/Non-Federal     Activity (from Schedule H4)                |   | Salvinaa Tour to Date                   |
| (i) Federal Share  | 0.00                                    | 0.00                                    |
| (ii) Non-Federal Share   | 0.00                                    | 0.00                                    |
| (b) Other Federal Operating  | 1 |   |
| Expenditures   | 0.00                                    | 0.00                                    |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶   | 0.00                                    | 0.00                                    |
| Transfers to Affiliated/Other Party  | 0.00                                    | 0.00                                    |
| Committees  Contributions to Federal Candidates/Committees   | 0.00                                    | 0.00                                    |
| and Other Political Committees   | 19500.00                                | 35500.00                                |
| Independent Expenditures (use Schedule E)  | 0.00                                    | 0.00                                    |
| Coordinated Party Expenditures (52 U.S.C. § 30116(d))  | 4 4 4                                   |   |
| (use Schedule F)   | 0.00                                    | 0.00                                    |
| Loan Repayments Made   | 0.00                                    | 0.00                                    |
| Loans Made Refunds of Contributions To:  | 0.00                                    | 0.00                                    |
| (a) Individuals/Persons Other Than Political Committees  | 0.00                                    | 0.00                                    |
| (b) Political Party Committees   | 0.00                                    | 0.00                                    |
| (c) Other Political Committees   | 4 4                                     |   |
| (such as PACs)(d) Total Contribution Refunds   | 0.00                                    | 0.00                                    |
| (add Lines 28(a), (b), and (c))  | 0.00                                    | 0.00                                    |
| Other Disbursements (Including   |   |   |
| Non-Federal Donations)   | 0.00                                    | 0.00                                    |
| Federal Election Activity (52 U.S.C. § 30101(2)  (a) Allocated Federal Election Activity  (from Schedule H6) | 0))                                     |   |
| (i) Federal Share  | 0.00                                    | 0.00                                    |
| (ii) "Levin" Share(b) Federal Election Activity Paid   | 0.00                                    | 0.00                                    |
| 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                                    |
| Total Disbursements (add Lines 21(c), 22,  |   |   |
| 23, 24, 25, 26, 27, 28(d), 29 and 30(c))   | 19500.00                                | 35500.00                                |
| Total Federal Disbursements  |   | , |
| (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)  | 19500 00                                | 0550000                                 |
|  | 19500.00                                | 35500.00                                |

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5 **COLUMN A** COLUMN B III. Net Contributions/ **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) 57100.00 64650.00 (from Line 11(d), page 3) ..... 34. Total Contribution Refunds 0.00 0.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 64650.00 57100.00 (subtract Line 34 from Line 33) ..... 36. Total Federal Operating Expenditures 0.00 0.00 (add Line 21(a)(i) and Line 21(b)) .......▶ 37. Offsets to Operating Expenditures 0.00 1248.20 (from Line 15, page 3)..... 38. Net Operating Expenditures 0.00 - 1248.20 (subtract Line 37 from Line 36) ......

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

| FOR LINE NUMBER: |     |     |     | GE 6 | OF 35 |  |  |
|------------------|-----|-----|-----|------|-------|--|--|
| (check only one) |     |     |     |      |       |  |  |
| X                | 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) AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Archuleta, Chris, L.,, Date of Receipt Mailing Address 4500 Willow View Lane NW 2021 State Zip Code Transaction ID: SA11AI.9954 NM Albuquerque 87120 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer (for Individual) Occupation (for Individual) Memo Item Superior Ambulance Service CEO Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Baird, Shawn, , , Date of Receipt Mailing Address 1346 SE Tenind St 10 28 2021 Citv State Zip Code

| Portland  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Woodbern Ambulance | OR 97202  C Occupation (for Individual) Owner                     | Transaction ID : SA11AI.10066  Amount of Each Receipt this Period  5000.00  Memo Item |
|--|---|---|
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 5000.00                                  |   |
| Full Name of Individual (Last, First, Middle Baxter, Bruce, , ,  Mailing Address 5 Shapleigh Ave                           | Initial) or Full Organization Name                                | Date of Receipt   |
| City Haverhill  FEC ID number of contributing federal political committee.   | State Zip Code 01830  | Transaction ID : SA11AI.9974  Amount of Each Receipt this Period  100.00              |
| Name of Employer (for Individual)  New Britain EMS  Receipt For:  Primary General Other (specify)                          | Occupation (for Individual) CEO  Aggregate Year-to-Date ▼  600.00 | Memo Item   |
|  | er only)  | 5350.00   |
|  |   | FEC Schedule A (Form 3X) Rev. 06/20   |

Name of Employer (for Individual)

General

Huron Valley Ambulance

Other (specify)

Primary

Receipt For:

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

| FOR LINE NUMBER: |   |     |  |     | PAGE | 7   | OF | 35 |    |
|------------------|---|-----|--|-----|------|-----|----|----|----|
| (check only one) |   |     |  |     |      |     |    |    |    |
|                  | × | 11a |  | 11b |      | 11c | 12 | 2  |    |
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Baxter, Bruce, , , Date of Receipt Mailing Address 5 Shapleigh Ave 2021 City Zip Code State Transaction ID: SA11AI.9975 MA Haverhill 01830 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) CEO New Britain EMS Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Baxter, Bruce, , , Date of Receipt Mailing Address 5 Shapleigh Ave 2021 City State Zip Code Transaction ID: SA11AI.9976 MA Haverhill 01830 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) New Britain EMS CEO Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 800.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Berry, Dale, , , Date of Receipt Mailing Address 1200 State Circle 2021 City State Zip Code Transaction ID: SA11AI.9984 MI Ann Arbor 48108 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee.

750.00

Occupation (for Individual)

President

Aggregate Year-to-Date ▼

Memo Item

| FOR LINE NUMBER: |   |     |  | PAGE | 8 | OF  |    | 35 |  |    |
|------------------|---|-----|--|------|---|-----|----|----|--|----|
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|           | y information copied from such Reports and State for commercial purposes, other than using the n |                 |                                     |  |
|-----------|--|-----------------|-------------------------------------|--|
| $\rangle$ | NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE ASSO  | CIATIO          | N FEDERAL PAC (AKA                  | AMBU-PAC)  |
| ۹.        | Full Name of Individual (Last, First, Middle Initial Berry, Dale, , ,                            | ganization Name | Date of Receipt                     |  |
|           | Mailing Address 1200 State Circle  |                 |                                     | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                      |
|           | City   | State           | Zip Code                            | Transaction ID : SA11AI.9985                                     |
|           | Ann Arbor  | MI              | 48108                               | Amount of Each Receipt this Period                               |
|           | FEC ID number of contributing federal political committee.                                       | С               |                                     | 250.00   |
|           | Name of Employer (for Individual)  | Occup           | pation (for Individual)             | Memo Item  |
|           | Huron Valley Ambulance   | Presid          | dent                                | _  |
|           | Receipt For:   | Aggregate Y     | ear-to-Date ▼                       |  |
|           | Primary General Other (specify) ▼  |                 | 1000.00                             |  |
| 3.        | Full Name of Individual (Last, First, Middle Initia Carbonneau, Janice, , ,                      | l) or Full Org  | ganization Name                     | Date of Receipt  |
|           | Mailing Address 54 Ridgewood Drive   |                 |                                     | 10 30 2021   |
|           | City   | State           | Zip Code                            | Transaction ID : SA11AI.10002                                    |
|           | Atkinson   | NH              | 03811                               | Amount of Each Receipt this Period                               |
|           | FEC ID number of contributing federal political committee.                                       |                 | 600.00                              |  |
|           | Name of Employer (for Individual)<br>New Britain EMS   |                 | oation (for Individual)<br>tant CEO | Memo Item  |
|           | Receipt For:  Primary General  Other (specify) ▼   | Aggregate Y     | fear-to-Date ▼ 600.00               |  |
| —<br>Э.   | Full Name of Individual (Last, First, Middle Initia Christensen, Mark, , ,                       | l) or Full Org  | ganization Name                     | Date of Receipt  |
|           | Mailing Address 43341 US Highway 12  |                 |                                     | 11 01 2021   |
|           | City<br>Webster  | State<br>SD     | Zip Code<br>57274                   | Transaction ID : SA11AI.9978  Amount of Each Receipt this Period |
|           | FEC ID number of contributing federal political committee.                                       | С               |                                     | 400.00   |
|           | Name of Employer (for Individual)<br>Christensen Ambulance Service                               | Occup<br>Owne   | pation (for Individual)             | Memo Item  |
|           | Receipt For:   | Aggregate Y     | ear-to-Date ▼                       |  |
|           | Primary General Other (specify)  |                 | 400.00                              |  |
| s         | UBTOTAL of Receipts This Page (optional)   |                 | ····                                | 1250.00  |
| т         | OTAL This Period (last page this line number or  | nly)            | <b>&gt;</b>                         |  |

