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07/20/2015 16 : 35

PAGE 1 / 23

FEC FORM 3X	Α	ND	DISB	F REC JRSEI Authorized	MENT	S		Office Use Only	y
1. NAME OF COMMITTEE (in fu		PE OR I	PRINT V		mple: If typing the lines.	ng, type	12FE4M5		
American Ambul	ance Ass	sociat	ion Fede	ral Pac (A	ka Ambu	-Pac)			<u> </u>
ADDRESS (number and s	street)	400 We	stpark Drive						
Check if differe		Second F	Floor						
than previously reported. (ACC		McLean					VA	22102	
2. FEC IDENTIFICAT	TION NUME	BER 🔻		CITY 🔺		S		ZIP (	
<b>C</b> C00168070				3. IS THIS REPORT		NEW N) <b>OR</b>	AM (A)	IENDED	
<ul> <li><b>4. TYPE OF REPO</b> (Choose One)</li> <li>(a) Quarterly Report</li> </ul>		(b) Mon Rep Due		Feb 20 (M2) Mar 20 (M3)		May 20 (M5) Jun 20 (M6)		20 (M8) 20 (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly F	Report (Q1)			Apr 20 (M4)		Jul 20 (M7)	Oct 2	20 (M10)	Jan 31 (YE)
July 15 Quarterly F October 15	Report (Q2)	(c)	12-Day <b>PRE</b> -Electio Report for tl		Primary (12F		General ( Special (		Runoff (12R)
January 31	Report (Q3) Report (YE)		E	lection on	M M /		Y Y Y Y Y	in th State	
X July 31 Mi Report (No Year Only)	on-election	(d)	30-Day <b>POST</b> -Electi		General (300	ā)	Runoff (3	0R)	Special (30S)
Termination (TER)	n Report		Report for the	lection on	M M /	D D /	Y Y Y Y	in th State	
5. Covering Period	01	/ D 01		015	through	06	/ D D / 30	2015	
I certify that I have example	mined this R	leport a	nd to the be	est of my kno	wledge and	belief it is true	e, correct and	d complete.	
Type or Print Name of	Freasurer [	Denise C	Clark						
Signature of Treasurer	Denise Cl	ark			[Electronicall	y Filed] Da	ate 07	/ D D 20	2015
NOTE: Submission of fals	se, erroneous	s, or inco	omplete inform	mation may su	ubject the per	son signing thi	is Report to th	ne penalties of	2 U.S.C. §437g.
Office Use Only								FEC FC Rev. 12	

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

#### American Ambulance Association Federal Pac (Aka Ambu-Pac)

R	eport Covering the Period: From: 01	M / D D / Y Y Y Y 01 2015 To	b: 06 / 0 / 0 / 0 / 0 / 0 / 0 / 0 / 0 / 0
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2015		78234.33
	(b) Cash on Hand at Beginning of Reporting Period	78234.33	
	(c) Total Receipts (from Line 19)	9698.06	9698.06
	<ul> <li>(d) Subtotal (add Lines 6(b) and</li> <li>6(c) for Column A and Lines</li> <li>6(a) and 6(c) for Column B)</li> </ul>	87932.39	87932.39
7.	Total Disbursements (from Line 31)	23500.00	23500.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	64432.39	64432.39
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

#### For further information contact:

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

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

X

#### **DETAILED SUMMARY PAGE**

of Receipts

Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

#### American Ambulance Association Federal Pac (Aka Ambu-Pac)

Report Covering the Period: From:	/ D D / Y Y Y Y 01 2015 To:	06 / 0 / Y Y Y Y 2015
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	8399.97	8399.97
(i) Itemized (use Schedule A)	00000	
(ii) Unitemized	1214.98	1214.98
(iii) TOTAL (add		0011.05
Lines 11(a)(i) and (ii)▶	9614.95	9614.95
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)		0.00
<ul><li>(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry</li></ul>		
Totals to Line 33, page 5)	9614.95	9614.95
. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
. All Loans Received	0.00	0.00
	0.00	0.00
Loan Repayments Received     Offsets To Operating Expenditures	7 7 7	0.00
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
. Refunds of Contributions Made	7 7	
to Federal Candidates and Other		
Political Committees	0.00	0.00
. Other Federal Receipts		
(Dividends, Interest, etc.)	83.11	83.11
. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	7 7 7 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
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))►	9698.06	9698.06
. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	9698.06	9698.06

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#### DETAILED SUMMARY PAGE

of Disbursements

FEC F	Form 3X (Rev. 02/2003)	of Disbursements	Page 4
	. Disbursements	COLUMN A Total This Period	COLUMN B
(a) Alloca	Expenditures: ted Federal/Non-Federal	Total This Period	Calendar Year-to-Date
Activit	y (from Schedule H4) ederal Share	0.00	0.00
(ii) N	lon-Federal Share	0.00	0.00
( )	Federal Operating		
Expen	ditures	0.00	0.00
. ,	Operating Expenditures	0.00	0.00
	21(a)(i), (a)(ii), and (b)) ► to Affiliated/Other Party	0.00	
Committee Contributio	S ns to	0.00	0.00
Federal Ca and Other	andidates/Committees Political Committees	23500.00	23500.00
	nt Expenditures	0.00	0.00
Coordinate	dule E) d Party Expenditures 8441a(d))		
(use Sched	\$441a(d)) dule F)	0.00	0.00
Loan Repa	ayments Made	0.00	0.00
Loans Mac	de f Contributions To:	0.00	0.00
(a) Individ	Juals/Persons Other Political Committees	0.00	0.00
(b) Politic	al Party Committees	0.00	0.00
(-)	Political Committees as PACs)	0.00	0.00
( )	Contribution Refunds Lines 28(a), (b), and (c))►	0.00	0.00
Other Disb	oursements	0.00	0.00
	ection Activity (2 U.S.C. §431(20)) ted Federal Election Activity		
	Schedule H6)	0.00	0.00
(I) Fea	deral Share	0.00	7 7 7
	evin" Share	0.00	0.00
	al Election Activity Paid Entirely	0.00	0.00
	Vith Federal Funds Federal Election Activity (add		7 7
	30(a)(i), 30(a)(ii) and 30(b))►	0.00	0.00
Total Disbu	ursements (add Lines 21(c), 22,		
23, 24, 25	, 26, 27, 28(d), 29 and 30(c))	23500.00	23500.00
Total Fede	ral Disbursements		
	ine 21(a)(ii) and Line 30(a)(ii)	23500.00	23500.00
Irom Line	31) 🕨	23500.00	23500.00

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#### DETAILED SUMMARY PAGE

of Disbursements

II. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
<ol> <li>Total Contributions (other than loans) (from Line 11(d), page 3)</li> </ol>	9614.95	9614.95
I. Total Contribution Refunds (from Line 28(d))	0.00	0.00
<ol> <li>Net Contributions (other than loans) (subtract Line 34 from Line 33)</li> </ol>	9614.95	9614.95
. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	0.00	0.00
. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

(check only one)

PAGE 6 OF

11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		< 11a 13		11b 14	11c	12	17					
	ny information copied from such Reports and S for commercial purposes, other than using the				for the		pose o	f soliciting	g contribu	utions					
	NAME OF COMMITTEE (In Full) American Ambulance Association	on Federa	al Pac (Aka Ambu-Pac	)											
Α.	Full Name (Last, First, Middle Initial) Bruce Baxter Mailing Address 5 Shapleigh Avenue				Date of Receipt										
	City Haverhill	State MA	Zip Code 01830					: C30539							
	FEC ID number of contributing federal political committee.	С			Amoun	t of	Each I	Receipt th		0.00					
	Name of Employer New Britain EMS, Inc. Receipt For: Primary General	Occupation Chief Exect Aggregate													
	Other (specify)		350.00												
В.	Full Name (Last, First, Middle Initial)         Bruce Baxter         Mailing Address 5 Shapleigh Avenue						Date of Receipt								
	City								01 15 2015 Transaction ID : C3054587						
	Haverhill FEC ID number of contributing federal political committee.	С	01830		Amoun	t of	Each I	Receipt th		d 0.00					
	Name of Employer New Britain EMS, Inc.	Occupation Chief Execu													
	Receipt For: Primary General Other (specify) ▼														
с.	Full Name (Last, First, Middle Initial) Bruce Baxter			_	Date o	f Re	eceipt								
	Mailing Address 5 Shapleigh Avenue				02	/	10	)	2015	Y					
	City Haverhill	State MA	Zip Code 01830					: C30542 Receipt th		b					
	FEC ID number of contributing federal political committee.	С					7		5	0.00					
	Name of Employer	Occupation													
	New Britain EMS, Inc.	Chief Exect	utive												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00												
s	UBTOTAL of Receipts This Page (optional)			<u> </u>			<u>.</u>	3	150	0.00					
т	TOTAL This Period (last page this line number	only)	•••••••	•			9								

FOR LINE NUMBER:

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PAGE 7 OF

			Detailed Summary Page		11a 13	$\vdash$	11b	-	11c	12	17		
	ormation copied from such Reports and St ommercial purposes, other than using the				or the		pose		soliciting	g contribu	utions		
	e of committee (in Full) perican Ambulance Associatio												
	Name (Last, First, Middle Initial) Ice Baxter			Date of Receipt									
Mailir	ng Address 5 Shapleigh Avenue				м м 04	/		02	/ Y	ү ү 2015	Y		
City Have	erhill	State MA	Zip Code 01830						<b>305443</b> ceipt th	<b>34</b> nis Perioc	d		
	ID number of contributing al political committee.	С		[			,			5	0.00		
New	e of Employer Britain EMS, Inc.	Occupation Chief Execu											
	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00										
B. Bru	Name (Last, First, Middle Initial) Ice Baxter ng Address 5 Shapleigh Avenue				Date of	f Re		t	/ .	Y Y	V		
City		State	41	04 05 2015									
Have	erhill		Transaction ID : C3054419 Amount of Each Receipt this Period										
	ID number of contributing al political committee.	С					,		- 7	50	0.00		
	e of Employer Britain EMS, Inc.	Occupation Chief Execu											
Rece	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00										
	Name (Last, First, Middle Initial) Jce Baxter				Date of	f Re	eceip	t					
Mailir	ng Address 5 Shapleigh Avenue				м м 05	/	D	D 10	/ Y	ү ү 2015	Y		
City Have	erhill	State MA	Zip Code 01830	A					C305444 eceipt th	44 his Period	d		
	ID number of contributing ral political committee.	C					,			5	0.00		
Name	e of Employer												
	Britain EMS, Inc.	Chief Execu	_										
	Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 350.00										
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## SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