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

|                  |   |     |  |     | PAGE |     | 9 | OF |   | 35 |    |
|------------------|---|-----|--|-----|------|-----|---|----|---|----|----|
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NAME OF COMMITTEE (In Full)

| NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE A   | SSOCIATION             | N FEDERAL PAC (AKA                    | A AMBU-PAC)   |
|--|------------------------|---------------------------------------|---|
| Full Name of Individual (Last, First, Middl  | e Initial) or Full Org | ganization Name                       | Date of Receipt   |
| Mailing Address 103 Palonma Megd   |                        |                                       | 10 27 2021  |
| City<br>Anthony  | State<br>NM            | Zip Code<br>88021                     | Transaction ID : SA11AI.9999  Amount of Each Receipt this Period          |
| FEC ID number of contributing federal political committee.   | C                      |                                       | 1000.00   |
| Name of Employer (for Individual) Life Ambulance Service, Inc.   |                        | pation (for Individual)               | Memo Item   |
| Receipt For:  Primary General  Other (specify) ▼   |                        | ear-to-Date ▼                         |   |
| Full Name of Individual (Last, First, Middl Ferrell, Russell, , ,  Mailing Address 5217 Tottenham Circle | e Initial) or Full Org | ganization Name                       | Date of Receipt   |
| City Terre Haute  FEC ID number of contributing federal political committee.                             | State IN               | Zip Code<br>47803                     | Transaction ID : SA11Al.10055 Amount of Each Receipt this Period  5000.00 |
| Name of Employer (for Individual)<br>Trans-Care  | Occup<br>Owne          | pation (for Individual)               | Memo Item   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Y            | ear-to-Date ▼  5000.00                |   |
| Full Name of Individual (Last, First, Middle Finger, James, , ,  | e Initial) or Full Org | ganization Name                       | Date of Receipt   |
| Mailing Address 18 Central Avenue  | 0                      | Tiv. O. d.                            | 10 27 2021  |
| City<br>Rutland  | State<br>VT            | Zip Code<br>05707                     | Transaction ID : SA11AI.10021  Amount of Each Receipt this Period         |
| FEC ID number of contributing federal political committee.   | С                      |                                       | 300.00  |
| Name of Employer (for Individual) Regional Ambulance Service, Inc.                                       | · · ·                  | oation (for Individual)<br>histration | Memo Item   |
| Receipt For: Primary General Other (specify)   | Aggregate Y            | ear-to-Date ▼ 300.00                  |   |
| SUBTOTAL of Receipts This Page (optional   | l)                     | <b>&gt;</b>                           | 6300.00   |
| TOTAL This Period (last page this line num   | nber only)             |                                       |   |

| FOR LINE NUMBER: |     |  |     |  | PAGE | · 1 | 10 | OF | 35 |
|------------------|-----|--|-----|--|------|-----|----|----|----|
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| ×                | 11a |  | 11b |  | 11c  |     | 12 |    |    |
|                  | 13  |  | 14  |  | 15   |     | 16 | ;  | 17 |

|   | Statements may not be sold or used by any pers<br>e name and address of any political committee to                  |  |
|---|---|--|
| NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE ASS  | SOCIATION FEDERAL PAC (AKA  | AMBU-PAC)  |
| Full Name of Individual (Last, First, Middle In Fuiten, James, D., ,  Mailing Address 9240 NW Groveland  City   | State Zip Code  | Date of Receipt  10 30 2021  Transaction ID: SA11AI 10012  |
| City Hillsboro  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Metro West  Receipt For:  Primary General Other (specify) ▼  | State OR 2ip Code 97124  C Occupation (for Individual) Owner  Aggregate Year-to-Date ▼                              | Amount of Each Receipt this Period  5000.00  Memo Item   |
| Full Name of Individual (Last, First, Middle In Gault, Debora Mary, , ,  Mailing Address 5502 North West Highway  City Waterford  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) AMR  Receipt For:  Primary General Other (specify)  | State Zip Code WI 53185  C  Occupation (for Individual) VP Federal Reimbursements  Aggregate Year-to-Date ▼  750.00 | Date of Receipt  O7 16 2021  Transaction ID : SA11Al.9986  Amount of Each Receipt this Period  250.00  Memo Item |
| Full Name of Individual (Last, First, Middle In Gault, Debora Mary, , ,  Mailing Address 5502 North West Highway  City Waterford  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  AMR  Receipt For:  Primary General Other (specify) | State Zip Code 53185  C  Occupation (for Individual) VP Federal Reimbursements  Aggregate Year-to-Date  1000.00     | Date of Receipt  10 16 2021  Transaction ID: SA11AI.9987  Amount of Each Receipt this Period  250.00  Memo Item  |
| SUBTOTAL of Receipts This Page (optional)   | <b>&gt;</b>   | 5500.00  |
| TOTAL This Period (last page this line number   | only)   |  |

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

Use separate schedule(s) for each category of the

|                  |   | LINE | PAGE |     | 11 | OF  |  | 35 |   |  |    |
|------------------|---|------|------|-----|----|-----|--|----|---|--|----|
| (check only one) |   |      |      |     |    |     |  |    |   |  |    |
|                  | X | 11a  |      | 11b |    | 11c |  | 12 |   |  |    |
|                  |   | 13   |      | 14  |    | 15  |  | 16 | ; |  | 17 |

Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Godden, Kimberly, , , Date of Receipt Mailing Address 2135 W Walton St 2021 City Zip Code State Transaction ID: SA11AI.10029 IL Chicago 60622 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Super Air-Grand Ambulance Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Hall, Lavonne, N/A, Ms, Date of Receipt Mailing Address 1001 21st St. 2021 City State Zip Code Transaction ID: SA11AI.9946 Bakersfield CA 93301 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) N/A Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 2000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Hall, Lavonne, N/A, Ms. Date of Receipt Mailing Address 1001 21st St. 30 2021 City State Zip Code Transaction ID: SA11AI.9950 CA Bakersfield 93301 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) N/A Receipt For: Aggregate Year-to-Date ▼ Primary General 2250.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional).....

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

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

|                  |   | LINE | PAGE |     | 12 | OF  | 35 |    |  |    |
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Hall, Lavonne, N/A, Ms, Date of Receipt Mailing Address 1001 21st St. 2021 City Zip Code State Transaction ID: SA11AI.9951 CA Bakersfield 93301 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) N/A Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Hall, Lavonne, N/A, Ms, Date of Receipt Mailing Address 1001 21st St. 15 2021 City State Zip Code Transaction ID: SA11AI.9949 Bakersfield CA 93301 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) N/A Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 2750.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Harracksingh, Rachel, , , Date of Receipt Mailing Address 10633 Vista Alegre 2021 City State Zip Code Transaction ID: SA11AI.10047 TX El Paso 79935 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Life Ambulance Service Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional).....

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|   |  | y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.         |
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| NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE AS   | SOCIATION FEDERAL PAC (A   | AKA AMBU-PAC)  |
| Full Name of Individual (Last, First, Middle In Herlihy, John, , ,  Mailing Address 9424 Shermer Road  City  Morton Grove   | State Zip Code IL 60053  | Date of Receipt  11 02 2021  Transaction ID : SA11AI.10016  Amount of Each Receipt this Period                   |
| FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Lifeline Ambulance  Receipt For:  □ Primary □ General  □ Other (specify) ▼   | Memo Item  |  |
| Full Name of Individual (Last, First, Middle In Hill, David B., , III,  Mailing Address 395 West Lake Street  City Elmhurst  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Superior Air-Ground Ambulance  Receipt For:  Primary General Other (specify) | State Zip Code IL 60126  C  Occupation (for Individual) Owner/Operator  Aggregate Year-to-Date   5000.00 | Date of Receipt  11 02 2021  Transaction ID: SA11Al.9988  Amount of Each Receipt this Period  5000.00  Memo Item |
| Full Name of Individual (Last, First, Middle In Hobbs, Clay, , ,  Mailing Address POBox 1120  City Hope  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Pafford EMS  Receipt For:  Primary General Other (specify)                                       | State Zip Code AR 71802  C  Occupation (for Individual) DOP  Aggregate Year-to-Date  300.00              | Date of Receipt  11 02 2021  Transaction ID : SA11AI.9981  Amount of Each Receipt this Period  300.00  Memo Item |
| SUBTOTAL of Receipts This Page (optional)   |  | 5800.00  |
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Use separate schedule(s) for each category of the Detailed Summary Page

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Howell, Jon, , , Date of Receipt Mailing Address 251 Bishop Farm Way 2021 City Zip Code State Transaction ID: SA11AI.10019 AL Huntsville 35806 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) CEO **HEMSI** Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Howell, Jon, , , Date of Receipt Mailing Address 251 Bishop Farm Way 10 2021 City State Zip Code Transaction ID: SA11AI.10020 AL Huntsville 35806 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **HEMSI** CEO Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Jurecki, Wayne, , , Date of Receipt Mailing Address 1111 N Marchall St 2021 #1002 City State Zip Code Transaction ID: SA11AI.10092 WI Mulwaukee 53202 Amount of Each Receipt this Period FEC ID number of contributing C 2500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Bell Ambulance Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify)

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

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|   | Statements may not be sold or used by any perse name and address of any political committee t |                                    |
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| NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE ASS                  | SOCIATION FEDERAL PAC (AKA  | A AMBU-PAC)                        |
| Full Name of Individual (Last, First, Middle In Jurecki, Wayne, , , | itial) or Full Organization Name  | Date of Receipt                    |
| Mailing Address 1111 N Marchall St<br>#1002                         |   | 10 27 2021                         |
| City  | State Zip Code  | Transaction ID : SA11AI.10093      |
| Mulwaukee   | WI 53202  | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.          | C   | 2500.00                            |
| Name of Employer (for Individual) Bell Ambulance                    | Memo Item   |                                    |
| Receipt For:  | VP  | 1                                  |
| Primary General   | Aggregate Year-to-Date ▼  |                                    |
| Other (specify) ▼   | 5000.00   |                                    |
| Full Name of Individual (Last, First, Middle In Kelley, Ken, , ,    | itial) or Full Organization Name  | Date of Receipt                    |
| Mailing Address 130 Blackgum St                                     |   | 07 08 2021                         |
| City  | State Zip Code  | Transaction ID : SA11AI.10030      |
| Magnolia  | AR 71753  | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.          | C   | 250.00                             |
| Name of Employer (for Individual)<br>ProMed Ambulance               | Occupation (for Individual) CEO   | Memo Item                          |
| Receipt For:  Primary General  Other (specify) ▼                    | Aggregate Year-to-Date ▼ 750.00   |                                    |
| Full Name of Individual (Last, First, Middle In                     | itial) or Full Organization Name  | Date of Receipt                    |
| Mailing Address 130 Blackgum St                                     |   | 10 08 2021                         |
| City  | State Zip Code  | Transaction ID : SA11AI.10031      |
| Magnolia  | AR 71753  | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.          | C   | 250.00                             |
| Name of Employer (for Individual) ProMed Ambulance                  | Occupation (for Individual)<br>CEO  | Memo Item                          |
| Receipt For:  | Aggregate Year-to-Date ▼  |                                    |
| Primary General Other (specify)                                     | 1000.00   |                                    |
| SUBTOTAL of Receipts This Page (optional)                           | ·····   | 3000.00                            |
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Use separate schedule(s) for each category of the Detailed Summary Page

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Kelley, Ken, , , Date of Receipt Mailing Address 130 Blackgum St 2021 City Zip Code State Transaction ID: SA11AI.10032 AR Magnolia 71753 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) CEO **ProMed Ambulance** Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Kowsky, Rick, , , Date of Receipt Mailing Address 1482 Slater Rd Suite A 10 2021 City State Zip Code Transaction ID: SA11AI.10057 Ferndale WA 98248 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Cascade Ambulance President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Kowsky, Rick, , , Date of Receipt

Mailing Address 1482 Slater Rd Suite A 01 2021 City Zip Code State Transaction ID: SA11AI.10058 WA Ferndale 98248 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Cascade Ambulance President Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional).....