PAGE

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IT.	EMIZED RECEIPTS		Use separate schedule(s)	(che	eck only	y or	ne)							
			for each category of the Detailed Summary Page		11a 13		11b 14	11c	12	Г	17			
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	tatements ma name and a	y not be sold or used by any pe ddress of any political committee	erson t to so	for the	purp ntrib	pose of	solicitin	g contri	ibutio	ns			
$\left.\right\rangle$	NAME OF COMMITTEE (In Full) American Ambulance Associatio	on Federa	al Pac (Aka Ambu-Pac	)										
Α.	Full Name (Last, First, Middle Initial) Bruce Baxter				Date of	Re	ceipt							
	Mailing Address 5 Shapleigh Avenue				м м 06	/	D 10	ר / כ	2015		1			
	City Haverhill	State MA	Zip Code 01830					C30544 Receipt t		iod				
	FEC ID number of contributing federal political committee.	С					7			50.0	0			
	Name of Employer	Occupation												
	New Britain EMS, Inc. Receipt For:	Chief Execu		_										
	Primary General Other (specify) V	Aggregate	Year-to-Date ▼ 350.00											
в.	Full Name (Last, First, Middle Initial)				Date of	Re	ceipt							
	Mailing Address 10188 Royce Dr				04 02 2015									
	City South Lyon	State MI	1				Transaction ID : C3054430 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С			Amouni	OT	Each F	receipt t		100 333.3:	3			
	Name of Employer Huron Valley Ambulance, Inc.	Occupation President/C												
	Receipt For:		Year-to-Date ▼											
	Other (specify) ▼		333.33											
с.	Full Name (Last, First, Middle Initial) Harvey Hall				Date of	Re	ceipt							
	Mailing Address 1001 21st Street				01	/	08		2015		1			
	City Bakersfield	State CA	Zip Code 93301					C30539		ind				
	FEC ID number of contributing federal political committee.	С			Amouni			Receipt t		250.0	0			
	Name of Employer	Occupation		-										
	Hall Ambulance Service, Inc.	Information	Requested											
	Receipt For: Primary General	Aggregate	Year-to-Date ▼											
	Other (specify) ▼		1500.00											
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b 14	11c 15	12 16	17			
	ny information copied from such Reports and for commercial purposes, other than using the												
	NAME OF COMMITTEE (In Full) American Ambulance Associat	ion Federa	al Pac (Aka Ambu-Pac	:)									
Α.					Date of Receipt								
	Mailing Address 1001 21st Street	Chatta	Zie Oste		м м 02		05		у у 2015	Y			
	City Bakersfield	State CA	Zip Code 93301					C305429 Receipt th		d			
	FEC ID number of contributing federal political committee.	С					,	7	25	0.00			
	Name of Employer         Hall Ambulance Service, Inc.         Receipt For:         Primary         General         Other (specify) ▼	Occupation Information Aggregate		]									
в.	Full Name (Last, First, Middle Initial) Harvey Hall				Date o	f Red	ceipt						
	Mailing Address 1001 21st Street						03 12 Y Y Y Y 2015						
	City Bakersfield	State CA	Zip Code 93301		Transaction ID : C3054407           Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С					7	7	25	0.00			
	Name of Employer Hall Ambulance Service, Inc.	Occupation Information											
	Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       1500.00												
<u>с</u> .	Full Name (Last, First, Middle Initial) Harvey Hall				Date o	f Red	ceipt						
	Mailing Address 1001 21st Street				м м 04	/	D 08		2015	Y			
	City Bakersfield	State CA	Zip Code 93301					<b>C30544</b> Receipt th		d			
	FEC ID number of contributing federal political committee.	C					7	7	25	0.00			
	Name of Employer	Name of Employer Occupation											
	Hall Ambulance Service, Inc.	Information	Requested										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Other (specify) ▼		1500.00	]									
s	<b>SUBTOTAL</b> of Receipts This Page (optional)						,		75	0.00			
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PAGE 10 OF