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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 na  | ame and addr                         | ress of any political committee to                          | solicit contributions from such committee.  |
|-------------|---|--------------------------------------|---|---|
| $\rangle$   | NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE ASSO   |                                      |   | AMBU-PAC)   |
| ۹.          | Full Name of Individual (Last, First, Middle Initial Lyons, Kevin, , , Mailing Address 11-13 Schod St   | or Full Orga                         | anization Name  | Date of Receipt   |
|             | City Danvers  | State<br>MA                          | Zip Code<br>01923   | 10 27 2021  Transaction ID : SA11AI.10036  Amount of Each Receipt this Period       |
|             | FEC ID number of contributing federal political committee.  | C                                    |   | 500.00  |
|             | Name of Employer (for Individual) Lyons Ambulance Service   | Occupa<br>Owner                      | ation (for Individual)                                      | Memo Item   |
|             | Receipt For:  Primary General  Other (specify) ▼  | ar-to-Date ▼<br>500.00               |   |   |
| 3.          | Full Name of Individual (Last, First, Middle Initial Main, Paul, , ,  Mailing Address 2323 S Beech Drive  | ) or Full Orga                       | anization Name  | Date of Receipt  10 22 2021   |
|             | City Visalia  FEC ID number of contributing federal political committee.  | State CA                             | Zip Code<br>93292   | Transaction ID : SA11AI.10043  Amount of Each Receipt this Period  250.00           |
|             | Name of Employer (for Individual) American Amb of Visalia  Receipt For:  Primary  General  Other (specify) ▼  | Occupa<br>Preside<br>Aggregate Yea   |   | Memo Item   |
| <del></del> | Full Name of Individual (Last, First, Middle Initial Mateff, Robert, F, ,   | ) or Full Orga                       | anization Name  | Date of Receipt   |
|             | Mailing Address 42 Peter Jacob Drive  City Bangor  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Cetronia Ambulance Corpws  Receipt For:  Primary General  Other (specify) | State PA  Occupa COO  Aggregate Year | Zip Code<br>18013<br>ation (for Individual)<br>ar-to-Date ▼ | Transaction ID : SA11AI.10059  Amount of Each Receipt this Period  50.00  Memo Item |
|             |   |                                      | 45 1 45 1   | 900.00  |
|             | UBTOTAL of Receipts This Page (optional)  |                                      | <u> </u>  | 800.00  |
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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mateff, Robert, F,, Date of Receipt Mailing Address 42 Peter Jacob Drive 2021 City Zip Code State Transaction ID: SA11AI.10060 PA Bangor 18013 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) COO Cetronia Ambulance Corpws Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mateff, Robert, F,, Date of Receipt Mailing Address 42 Peter Jacob Drive 2021 City State Zip Code Transaction ID: SA11AI.10061 PA Bangor 18013 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Cetronia Ambulance Corpws COO Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 450.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Mateff, Robert, F., Date of Receipt Mailing Address 42 Peter Jacob Drive 2021 City State Zip Code Transaction ID: SA11AI.10062 PΑ Bangor 18013 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Cetronia Ambulance Corpws COO Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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|   | Statements may not be sold or used by any per the name and address of any political committees                                    |   |
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| NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE AS   | SOCIATION FEDERAL PAC (AK   | (A AMBU-PAC)  |
| Full Name of Individual (Last, First, Middle Mateff, Robert, F, ,  Mailing Address 42 Peter Jacob Drive  City Bangor  | Initial) or Full Organization Name  State Zip Code PA 18013   | Date of Receipt  11 07 2021  Transaction ID : SA11Al.10063  Amount of Each Receipt this Period                    |
| FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Cetronia Ambulance Corpws  Receipt For:  Primary General  Other (specify) ▼  | Occupation (for Individual) COO  Aggregate Year-to-Date ▼  550.00   | 50.00 Memo Item   |
| Full Name of Individual (Last, First, Middle Mateff, Robert, F, ,  Mailing Address 42 Peter Jacob Drive  City  Bangor  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Cetronia Ambulance Corpws  Receipt For:  Primary General  Other (specify) ▼              | Initial) or Full Organization Name  State Zip Code PA 18013  C  Occupation (for Individual) COO  Aggregate Year-to-Date ▼  600.00 | Date of Receipt  12 07 2021  Transaction ID : SA11Al.10064  Amount of Each Receipt this Period  50.00  Memo Item  |
| Full Name of Individual (Last, First, Middle McPartlon, James, , ,  Mailing Address 55 Rail Road Place Unit 200  City Sarotoga Springs  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Mohawk Ambulance Services  Receipt For: Primary General Other (specify) |   | Date of Receipt  11 01 2021  Transaction ID: SA11AI.10027  Amount of Each Receipt this Period  1000.00  Memo Item |
| SUBTOTAL of Receipts This Page (optional).  | ••••••••••••••••••••••••••••••••••••••  | 1100.00   |
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| Any information copied from such Reports a<br>or for commercial purposes, other than usin                   | and Statements may not be sold or used by any per<br>og the name and address of any political committee | rson for the purpose of soliciting contributions to solicit contributions from such committee. |
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| NAME OF COMMITTEE (In Full)  AMERICAN AMBULANCE A   | ASSOCIATION FEDERAL PAC (AKA  | A AMBU-PAC)  |
| Full Name of Individual (Last, First, Midd<br>Meijer, Mark, , Mr.,<br>Mailing Address 1275 Cedar Street, NE | le Initial) or Full Organization Name   | Date of Receipt  |
|   |   | 12 07 2021   |
| City  | State Zip Code  | Transaction ID : SA11AI.9952   |
| Grand Rapids  | IL 49503  | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.  | С   | 1200.00  |
| Name of Employer (for Individual) Life EMS, Inc.  | Occupation (for Individual) Paramedic/Busness Executive   | Memo Item  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 1200.00  |  |
| Full Name of Individual (Last, First, Midd<br>Moffitt, R. Gene, , ,<br>Mailing Address 1410 Chancellor Way  | le Initial) or Full Organization Name   | Date of Receipt  |
|   |   | 11 01 2021   |
| City  | State Zip Code UT 84108   | Transaction ID : SA11AI.10045  |
| Salt Lake City  | Amount of Each Receipt this Period  |  |
| FEC ID number of contributing federal political committee.  | С   | 1000.00  |
| Name of Employer (for Individual)<br>Gold Cross Services  | Occupation (for Individual) Owner/Operator  | Memo Item  |
| Receipt For:  | Aggregate Year-to-Date ▼  |  |
| Primary General  Other (specify) ▼  | 1000.00   |  |
| Full Name of Individual (Last, First, Midd . Montes, Asbel, , ,   | le Initial) or Full Organization Name   | Date of Receipt  |
| Mailing Address 305 Rue Bordeaux  |   | 09 08 2021   |
| City<br>Carencro  | State Zip Code<br>LA 70520  | Transaction ID : SA11AI.9965   |
|   | 10000   | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.  | C   | 100.00   |
| Name of Employer (for Individual) Acadian Companies   | Occupation (for Individual) VP  | Memo Item  |
| Receipt For:  | Aggregate Year-to-Date ▼  |  |
| Primary General Other (specify)   | 300.00  |  |
| SUBTOTAL of Receipts This Page (options   | al)   | 2300.00  |
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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Montes, Asbel, , , Date of Receipt Mailing Address 305 Rue Bordeaux 2021 City Zip Code State Transaction ID: SA11AI.9966 LA Carencro 70520 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Acadian Companies** Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Montes, Asbel, , , Date of Receipt Mailing Address 305 Rue Bordeaux 2021 City State Zip Code Transaction ID: SA11AI.9967 Carencro 70520 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Acadian Companies** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Montes, Asbel, , , Date of Receipt Mailing Address 305 Rue Bordeaux 80 2021 City State Zip Code Transaction ID: SA11AI.9968 Carencro LA 70520 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Acadian Companies Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify)

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|  | Statements may not be sold or used by any pers<br>the name and address of any political committee to |   |
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| NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE AS  | SOCIATION FEDERAL PAC (AKA   | AMBU-PAC)   |
| Full Name of Individual (Last, First, Middle North, Tristan, , ,                                   | Initial) or Full Organization Name   | Date of Receipt   |
| Mailing Address 302 Albemarle Ave  |  | 07 08 2021  |
| City<br>Richmond   | State Zip Code<br>VA 23226   | Transaction ID : SA11AI.10079  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.   | C  | 100.00  |
| Name of Employer (for Individual)  American Ambulance Association                                  | Occupation (for Individual) SVP of Government Affairs  | Memo Item   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼  700.00   |   |
| Full Name of Individual (Last, First, Middle North, Tristan, , , Mailing Address 302 Albemarle Ave | Initial) or Full Organization Name   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y      |
| City<br>Richmond   | Transaction ID : SA11AI.10080  Amount of Each Receipt this Period                                    |   |
| FEC ID number of contributing federal political committee.   | C  | 100.00  |
| Name of Employer (for Individual)<br>American Ambulance Association                                | Occupation (for Individual) SVP of Government Affairs  | Memo Item   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼  800.00   |   |
| Full Name of Individual (Last, First, Middle North, Tristan, , ,                                   | Initial) or Full Organization Name   | Date of Receipt   |
| Mailing Address 302 Albemarle Ave  | 7. 0.4   | 09 08 2021  |
| City<br>Richmond   | State Zip Code<br>VA 23226   | Transaction ID : SA11AI.10081  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.   | C  | 100.00  |
| Name of Employer (for Individual) American Ambulance Association                                   | Occupation (for Individual) SVP of Government Affairs  | Memo Item   |
| Receipt For: Primary General Other (specify)   | Aggregate Year-to-Date ▼ 900.00  |   |
| SUBTOTAL of Receipts This Page (optional).   |  | 300.00  |
| TOTAL This Period (last page this line number  | er only)   |   |

Receipt For:

Primary

Other (specify)

General

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

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

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name North, Tristan, , , Date of Receipt Mailing Address 302 Albemarle Ave 2021 City Zip Code State Transaction ID: SA11AI.10082 VA Richmond 23226 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) SVP of Government Affairs American Ambulance Association Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** North, Tristan, , , Date of Receipt Mailing Address 302 Albemarle Ave 2021 City State Zip Code Transaction ID: SA11AI.10083 VA Richmond 23226 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) American Ambulance Association SVP of Government Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1100.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** North, Tristan, , , Date of Receipt Mailing Address 302 Albemarle Ave 80 2021 City Zip Code State Transaction ID: SA11AI.10084 Richmond VA 23226 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) American Ambulance Association SVP of Government Affairs

| SUBTOTAL of Receipts This Page (optional)           | • | Ī | ,        | Ī |   | , |   | 30 | 0.00     |   | ] |
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Aggregate Year-to-Date ▼

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Pedersen, Paul, , , Date of Receipt Mailing Address 1201 E Pla Del Curvato 2021 City Zip Code State Transaction ID: SA11AI.10044 ΑZ Tucson 85718 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) AZ Ambulance Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Porter, Todd, , , Date of Receipt Mailing Address P O Box 974 10 2021 City State Zip Code Transaction ID: SA11AI.10088 ND Mandan 58554 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Metro-Area Ambulance Paramedic Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Postma, Mark, , , Date of Receipt Mailing Address 223 Island Way 6F 30 2021 City State Zip Code Transaction ID: SA11AI.10039 FL Clearwater 33767 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Paramedics Plus Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 2000.00

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

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Use separate schedule(s) for each category of the

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Reinert, Aaron, , , Date of Receipt Mailing Address 29251 Potassium St NW 2021 City Zip Code State Transaction ID: SA11AI.9953 MN Isanti 55040 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Lake Regions EMS Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Rose, Julie Ann, , , Date of Receipt Mailing Address 1123 Chestnut Drive 2021 City State Zip Code Transaction ID: SA11AI.10003 OH Ashtabula 44004 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Community Care Ambulance **Executive Director** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 700.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Rose, Julie Ann, , , Date of Receipt Mailing Address 1123 Chestnut Drive 80 2021 City State Zip Code Transaction ID: SA11AI.10004 OH Ashtabula 44004 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Community Care Ambulance **Executive Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) 2700.00 SUBTOTAL of Receipts This Page (optional).....

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| Any information copied from such Reports and<br>or for commercial purposes, other than using the          |                                    |  |  |
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| NAME OF COMMITTEE (IN Full) AMERICAN AMBULANCE AS   | SOCIATION                          | FEDERAL PAC (AK                        | A AMBU-PAC)  |
| Full Name of Individual (Last, First, Middle I Rose, Julie Ann, , ,  Mailing Address 1123 Chestnut Drive  | nitial) or Full Orga               | nization Name                          | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City  | State                              | Zip Code                               | Transaction ID : SA11AI.10005                                |
| Ashtabula   | OH                                 | 44004                                  | Amount of Each Receipt this Period                           |
| FEC ID number of contributing federal political committee.  | С                                  |  | 100.00   |
| Name of Employer (for Individual)  Community Care Ambulance   |                                    | tion (for Individual)<br>ive Director  | Memo Item  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Yea                      | ar-to-Date ▼<br>900.00                 |  |
| Full Name of Individual (Last, First, Middle I  Rose, Julie Ann, , ,  Mailing Address 1123 Chestnut Drive | nitial) or Full Orga               | nization Name                          | Date of Receipt  |
| City<br>Ashtabula   | State OH                           | Zip Code<br>44004                      | 10 08 2021  Transaction ID : SA11AI.10006                    |
| FEC ID number of contributing federal political committee.  | Amount of Each Receipt this Period |  |  |
| Name of Employer (for Individual) Community Care Ambulance  |                                    | ntion (for Individual)<br>ive Director | Memo Item  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Yea                      | ar-to-Date ▼<br>1000.00                |  |
| Full Name of Individual (Last, First, Middle I<br>C. Rose, Julie Ann, , ,                                 | nitial) or Full Orga               | nization Name                          | Date of Receipt  |
| Mailing Address 1123 Chestnut Drive   | la:                                | In a                                   | 11 08 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                    |
| City<br>Ashtabula   | State<br>OH                        | Zip Code<br>44004                      | Transaction ID : SA11AI.10007                                |
| FEC ID number of contributing federal political committee.  | С                                  |  | Amount of Each Receipt this Period                           |
| Name of Employer (for Individual) Community Care Ambulance  |                                    | tion (for Individual)<br>ve Director   | Memo Item  |
| Receipt For: Primary General Other (specify)  | Aggregate Yea                      | ar-to-Date ▼<br>1100.00                |  |
| SUBTOTAL of Receipts This Page (optional)   |                                    | <b>&gt;</b>                            | 300.00   |
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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Rose, Julie Ann, , , Date of Receipt Mailing Address 1123 Chestnut Drive 2021 City Zip Code State Transaction ID: SA11AI.10008 OH Ashtabula 44004 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Community Care Ambulance **Executive Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Russell, John, , , Date of Receipt Mailing Address 2034 Pamela 10 2021 City State Zip Code Transaction ID: SA11AI.10028 Cape Girardeau MO 63701 Amount of Each Receipt this Period FEC ID number of contributing 1500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Cape County Private Ambulance President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Scarett-Dudgeon, Eileen, , , Date of Receipt Mailing Address 1890 West Main Street 02 2021 City Zip Code State Transaction ID: SA11AI.10037 OH Newark 43055 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Courtesy Ambulance, Inc President Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 2100.00 SUBTOTAL of Receipts This Page (optional).....

Use separate schedule(s)

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Strozyk, Randy, , , Date of Receipt Mailing Address 9209 181 Street Avenue East 2021 City Zip Code State Transaction ID: SA11AI.10048 WA Bonney Lake 98390 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Vice President American Medical Response Receipt For: Aggregate Year-to-Date ▼ Primary General 1400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Strozyk, Randy, , , Date of Receipt Mailing Address 9209 181 Street Avenue East 2021 City State Zip Code Transaction ID: SA11AI.10049 Bonney Lake WA 98390 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) American Medical Response Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1600.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Strozyk, Randy, , , Date of Receipt Mailing Address 9209 181 Street Avenue East 2021 City Zip Code State Transaction ID: SA11AI.10050 WA Bonney Lake 98390 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) American Medical Response Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 1800.00 Other (specify) 600.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Strozyk, Randy, , , Date of Receipt Mailing Address 9209 181 Street Avenue East 2021 City Zip Code State Transaction ID: SA11AI.10051 WA Bonney Lake 98390 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Vice President American Medical Response Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Strozyk, Randy, , , Date of Receipt Mailing Address 9209 181 Street Avenue East 2021 City State Zip Code Transaction ID: SA11AI.10052 Bonney Lake WA 98390 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) American Medical Response Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 2200.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Strozyk, Randy, , , Date of Receipt Mailing Address 9209 181 Street Avenue East 2021 City Zip Code State Transaction ID: SA11AI.10053 WA Bonney Lake 98390 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) American Medical Response Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 2400.00 Other (specify) 600.00 SUBTOTAL of Receipts This Page (optional).....

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|  |  | person for the purpose of soliciting contributions tee to solicit contributions from such committee.                    |
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| NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE AS  | SOCIATION FEDERAL PAC (A   | AKA AMBU-PAC)   |
| Full Name of Individual (Last, First, Middle Ir Tornstrom, Thomas E, , ,  Mailing Address 1126 Sandy Circle  City LaCrescent   | State Zip Code MN 55947  | Date of Receipt  10 07 2021  Transaction ID : SA11AI.10091  Amount of Each Receipt this Period                          |
| FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Gundersen Tri-State Ambulance  Receipt For:  Primary General  Other (specify) ▼   | Occupation (for Individual) Manager  Aggregate Year-to-Date   300.00                               | 300.00 Memo Item  |
| Full Name of Individual (Last, First, Middle In Wirth, Stephen, , ,  Mailing Address 5010 E Trindle Rd suite 202  City  Mechanicsburg  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Page, Wolfbergs, Wirth, LLC.  Receipt For:  Primary  General  Other (specify) | State Zip Code PA 17050  C  Occupation (for Individual) Attorney  Aggregate Year-to-Date  300.00   | Date of Receipt  M M M / 02 / 2021  Transaction ID: SA11Al.10071  Amount of Each Receipt this Period  300.00  Memo Item |
| Full Name of Individual (Last, First, Middle In Woronka, Michael, , ,  Mailing Address 50 Hill Street  City Methuen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Action Ambulance Service  Receipt For: Primary General Other (specify)                          | State Zip Code MA 01844  C  Occupation (for Individual) Paramedic  Aggregate Year-to-Date   500.00 | Date of Receipt  11 02 2021  Transaction ID: SA11AI.10040  Amount of Each Receipt this Period  500.00  Memo Item        |
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| TOTAL This Period (last page this line number  | r only)  |   |