			Detailed Summary Page	×	-		11b		11c		12	<b>_</b>		
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or for c	ommercial purposes, other than using the	name and a	ddress of any political committee	to so	licit coi	ntrib	oution	s fro	om such	1 cor	mmitte	e.		
\ \	IE OF COMMITTEE (In Full) Derican Ambulance Associatio	n Feder	al Pac (Aka Ambu-Pac)	)										
/				,										
	Name (Last, First, Middle Initial) rvey Hall			r	Date of	F Do	agint							
	ng Address 1001 21st Street			- '		_	· ·	D	/ Y	Y	Y	Y		
					05	Ľ		13	Ĺ	20	)15			
City	ersfield	State CA	Zip Code 93301						305443					
			33001	_	Amount	t of	Each	Re	eceipt th	is Pe	eriod	_		
	ID number of contributing ral political committee.	С					7	_		_	250.	00		
Nam	e of Employer	Occupation												
	Ambulance Service, Inc.	Information	Requested	_										
Rece	Primary General	Aggregate	Year-to-Date ▼											
	Other (specify)		1500.00											
	Name (Last, First, Middle Initial) rvey Hall				Date of	f Re	eceipt							
	ng Address 1001 21st Street				M M	/	· ·	D	/ Y	Y	Y	Y		
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City Bake	ersfield	State CA	Zip Code 93301						305444 ceipt th		oriod			
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fede	ral political committee.	С				-	7	_	- 7	_	250.	00		
	e of Employer Ambulance Service, Inc.	Occupation												
	eipt For:	Information		_										
	Primary General	Aggregate	Year-to-Date ▼											
	Other (specify)	L	1500.00											
	Name (Last, First, Middle Initial)				Date of	f Re	ceipt							
	ng Address 2827 S Circle Dr				м м 03	/	D	18	/ Y		Y 15	Y		
City		State	Zip Code		Trans	act	ion II	) : (	C305440					
Inve	erness	FL	34450-6956	/	Amount	t of	Each	Re	eceipt th	is P	eriod			
	ID number of contributing ral political committee.	С					7		,	_	200.	00		
Nam	e of Employer	Occupation		_										
	Georgia Ambulance	Information	Requested											
Rece	eipt For: Primary General	Aggregate	Year-to-Date ▼											
	Other (specify)		500.00											
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			Detailed Summary Page		11a 13	$\vdash$	11b 14	11c		12 16	17				
	y information copied from such Reports and Sta for commercial purposes, other than using the				or the		pose o	f soliciting		ntribut	ions				
$\left  \right\rangle$	NAME OF COMMITTEE (In Full) American Ambulance Associatio														
A.	Full Name (Last, First, Middle Initial) Michael Hall				Date of	Re	eceipt								
	Mailing Address 2827 S Circle Dr				м м 04	/	08		Y 20	) 15	Y				
	City Inverness	State FL	Zip Code 34450-6956	Transaction ID : C3054415 Amount of Each Receipt this Per						eriod					
	FEC ID number of contributing federal political committee.	С								100.00					
	Name of Employer Mid Georgia Ambulance	Occupation Information													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00												
в.	Full Name (Last, First, Middle Initial) Michael Hall Mailing Address 2827 S Circle Dr				Date of	f Re	eceipt	D / Y	= Y	Y	Ŷ				
	City	State	Zip Code	- 1	05	acti	13			15					
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	FEC ID number of contributing federal political committee.	С					7		_	100	00				
	Name of Employer Mid Georgia Ambulance	Occupation Information													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00												
с.	Full Name (Last, First, Middle Initial)				Date of	Re	eceipt								
	Mailing Address 2827 S Circle Dr				м м 06	1	D 12			) 15	Y				
	City Inverness	State FL	Zip Code 34450-6956					: C30544 Receipt th		eriod					
	FEC ID number of contributing federal political committee.	С					7	5	_	100	.00				
	Name of Employer	Occupation	1	-											
	Mid Georgia Ambulance	Information	Requested												
		Aggregate	Year-to-Date ▼												
	Primary General Other (specify) ▼		500.00												
s	UBTOTAL of Receipts This Page (optional)		•••••	•			7	7		300.	00				
т	OTAL This Period (last page this line number o	nly)	••••••				,								

# SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

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		Use separate schedule(s)	(check o	nly o	ne)					
		for each category of the Detailed Summary Page	X 11a		11b	11c	12	<b>_</b>		
Any information copied from such Reports and or for commercial purposes, other than using t	Statements ma	A not be sold or used by any p ddress of any political committed	erson for th e to solicit c	e pui contril	14 rpose of outions f	15 soliciting from such	16 contribu	17 tions tee.		
NAME OF COMMITTEE (In Full)										
American Ambulance Associa	tion Federa	al Pac (Aka Ambu-Pac	;)							
Full Name (Last, First, Middle Initial) <b>A.</b> Rachel Harracksing			Date	of R	eceipt					
Mailing Address 10633 Vista Alegre Dr			06		10	/ Y	2015	Y		
City El Paso	State TX	Zip Code 79935-3621				C305448	88			
	IX	79933-3021	Amou	int of	Each R	leceipt th	is Period			
FEC ID number of contributing federal political committee.	С			_	,		500	0.00		
Name of Employer	Occupation									
Life Ambulance Service	President									
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify)		500.00	1							
• · · · · · · · · · · · · · · · ·		17 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>							
Full Name (Last, First, Middle Initial) B. Russell Honeycutt			Data	of D	eceipt					
Mailing Address 223 Pebblebrook Ln						/ V	Y Y	Y		
Maning Address 223 Febblebrook En			01		15	/ / T	2015	T		
City	State	Zip Code	Trai	nsact	ion ID :	C305394				
Macon	GA	31220-8713	Amou	int of	f Each Receipt this Period					
FEC ID number of contributing federal political committee.	С						200	.00		
Name of Employer	Occupation	1								
Central Emergency Medical Services	Director of (	Government Affairs								
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify) ▼		1400.00	]							
Full Name (Last, First, Middle Initial) C. Russell Honeycutt			Date	of R	eceipt					
Mailing Address 223 Pebblebrook Ln			01		15		y y 2015	Y		
City	State	Zip Code	Tra	nsac	tion ID :	C305458	34			
Macon	GA	31220-8713	Amou	int of	Each R	leceipt th	is Period			
FEC ID number of contributing federal political committee.	С				7		200	0.00		
Name of Employer	Occupation									
Central Emergency Medical Services	Director of	Government Affairs								
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify)		1400.00	1							
			J							
SUBTOTAL of Receipts This Page (optional)					7	3	900	.00		
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# SCHEDULE A (FEC Form 3X) \_ \_ \_ \_ \_