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| or for commercial purposes, other than using  |                         |                               | person for the purpose of soliciting contributions ee to solicit contributions from such committee. |
|---|-------------------------|-------------------------------|---|
| NAME OF COMMITTEE (In Full)  AMERICAN AMBULANCE A   | SSOCIATION              | I FEDERAL PAC (A              | KA AMBU-PAC)  |
| Full Name of Individual (Last, First, Middle Zehetner, Rick, , ,  Mailing Address 212 E Ravine Dr | e Initial) or Full Orga | anization Name                | Date of Receipt   |
| ividining Address 212 E Ravine Di   |                         |                               | 10 27 2021  |
| City  | State                   | Zip Code                      | Transaction ID : SA11AI.10056   |
| Mequon  | WI                      | 53092                         | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | С                       |                               | 2500.00   |
| Name of Employer (for Individual) Bell Ambulance Inc  | Occupa<br>Presid        | ation (for Individual)<br>ent | Memo Item   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Ye            | ear-to-Date ▼<br>2500.00      |   |
| Full Name of Individual (Last, First, Middle B. Mailing Address                                   | e Initial) or Full Orga | anization Name                | Date of Receipt   |
| City  | State                   | Zip Code                      | _   |
| FEC ID number of contributing federal political committee.  | C                       |                               | Amount of Each Receipt this Period  |
| Name of Employer (for Individual)   | Occup                   | ation (for Individual)        | Memo Item   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Ye            | ear-to-Date ▼                 |   |
| Full Name of Individual (Last, First, Middl   | e Initial) or Full Orga | anization Name                | Date of Receipt   |
| Mailing Address   |                         |                               | M = M / D = D / Y = Y = Y   |
| City  | State                   | Zip Code                      | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | С                       |                               | Amount of East recorpt the Felica   |
| Name of Employer (for Individual)   | Occupa                  | ation (for Individual)        | Memo Item   |
| Receipt For: Primary General Other (specify)  | Aggregate Ye            | ear-to-Date ▼                 |   |
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#### S 17

| SCHEDULE B (FEC Form 3X)                              |   | FOR LINE NUMBER: PAGE 32 OF 35   |
|---|---|--|
| ITEMIZED DISBURSEMENTS                                | Use separate schedule(s) for each category of the | (check only one)   |
|   | Detailed Summary Page                             | 21b 22 <b>x</b> 23 26 27 28a 28b 28c 29 30b  |
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|   |   | d by any person for the purpose of soliciting contributions of committee to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full)                           |   |  |
| AMERICAN AMBULANCE ASSOC                              | IATION FEDERAL F                                  | PAC (AKA AMBU-PAC)   |
| Full Name (Last, First, Middle Initial)               |   |  |
| A. CATHERINE CORTEZ-MASTO FO                          | OR SENATE   | Date of Disbursement   |
| Mailing Address 8020 SOUTH RAINBOW BLVD SUITE 100-112 |   | 08 10 2021   |
| City S<br>LAS VEGAS                                   | State Zip Code<br>NV 89139                        | FEC Identification Number  |
| Purpose of Disbursement                               | 09139   | 0 000575540  |
|   |   | C C00575548  |
| Candidate Name  |   | Category/ Amount of Each Disbursement this Period  |
|   |   | Type   |
| Office Sought: House Disbursen                        | nent For: 2022                                    | 2500.00  |
|   | Primary General                                   |  |
| State: District:                                      | Other (specify) ▼                                 | Memo Item  |
| Full Name (Last, First, Middle Initial)               |   |  |
| B. CLIFF BENTZ FOR CONGRESS                           |   | Date of Disbursement   |
|   |   | M = M / D = D / Y = Y = Y  |
| Mailing Address 660 MORGAN AVE                        |   | 11 15 2021   |
| ,   | State Zip Code OR 97914                           | FEC Identification Number  |
| ONTARIO Purpose of Disbursement                       | OR 97914  | C C00725465  |
| •   |   |  |
| Candidate Name  |   | Category/ Amount of Each Disbursement this Period  |
|   |   | Туре   |
|   | nent For: 2022                                    | 1000.00  |
|   | Primary General Other (specify)                   |  |
| State: District:                                      | Other (specify)                                   | Memo Item  |
| Full Name (Last, First, Middle Initial)               |   |  |
| C. DEVIN NUNES CAMPAIGN COMM                          | ИITTEE  | Date of Disbursement   |
| Matthew Address BO DOV COLD                           |   | M M M / D D / Y W Y W Y  |
| Mailing Address PO BOX 6545                           |   | 11 15 2021   |
| City  | State Zip Code                                    | FEC Identification Number  |
| VISALIA   | CA 93290  | 1 LO Identification Number   |
| Purpose of Disbursement                               |   | C C00370056  |
| Candidate Name  |   | Transaction ID : SB23.10107  |
|   |   | Category/ Amount of Each Disbursement this Period Type   |
| Office Sought: House Disbursen                        | nent For: 2022                                    | 2000.00  |
| Senate x  | Primary General                                   | 7 7  |
|   | Other (specify) ▼                                 | Memo Item  |
| State: District:                                      |   |  |
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| SUBTOTAL of Disbursements This Page (optional)        |   |  |
| TOTAL This Period (last page this line number only)   |   |  |

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| SCHEDULE B (FEC Form 3X)  |   | FOR LINE          | FOR LINE NUMBER: PAGE 33 OF 35                                      |  |  |  |
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| ITEMIZED DISBURSEMENTS  | Use separate schedule(s) for each category of the | (orleast orlin)   |   |  |  |  |
|   | Detailed Summary Page                             | 21b<br>28a        | 22 <b>x</b> 23 26 27 28b 28c 29 30b                                 |  |  |  |
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| Any information copied from such Reports and State or for commercial purposes, other than using the nai |   |                   |   |  |  |  |
| NAME OF COMMITTEE (In Full)   |   |                   |   |  |  |  |
| AMERICAN AMBULANCE ASSOC  | CIATION FEDERAL                                   | PAC (AKA          | AMBU-PAC)   |  |  |  |
| Full Name (Last, First, Middle Initial)   |   |                   |   |  |  |  |
| A. FRIENDS OF DAVE JOYCE  |   |                   | Date of Disbursement  |  |  |  |
| Mailing Address 9856 ARCHER LN  |   |                   | 07 28 2021  |  |  |  |
| City<br>DUBLIN  | State Zip Code 43017                              |                   | FEC Identification Number   |  |  |  |
| Purpose of Disbursement   | 43017   |                   | C C00527457   |  |  |  |
| ·   |   |                   |   |  |  |  |
| Candidate Name  |   | Category/         | Transaction ID: SB23.10100  Amount of Each Disbursement this Period |  |  |  |
| Office Occupies   | 1.5   | Туре              | 1000.00   |  |  |  |
| Office Sought: X House Disburse Senate X  | ment For: 2022  Primary General                   |                   | 1000.00   |  |  |  |
| President   | Other (specify) ▼                                 |                   | Memo Item   |  |  |  |
| State: OH District: 14  |   |                   | Wienie Rein   |  |  |  |
| Full Name (Last, First, Middle Initial)   |   |                   |   |  |  |  |
| B. FRIENDS OF SCHUMER   |   |                   | Date of Disbursement  |  |  |  |
| Mailing Address 192 LEXINGTON AVENUE SUIT   | E 1001  |                   | 12 15 2021  |  |  |  |
| City  | State Zip Code                                    |                   | FEC Identification Number   |  |  |  |
| NEW YORK  | NY 10016  |                   |   |  |  |  |
| Purpose of Disbursement   |   |                   | C C00346312   |  |  |  |
| Candidate Name  |   | Category/         | Transaction ID : SB23.10112 Amount of Each Disbursement this Period |  |  |  |
|   |   | Type              | Amount of Each Disbursement this Feriod                             |  |  |  |
|   | ment For: 2022                                    |                   | 5000.00   |  |  |  |
| Senate President  | Primary General                                   |                   | _   |  |  |  |
| State: NY District: 00  | Other (specify)                                   |                   | Memo Item   |  |  |  |
| Full Name (Last, First, Middle Initial)   |   |                   |   |  |  |  |
| C. KEVIN MCCARTHY FOR CONGR   | RESS  |                   | Date of Disbursement  |  |  |  |
| Mailing Address PO BOX 12667  |   |                   | 11 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                             |  |  |  |
| City  | State Zip Code                                    |                   | FEC Identification Number   |  |  |  |
| BAKERSFIELD   | CA 93389  |                   | LO Identification Number  |  |  |  |
| Purpose of Disbursement   |   |                   | C C00420935   |  |  |  |
| Candidate Name  |   |                   | Transaction ID : SB23.10106   |  |  |  |
| Canadate Name   |   | Category/<br>Type | Amount of Each Disbursement this Period                             |  |  |  |
| Office Sought: House Disburse   | ment For: 2022                                    |                   | 2500.00   |  |  |  |
| Senate x  | Primary General                                   |                   |   |  |  |  |
| President   | Other (specify) ▼                                 |                   | Memo Item   |  |  |  |
| State: District:  |   |                   |   |  |  |  |
| SUBTOTAL of Disbursements This Page (optional).   |   |                   | 8500.00   |  |  |  |
| - 12.10 m. 2.35 discrimina / mis r ago (optional).  |   |                   | 7 7 7   |  |  |  |
| TOTAL This Period (last page this line number only  | )   |                   |   |  |  |  |

| SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS   | Use separate sched                          | ule(s) FOR LINE   | NUMBER: PAGE 34 OF 35   |
|---|---|-------------------|---|
| IIEWIIZED DISBURSEWENIS   | for each category of<br>Detailed Summary F  | the Collock on    | 22 <b>X</b> 23 26 27 28b 28c 29 30b   |
| Any information copied from such Reports and Statem<br>or for commercial purposes, other than using the nam |   |                   |   |
| NAME OF COMMITTEE (In Full)  AMERICAN AMBULANCE ASSOC   | ,   |                   |   |
| Full Name (Last, First, Middle Initial)  4. LEAHY FOR U.S. SENATOR COM                                      | 1MITTEE                                     |                   | Date of Disbursement  |
| Mailing Address PO BOX 1042   |   |                   | 07 27 2021  |
| ,   | State Zip Code<br>VT 05601                  |                   | FEC Identification Number   |
| Candidate Name  |   | Category/         | C C00068353  Transaction ID : SB23.10099  Amount of Each Disbursement this Period |
| x Senate  | nent For: 2022 Primary                      | Type<br>eral      | 1000.00<br>Memo Item  |
| Full Name (Last, First, Middle Initial)  B. MULLIN FOR CONGRESS  Mailing Address PO BOX 3681                |   |                   | Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                 |
| MUSKOGEE  | State Zip Code<br>OK 74402                  |                   | FEC Identification Number   |
| Purpose of Disbursement  Candidate Name   |   | Category/<br>Type | C C00498345  Transaction ID : SB23.10108  Amount of Each Disbursement this Period |
| Senate President  | nent For: 2022 Primary Gene Other (specify) |                   | 2500.00<br>Memo Item  |
| State: District: Full Name (Last, First, Middle Initial) C- ROSEN FOR NEVADA                                |   |                   | Date of Disbursement  |
| Mailing Address PO BOX 27195  |   |                   | 12 02 2021  |
| ,   | State Zip Code<br>NV 89126                  |                   | FEC Identification Number  C C00606939  Transaction ID   SR23 10100               |
| Candidate Name  |   | Category/<br>Type | Transaction ID: SB23.10109 Amount of Each Disbursement this Period                |
| Senate x  | nent For: 2024 Primary Gene Other (specify) |                   | 1000.00<br>Memo Item  |
| SUBTOTAL of Disbursements This Page (optional)  |   | ·····             | 4500.00   |
| TOTAL This Period (last page this line number only).  |   |                   |   |

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| Use separate schedule(s) for each category of the petalled Summary Page   21b   22   22   2   20   30b   | SCHEDULE B (FEC Form 3X)                            |             |                       | EOR LINE        | FOR LINE NUMBER: PAGE 35 OF 35               |  |  |  |
|--|---|-------------|-----------------------|-----------------|--|--|--|--|
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| 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 Pull)  AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)  Full Name (Last, First, Middle Initial)  A. UPTON FOR ALL OF US  Mailing Address PO BOX 490  City  State  |   |             |                       | 21b             | · _ ·  |  |  |  |
| 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 per 191)  AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)  Full Name (i.ast, First, Middle Initial)  A. UPTON FOR ALL OF US  Mailing Address PO BOX 490  City  SINT JOSEPH  FUPDOSE of Disbursement  Candidate Name  Candidate Name  Citics  Sought:  |   | Dotaliou    |                       | 28a             | 28b 28c 29 30b                               |  |  |  |
| AMMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)  Full Name (Last, First, Middle Initial)  A UPTON FOR ALL OF US  Mailing Address PO BOX 490  City SAINT JOSEPH Purpose of Disbursement  Candidate Name  Office Sought:  |   |             |                       |                 |  |  |  |  |
| AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)  Full Name (Last, First, Middle Initial)  City  State  ANIT JOSEPH  Purpose of Disbursement  Candidate Name  Office Sought:  Full Name (Last, First, Middle Initial)  B.  Mailing Address  City  State:  City  State:  President  Candidate Name  Office Sought:  Full Name (Last, First, Middle Initial)  Category'  Type  Office Sought:  Feel Identification Number  Category'  Type  Memo Item  Substorant this Period  Memo Item  Memo Item  Memo Item  Memo Item  Substorant this Period  Memo Item  Memo Item  Memo Item  Memo Item  Memo Item  Substorant this Period  Memo Item  Memo Item  Memo Item  Memo Item  Memo Item  Identification Number  Category'  Type  Memo Item  Memo Item  Memo Item  Memo Item  Memo Item  Memo Item  Identification Number  Category'  Type  Memo Item  Memo Item  Identification Number  Category'  Type  Typ |   | une anu auu | ress or arry pointies | ar committee to | , someti continuations from such confinitee. |  |  |  |
| AL UPTON FOR ALL OF US  Mailing Address PO BOX 490  City SAINT JOSEPH Purpose of Disbursement  Candidate Name  Office Sought:  Senate President  Candidate Name  Office Sought:  State:  Disbursement For: 2022    Primary   General   Purpose of Disbursement  Candidate Name  Category   State: Mi District:  Candidate Name  Office Sought:  Full Name (Last, First, Middle Initial)  State:  Disbursement For:  Category   State:  Disbursement For:  Senate President   State:  Disbursement For:  Category   State:  Disbursement For:  Senate   Purpose of Disbursement   Candidate Name  Category   Memo Item  FEC Identification Number  Category   Memo Item  FEC Identification Number  Category   Memo Item  FEC Identification Number  Category   Memo Item  State:  District:  Senate   President   State:  Disbursement For:  Senate   President   State:  Substotal of Disbursement Inis Period  Memo Item  1000.00  |   | CIATION     | I FEDERAL             | PAC (AKA        | AMBU-PAC)                                    |  |  |  |
| Mailing Address PO BOX 490  City   | Full Name (Last, First, Middle Initial)             |             |                       |                 |  |  |  |  |
| City SAINT JOSEPH Propose of Disbursement  Candidate Name  Office Sought:  Value President State:  MI District:  Carb Joseph Propose of Disbursement  Transaction ID: SB23.1011  Amount of Each Disbursement this Period  Transaction ID: SB23.1011  Amount of Each Disbursement this Period  Memo Item  Full Name (Last, First, Middle Initial)  B.  Mailing Address  City State:  Senate President Disbursement Candidate Name  Office Sought:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State:  City State:  Senate Primay Office Sought:  Fee Identification Number  Category Amount of Each Disbursement this Period  The Category Office Sought:  The Category Amount of Each Disbursement this Period   | A. UPTON FOR ALL OF US                              |             |                       |                 |  |  |  |  |
| SAÎNT JOSEPH Purpose of Disbursement  Cardidate Name  City Purpose of Disbursement  Candidate Name  City  State:  Disbursement  Category/ Type  Date of Disbursement  Category/ Type  FEC Identification Number  Category/ Type  Category/ Type  Category/ Type  FEC Identification Number  Category/ Type  FEC Identification Number  Category/ Type  FEC Identification Number  Category/ Type  Disbursement  Category/ Type  FEC Identification Number  Category/ Type  FEC Identificatio  | Mailing Address PO BOX 490                          |             |                       |                 | 12 02 2021                                   |  |  |  |
| Purpose of Disbursement  Candidate Name  Office Sought:  | •   |             | 1 '                   |                 | FEC Identification Number                    |  |  |  |
| Cardidate Name  Category/ Office Sought:   |   | IVII        | 49065                 |                 | C C00200594                                  |  |  |  |
| Cardigate Name  Office Sought:   |   |             |                       |                 |  |  |  |  |
| Office Sought:   | Candidate Name                                      |             |                       | Category/       |  |  |  |  |
| State: MI District:  | Office Cought                                       |             |                       | Type            | 1000.00                                      |  |  |  |
| State: MI District: 06  Full Name (Last, First, Middle Initial)  B.  Mailing Address  City State Zip Code FEC Identification Number  Candidate Name  Office Sought: House President Primary General President State: District:  Full Name (Last, First, Middle Initial)  Category/ Type  Memo Item  Memo Item  Date of Disbursement  Category/ Amount of Each Disbursement this Period  Memo Item  FEC Identification Number  Category/ Type  Memo Item  FEC Identification Number  Category/ Type  Date of Disbursement  Category/ Type  Office Sought: House Disbursement For:  Category/ Type  Office Sought: House Disbursement For:  Purpose of Disbursement  Category/ Type  Office Sought: House Disbursement For:  Category/ Type  Office Sought: House Primary General Primary General Other (specify)   Memo Item  Substoral of Disbursement this Period  Memo Item  | 0   | ¬           |                       |                 | 1000.00                                      |  |  |  |
| State: MI District: 06  Full Name (Last, First, Middle Initial)  B.  Mailing Address  City State Zip Code Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House President Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code Primary General Other (specify)  Date of Disbursement this Period  FEC Identification Number  Category/ Type  Date of Disbursement this Period  FEC Identification Number  Category/ Type  Date of Disbursement this Period  FEC Identification Number  Category/ Type  Office Sought: House Disbursement For:  Senate Primary General Other (specify)   Memo Item  State: District:  Senate Primary General Other (specify)   Memo Item  State: District:  Substrotal of Disbursements This Page (optional)  |   | _           |                       |                 | Memo Item                                    |  |  |  |
| Mailing Address  City State Zip Code FEC Identification Number  Cardidate Name  Office Sought: House President Primary General Primary Other (specify)  State: District:  Mailing Address  City State Zip Code Primary General Other (specify)  Table Amount of Each Disbursement this Period Disbursement For:  Mailing Address  City State Zip Code Purpose of Disbursement For:  Cartegory/ Type  Office Sought: House Primary General Other (specify) FEC Identification Number  Cardidate Name  Category/ Type  Office Sought: House Primary General Other (specify) ▼  Senate Primary General Other (specify) ▼  Substortal of Disbursement This Page (optional)   | State: MI District: 06                              |             |                       |                 | I Wieme Rem                                  |  |  |  |
| City State Zip Code Purpose of Disbursement Candidate Name  Office Sought: House Senate President Other (specify)  State: District:  Full Name (Last, First, Middle Initial) C.  Mailing Address  City State Zip Code  Prupose of Disbursement  Candidate Name  Candidate Name  City State Zip Code  Prupose of Disbursement  Candidate Name  Candidate Name  Candidate Name  City State Zip Code  President Category/ Type  Office Sought: House Senate Primary General Other (specify)  Category/ Type  Office Sought: House Senate Primary General Other (specify)  State: District:  Substruction Number  Category/ Memo Item  Substruction Number  Category/ Senate Primary General Other (specify)  Memo Item  Substruction Number  Category/ Memo Item  | ,   |             |                       |                 | Data of Bishoons and                         |  |  |  |
| City  Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  Candidate Name  City State Zip Code  Purpose of Disbursement  Category/  Memo Item  FEC Identification Number  Category/  Memo Item  FEC Identification Number  Category/  Type  FEC Identification Number  Category/  Type  FEC Identification Number  Category/  Type  Memo Item  State: District:  Senate Primary General Other (specify)   Memo Item  Substate: District: Memo Item   | ь.  |             |                       |                 |  |  |  |  |
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| Purpose of Disbursement  Candidate Name  Category/  Office Sought: House Primary General Primary General Disbursement  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code Purpose of Disbursement  Candidate Name  Category/  Type  FEC Identification Number  Category/ Type  FEC Identification Number  Category/ Type  FEC Identification Number  Category/ Type  Memo Item  FEC Identification Number  Category/ Type  Memo Item  FEC Identification Number  Category/ Type  Memo Item  Suppose of Disbursement this Period  Type  Office Sought: House Disbursement For: Senate Primary General Primary General Other (specify) ▼  Suppose of Disbursement This Page (optional)  | 01.   | 04-4-       | 7:- 0-1-              |                 |  |  |  |  |
| Candidate Name    Category/ Type   | City  | State       | Zip Code              |                 | FEC Identification Number                    |  |  |  |
| Office Sought: House Senate Primary General Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code Purpose of Disbursement  Candidate Name  Candidate Name  Office Sought: House Senate Primary General Other (specify)  Office Sought: House Disbursement For: General Other (specify)  Office Sought: House Disbursement For: General Other (specify)  State: District:  Suppose of Disbursement This Page (optional)  | Purpose of Disbursement                             |             |                       |                 | C  |  |  |  |
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| Office Sought: House Senate Primary General Other (specify)  State: District: Memo Item  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code Purpose of Disbursement  Candidate Name Category/ Type  Office Sought: House Senate Primary General Other (specify)   State: District: Memo Item  FEC Identification Number  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  Substitute: District: Memo Item  Substitute: District: Memo Item  | Sandidate Name                                      |             |                       |                 | Amount of Each Disbursement this Period      |  |  |  |
| State: District: Other (specify)  Memo Item  Date of Disbursement  Mailing Address  City State Zip Code FEC Identification Number  Candidate Name  Candidate Name  Candidate Name  Disbursement For: Senate Primary General Other (specify)   State: District:  Substitute: District: Nemocity Memo Item  Substitute: District: Nemocity Nemocit | Office Sought: House Disburse                       | ement For:  |                       | .,,,,,          |  |  |  |  |
| State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City  State  Zip Code  Purpose of Disbursement  Candidate Name  Category/  Type  Office Sought: House Disbursement For:  Senate Primary General  Other (specify)   State: District:  Substoctal Of Disbursements This Page (optional)  |   |             |                       |                 |  |  |  |  |
| Full Name (Last, First, Middle Initial)  Date of Disbursement  Mailing Address  City  State  Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought:  House  Primary  General  President  State:  District:  Subtrotal of Disbursements This Page (optional)   |   | Other (spe  | city)                 |                 | Memo Item                                    |  |  |  |
| City State Zip Code FEC Identification Number  Candidate Name Category/ Type  Office Sought: House Senate Primary General President Other (specify) ▼  State: District:  MMM / PPP / YYYYYY  FEC Identification Number  Category/ Type  Amount of Each Disbursement this Period  Memo Item  1000.00  |   |             |                       |                 |  |  |  |  |
| City State Zip Code FEC Identification Number  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  State: District:  Substitute In the primary General Other (specify) ▼  Substitute In the primary General Memo Item  Substitute In the primary General Memo Item   | C.  |             |                       |                 | Date of Disbursement                         |  |  |  |
| City Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought:  House Senate Primary President State:  District:  Substate:  Disbursements This Page (optional)  | Mailing Address                                     |             |                       |                 | M M / D D / Y Y Y Y                          |  |  |  |
| Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General President State: District:  Substitute Name Primary General Other (specify) ▼  Substitute Name Primary General Number  Category/ Type  Memo Item  |   |             |                       |                 |  |  |  |  |
| Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  State: District:  Substrict: Memo Item  1000.00   | City  | State       | Zip Code              |                 | FEC Identification Number                    |  |  |  |
| Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼  Substrict:  Substrict: Memo Item  1000.00   | Purpose of Disbursement                             |             |                       |                 | C  |  |  |  |
| Office Sought: House Disbursement For: Senate Primary General President Other (specify)   State: District:  Substrict: Memo Item   |   |             |                       |                 |  |  |  |  |
| Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼  Subtrotal of Disbursements This Page (optional)   | Candidate Name                                      |             |                       |                 | Amount of Each Disbursement this Period      |  |  |  |
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| State: District: Memo Item  SUBTOTAL of Disbursements This Page (optional)   |   | _           |                       |                 |  |  |  |  |
| SUBTOTAL of Disbursements This Page (optional)   |   | Other (spe  | GHy) ▼                |                 | Memo Item                                    |  |  |  |
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