FOR LINE NUMBER:

PAGE 13 OF

ידו	EMIZED RECEIPTS		Use separate schedule(s)	(cheo	ck onl	ly or	ne)				
			for each category of the Detailed Summary Page		11a 13		11b 14	11c 15	12		17
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	tatements ma	ay not be sold or used by any p ddress of any political committee	erson fo e to soli	or the	pur ntrib	pose of	soliciting	g contri	butio	ns
$\left.\right\rangle$	NAME OF COMMITTEE (In Full) American Ambulance Associatio	on Federa	al Pac (Aka Ambu-Pac	)							
Α.	Full Name (Last, First, Middle Initial) Russell Honeycutt Mailing Address 223 Pebblebrook Ln			_	ate o		ceipt		- Y - Y		
					02	,	10	7 1	2015		
	City	State GA	Zip Code					C30542			
	Macon	GA	31220-8713	A	moun	t of	Each R	eceipt th	nis Perie	od	
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	Name of Employer	Occupation									
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	Primary General Other (specify) ▼		1400.00								
в.	Full Name (Last, First, Middle Initial) Russell Honeycutt			D	ate o	f Re	ceipt				
	Mailing Address 223 Pebblebrook Ln				м м 04	/	02	/ Y	2015	Y	1
	City	State	Zip Code		Trans	sacti	on ID :	C305443	35		
	Macon	GA	31220-8713	A	moun	t of	Each R	eceipt th	nis Peri	od	
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	Name of Employer	Occupation		_							
	Central Emergency Medical Services	Director of C	Government Affairs								
	Receipt For:	Aggregate	Year-to-Date 🔻								
	Primary General Other (specify) ▼		, 1400.00								
С.	Full Name (Last, First, Middle Initial) Russell Honeycutt			D	ate o	f Re	ceipt				
	Mailing Address 223 Pebblebrook Ln				м м 04	/	05	/ Y	2015		]
	City Macon	State GA	Zip Code 31220-8713					C30544			
		ŪA	31220-0713	A	moun	t of	Each R	eceipt th	nis Perie	od	
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	Name of Employer	Occupation									
	Central Emergency Medical Services	Director of (	Government Affairs	_							
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify) V		, 1400.00								
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PAGE 14 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
or for commercial purposes, other than using	nd Statements may not be sold or used by any p the name and address of any political committe	person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Ambulance Associ	ation Federal Pac (Aka Ambu-Pac	;)
Full Name (Last, First, Middle Initial) Russell Honeycutt Mailing Address 223 Pebblebrook Ln		Date of Receipt
City	State Zip Code	05 10 2015
Macon	GA 31220-8713	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Central Emergency Medical Services	Occupation Director of Government Affairs	_
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General Other (specify) ▼	1400.00	1
Full Name (Last, First, Middle Initial) <b>B. Russell Honeycutt</b>		Date of Receipt
Mailing Address 223 Pebblebrook Ln		06 10 <u>2015</u>
City	State Zip Code	Transaction ID : C3054489
Macon	GA 31220-8713	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Central Emergency Medical Services	Occupation Director of Government Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00	]
Full Name (Last, First, Middle Initial) C. Steve Murphy		Date of Receipt
Mailing Address 4300 Bayview Dr		M M / D D / Y Y Y Y 04 02 2015
City Fort Lauderdale	State Zip Code FL 33308-5327	Transaction ID : C3054427
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer	Occupation	
AMR	Executive VP, Government and National	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	333.33	]
SUBTOTAL of Receipts This Page (optional	)	733.33
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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

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PAGE 15 OF

			Detailed Summary Page		11a		11b	11c	12		7					
An	y information copied from such Reports and St	atements ma	ay not be sold or used by any	person f	13 or the	pur	14 pose of	15 f soliciting	contrib	utions	7					
or	for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Ambulance Associatio				icit cor	ntrib	outions	from suc	1 commi	ttee.						
A.	Full Name (Last, First, Middle Initial) Aarron Reinert				Date of	f Re	eceipt									
	Mailing Address 29251 Patassium St NW				м м 04	/	02		у у 2015	Y						
	City Isanti	State MN	Zip Code 55040	A				C305442 Receipt th		d						
	FEC ID number of contributing federal political committee.	С					<b>7</b>			0.00	]					
	Name of Employer Lakes Region EMS	Occupation Executive D														
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00													
в.	Full Name (Last, First, Middle Initial)				Date of	f Re	eceipt									
	Mailing Address 1123 Chestnut Drive				™M 01	1	15		ү ү 2015	Y						
	City Ashtabula	State OH	Zip Code 44004			C305394 Receipt th		d								
	FEC ID number of contributing federal political committee.	С							83.33							
	Name of Employer Community Care Ambulance Network	Occupation Executive D														
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 416.65	]												
с.	Full Name (Last, First, Middle Initial)			[	Date of	f Re	eceipt									
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	City Ashtabula	State OH	Zip Code 44004	A				C305458 Receipt th		d						
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	Name of Employer	Occupation														
	Community Care Ambulance Network Receipt For:	Executive D	Director													
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PAGE 16 OF

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	y information copied from such Reports and S for commercial purposes, other than using the											
$\overline{\}$	NAME OF COMMITTEE (In Full)											
$\Big\rangle$	American Ambulance Association	on Federa	al Pac (Aka Ambu-Pac	)								
Α.	Full Name (Last, First, Middle Initial) JulieAnn Rose				Date of	Re	eceipt					
	Mailing Address 1123 Chestnut Drive				м м 02	/	D 1	D 0	/ Y		у 015	Y
	City	State	Zip Code		Trans	acti	ion ID	) : C	305429	8		
	Ashtabula	OH	44004	A	Mount	of	Each	Red	ceipt th	is P	'eriod	
	FEC ID number of contributing federal political committee.	С		8							83.	33
	Name of Employer	Occupation										
	Community Care Ambulance Network	Executive D	irector									
	Receipt For:	Aggregate	Year-to-Date 🔻									
	Other (specify)		416.65									
в.	Full Name (Last, First, Middle Initial) JulieAnn Rose				Date of	Re	eceipt					
	Mailing Address 1123 Chestnut Drive				м м 04	/		)2	/ Y	20	)15	Y
	City	State	Zip Code		Trans	acti	ion ID	: C	305443	3		
	Ashtabula	OH	44004	A	mount	of	Each	Ree	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С						_	83.	33		
	Name of Employer Community Care Ambulance Network	Occupation Executive D	irector									
	Receipt For:		Year-to-Date ▼	-								
	Primary General Other (specify) ▼		416.65									
С.	Full Name (Last, First, Middle Initial) JulieAnn Rose				Date of	Re	eceipt					
	Mailing Address 1123 Chestnut Drive				м м 04	/		D )5	/ Y		) 15	Y
	City	State	Zip Code						305441			
	Ashtabula	ОН	44004	A	Mount	of	Each	Ree	ceipt th	is P	eriod	
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	Name of Employer	Occupation										
	Community Care Ambulance Network	Executive D	lirector									
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# SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

PAGE 17 OF

т	EMIZED RECEIPTS		Use separate schedule(s)	(che	eck only	y or	ne)			
			for each category of the Detailed Summary Page		11a 13		11b	11c	12	17
	y information copied from such Reports and St for commercial purposes, other than using the				or the		oose of	soliciting	g contrib	utions
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Ambulance Associatio	on Federa	al Pac (Aka Ambu-Pac	)						
A.	Full Name (Last, First, Middle Initial) Randy Strozyk				Date of	f Re	ceipt			
	Mailing Address 9209 181 Street Avenue East				м м 01	1	15	) / Y	2015	Y
	City Bonney Lake	State WA	Zip Code 98391		Trans		ion ID :	C305394 Receipt th		d
	FEC ID number of contributing federal political committee.	С					7	7	20	0.00
	Name of Employer	Occupation		-						
	AMR - Corporate	Senior VP,	Operations							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1400.00							
В.	Full Name (Last, First, Middle Initial)				Date of	f Re	ceipt			
	Mailing Address 9209 181 Street Avenue East				M M	/	15	/ Y	2015	Y
	City Bonney Lake	State WA	Zip Code 98391	Transaction ID : Amount of Each R						d
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	Name of Employer AMR - Corporate	Occupation Senior VP, 0								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1400.00							
_	Full Name (Last, First, Middle Initial) Randy Strozyk		7	<u> </u>	Data at	( D o	opint			
0.	Mailing Address 9209 181 Street Avenue East				Date of		10	) / Y	2015	Y
	City Bonney Lake	State WA	Zip Code 98391					C30542	95 nis Perio	d
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	AMR - Corporate	Senior VP,	Operations							
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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS		

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23

116	EMIZED RECEIPTS		for each category of the Detailed Summary Page		-		11b 14	11c	12	<b>□</b> 4 →		
	y information copied from such Reports and s for commercial purposes, other than using th						pose c					
$\setminus$	NAME OF COMMITTEE (In Full) American Ambulance Associati											
۷ ۸.	Full Name (Last, First, Middle Initial) Randy Strozyk				Date o	of Re	eceipt					
	Mailing Address 9209 181 Street Avenue Eas	t			04 02 _ 2015							
	City Bonney Lake	State WA	Zip Code 98391					: C30544 Receipt th		1		
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	Name of Employer AMR - Corporate	Occupation Senior VP,										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1400.00									
	Full Name (Last, First, Middle Initial) Randy Strozyk				Date o	of Re	eceipt					
	Mailing Address 9209 181 Street Avenue East	:		04 05 2015								
	City Bonney Lake	State WA						: C305442 Receipt th		1		
	FEC ID number of contributing federal political committee.	С				200	0.00					
	Name of Employer AMR - Corporate	Occupation Senior VP,										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1400.00									
	Full Name (Last, First, Middle Initial) Randy Strozyk				Date o	of Re	eceipt					
	Mailing Address 9209 181 Street Avenue Eas	t			05	/	D 1(	D / Y 0 / Y	2015	Y		
	City Bonney Lake	State WA	Zip Code 98391					: C30544 Receipt th		1		
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	Name of Employer	Occupation		_								
	AMR - Corporate	Senior VP,	Operations									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼									
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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS		

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PAGE 19 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b 14	11c	12 16	17					
	ny information copied from such Reports and for commercial purposes, other than using th														
	NAME OF COMMITTEE (In Full) American Ambulance Associat	ion Federa	al Pac (Aka Ambu-Pac	;)											
Α.			Date o	f Red	ceipt										
	Mailing Address 9209 181 Street Avenue Eas		06 / Y Y Y Y Y 06 10 2015												
	City Bonney Lake	State WA	Zip Code 98391	Transaction ID : C3054490           Amount of Each Receipt this Period											
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	Name of Employer AMR - Corporate	Occupation Senior VP,													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1400.00	]											
в.	Full Name (Last, First, Middle Initial) Ronald Thackery		Date o	f Red	ceipt										
	Mailing Address 9922 Silver Maple Rd	04 02 2015													
	City Highlands Ranch	State CO	Zip Code 80129	Transaction ID : C3054425         Amount of Each Receipt this Period         333.33											
	FEC ID number of contributing federal political committee.	С													
	Name of Employer AMR - Corporate														
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 333.33	]											
<u>с</u> .	Full Name (Last, First, Middle Initial) Larry Wiersch	1			Date o	f Red	ceipt								
	Mailing Address 4846 Five Point Road		04 02 2015												
	City New Tripoli	State PA	Zip Code 18066	Transaction ID : C3054424 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	C					,		33	33.33					
	Name of Employer	Employer Occupation													
	Cetronia Ambulance Corps, Inc	Executive [													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 333.33												
s	UBTOTAL of Receipts This Page (optional)						,	- 7	86	6.66					
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SCHEDULE B (FEC Form 3	K)		FOR LINE	NUMBER: PAGE 20 OF 23											
ITEMIZED DISBURSEMENTS	Use separate for each cated		(check only	one)											
	Detailed Sum		21b 27	22     X     23     24     25     26       28a     28b     28c     29     30b											
Any information copied from such Reports a or for commercial purposes, other than using															
NAME OF COMMITTEE (In Full)															
American Ambulance Assoc	ation Federal Pac	c (Aka Am	bu-Pac)												
-	Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committee														
Mailing Address 120 Maryland Avenue, N	<b>.</b>			M m m         /         P = D         /         Y = Y = Y = Y           01         21         2015         2015           Transaction ID : D167302         1000000000000000000000000000000000000											
City	State Zip	Code													
Washington		002													
Purpose of Disbursement Contribution		Г		Amount of Each Disbursement this Period											
Candidate Name		L	Category/	2500.00											
Office Sought: House	Disbursement For: 2015		Туре												
Senate	Primary Other (specify)	General													
State: District:		•													
Full Name (Last, First, Middle Initial)															
B. Devin Nunes Campaign Cor	nmittee			Date of Disbursement											
Mailing Address P.O. Box 6545															
City Visalia		Code 290		Transaction ID : D167305											
Purpose of Disbursement Contribution		Г		Amount of Each Disbursement this Period											
Candidate Name			Category/	0500.00											
Devin Nunes			Туре	2500.00											
Office Sought: House Senate President State: GA District:	Disbursement For: 2016 Primary Other (specify)	General													
Full Name (Last, First, Middle Initial)	2			Date of Disbursement											
C. Mike Thompson for Congres	5														
Mailing Address 5429 Madison Avenue				01 21 2015											
City Sacramento		o Code 841		Transaction ID : D167303											
Purpose of Disbursement Contribution															
Candidate Name		L		Amount of Each Disbursement this Period											
Mike Thompson			Category/ Type	1500.00											
Office Sought: House Senate President	Disbursement For: 2016 Primary Other (specify)	General ▼													
State: CA District:															
SUBTOTAL of Disbursements This Page (c	ptional)		····· ►	6500.00											
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S	CHEDULE B (FEC Form 3X)			FC	DR L		UMBER:			PAGE	21	OF	23			
IT	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(cl		only o 21b 27	one) 22 28a	X 23 28b		24 28c	25 29		26 30b			
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$\setminus$	NAME OF COMMITTEE (In Full)															
	American Ambulance Association I	-ederal	Pac (Aka Ai	mbu-	Pa	IC)										
~	Full Name (Last, First, Middle Initial)		Data of	Diehuur												
А.	JIM RENACCI FOR CONGRESS							Disburs			N N	N/				
	Mailing Address 150 SMOKERISE DRIVE						M         M         /         D         D         /         Y									
	5	State	Zip Code													
	WADSWORTH Purpose of Disbursement	ОН	44281													
	Contribution						Amount	of Eacl	ı Disbı	urseme	nt this	Peri	od			
	Candidate Name			Cate	egory											
	James B. Renacci				/pe	y/				7	100	0.00				
	Senate X President	nent For: Primary Other (spe	General													
	State: OH District: 16															
В.	Full Name (Last, First, Middle Initial) BRADY FOR CONGRESS							Disburs								
	Mailing Address PO BOX 8277		02 23 2015													
	THE WOODLANDS	State TX	Zip Code 77387				Trans	action I	D : D1(	67317						
	Purpose of Disbursement Contribution						Amount of Each Disbursement this Period									
	Candidate Name			Cate	aon											
	Kevin Brady			Cate Ty	yony /pe	y/	2500									
	Senate X President	nent For: Primary Other (spe	General													
_	State:         TX         District:         08           Full Name (Last, First, Middle Initial)															
C.	PRICE FOR CONGRESS							Disburs								
	Mailing Address P.O. BOX 425						03		09	Ŷ	2015	Y				
	,	State Zip Code								67318						
	ROSWELL Purpose of Disbursement	GA	30077	_												
	Contribution			Amount	of Eacl	urseme	nt this	Peri	od							
	Candidate Name			Cate		y/		250	0.00							
	Senate President	nent For: Primary Other (spe	General	13	ype					7						
	State: GA District: 06							_		_	_	_	_			
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S	CHEDULE B (FEC Form 3X)		F	OR			NE NUMBER: PAGE 22 OF 23												
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the				ck d	only o	nly one)											
			Summary Page			2	1b 7	22 28a	×	23 28b		24		25 29	26 30b				
	ny information copied from such Reports and Stater for commercial purposes, other than using the nan																		
$\square$	NAME OF COMMITTEE (In Full)		/	_	_														
	American Ambulance Association	Federa	l Pac (Aka Ar	nbu	-Pa	ac	;)												
A.	Full Name (Last, First, Middle Initial) SCHATZ FOR SENATE		Date o	f Dis	sburs	sen	nent												
	Mailing Address PO BOX 3828		_	M M / D D / Y Y Y Y 06 04 2015															
	City	Transaction ID : D167321																	
	HONOLULU Purpose of Disbursement	HI	96812				_	-											
	Contribution			Ε.				Amount of Each Disbursement this Period											
	Candidate Name Brian Schatz			Cat				1000.00											
		ment For:	2016	I	ype	9	_			7	1	7		_					
	Senate President	Primary Other (spe	General																
	State: HI District:																		
В.	Full Name (Last, First, Middle Initial) KIRK FOR SENATE							Date o	f Dis	sburs	sen	nent							
	Mailing Address P.O. BOX 8							03 20 2015											
	WINNETKA	State IL		Transaction ID : D167319															
	Purpose of Disbursement Contribution	· · · ·						Amount of Each Disbursement this Period											
	Candidate Name			Category/				1500.00											
	Mark S. Kirk			Т	ype	Э			-	7	-		-	150	0.00				
	Senate X President	nent For: Primary Other (sp	General																
_	State: IL District: Full Name (Last, First, Middle Initial)																		
C.	PAT ROBERTS FOR US SENATE											nent	Y Y	Y	Y				
	Mailing Address PO Box 433		01 / D D / Y Y Y Y 01 21 2015																
	City S Great Bend	State Zip Code KS 67530-0433								Transaction ID : D167306									
	Purpose of Disbursement Contribution (Debt Retirement)	e of Disbursement								<b>F</b> aak		):-h		4 4la : a	Devied				
	Candidate Name		11	Amoun	τοι	emen	ent this Period												
	Pat Roberts			L.		250	2500.00												
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	State: KS District:							_	_	_		_	_	_	_				
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S	CHEDULE B (FEC Form 3X)			F	OR	LINF	NU	IMBER:				PA	GE	23	OF 23				
IT	EMIZED DISBURSEMENTS	Use sep for each			k only	ly one)													
			Summary Page			21b 27	$\vdash$	22 28a	×	23 28b	╞	24 28c		25 29	26 30b				
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$\left  \right\rangle$	NAME OF COMMITTEE (In Full)		/		_														
	American Ambulance Association	Federal	l Pac (Aka Ai	mbu	-Pa	ac)													
~	Full Name (Last, First, Middle Initial)			Data															
А.	WYDEN FOR SENATE						Date of Disbursement												
	Mailing Address 232 NE 9TH AVENUE			01 21 2015															
	City S PORTLAND	State OR	Zip Code 97232				Transaction ID : D167308												
	Purpose of Disbursement		01202	-		-	-												
	Contribution			L.,	_		Amount of Each Disbursement this Period												
	Candidate Name Ron Wyden			Cat			1000.00												
		ment For:	2016	- 1	ype	;	-			7									
	X Senate	Primary	General																
	State: OR District:	Other (spe	ecify) 🔻																
	Full Name (Last, First, Middle Initial)																		
В.	Walden for Congress			Date of Disbursement															
	Mailing Address PO Box 1091								01 21 2015										
											21		2	015					
	City Hood River	State OR				Transaction ID : D167307													
	Purpose of Disbursement Contribution						1				_								
	Candidate Name			L	-		Amount of Each Disbursement this Period												
	Greg Walden			Cat T	ego ype			L.		7	_			500	0.00				
	Office Sought: X House Disburser	ment For:	2016							,									
	Senate X President	Primary																	
	State: OR District:	Other (spe	ecny)																
_	Full Name (Last, First, Middle Initial)							_											
C.								Date of	Dis										
	Mailing Address																		
	City	State	Zip Code																
	Purpose of Disbursement					_	-												
	Candidate Name		Amount of Each Disbursement this Period																
	Office Sought: House Disburser Senate President	ment For: Primary Other (spe	General ecify) ▼							,		7							
	State: District:																		
s	UBTOTAL of Disbursements This Page (optional)					•				,		,		6000	0.00				
<b> </b> _	OTAL This Period (last page this line number only)	)						· · ·						23500	0.00				
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