

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 American Ambulance Association Federal Pac (Aka Ambu-Pac)

ADDRESS (number and street) 8400 Westpark Drive Second Floor McLean VA 22102 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00168070 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report (MY), Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S) Election on M M M / D D D / Y Y Y Y Y Y in the State of (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S) Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 01 / 01 / 2015 through 06 / 30 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Denise Clark

Signature of Treasurer Denise Clark [Electronically Filed] Date 07 / 20 / 2015

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Ambulance Association Federal Pac (Aka Ambu-Pac)

Report Covering the Period: From: / / To: / /

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---------------------------------------|
| 6. (a) Cash on Hand January 1, <input type="text" value="2015"/> | <input type="text" value="78234.33"/> | <input type="text" value="78234.33"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="78234.33"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="9698.06"/> | <input type="text" value="9698.06"/> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <input type="text" value="87932.39"/> | <input type="text" value="87932.39"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="23500.00"/> | <input type="text" value="23500.00"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="64432.39"/> | <input type="text" value="64432.39"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Ambulance Association Federal Pac (Aka Ambu-Pac)

Report Covering the Period: From: / / To: / /

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 8399.97 | 8399.97 |
| (ii) Unitemized | 1214.98 | 1214.98 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 9614.95 | 9614.95 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 9614.95 | 9614.95 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 83.11 | 83.11 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3)..... | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶ | 9698.06 | 9698.06 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 9698.06 | 9698.06 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 0.00 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 0.00 | 0.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 23500.00 | 23500.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 23500.00 | 23500.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 23500.00 | 23500.00 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 9614.95 | 9614.95 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 9614.95 | 9614.95 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 0.00 | 0.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 0.00 |

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

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

FOR LINE NUMBER: PAGE 6 OF 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Ambulance Association Federal Pac (Aka Ambu-Pac)

A. Bruce Baxter
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Shapleigh Avenue
 City Haverhill State MA Zip Code 01830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New Britain EMS, Inc. Occupation Chief Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 15 / 2015
Transaction ID : C3053945
 Amount of Each Receipt this Period
 50.00

B. Bruce Baxter
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Shapleigh Avenue
 City Haverhill State MA Zip Code 01830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New Britain EMS, Inc. Occupation Chief Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 15 / 2015
Transaction ID : C3054587
 Amount of Each Receipt this Period
 50.00

C. Bruce Baxter
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Shapleigh Avenue
 City Haverhill State MA Zip Code 01830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New Britain EMS, Inc. Occupation Chief Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 10 / 2015
Transaction ID : C3054297
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 7 OF 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Ambulance Association Federal Pac (Aka Ambu-Pac)

A. Bruce Baxter
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Shapleigh Avenue
 City Haverhill State MA Zip Code 01830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New Britain EMS, Inc. Occupation Chief Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 02 / 2015
Transaction ID : C3054434
 Amount of Each Receipt this Period
 50.00

B. Bruce Baxter
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Shapleigh Avenue
 City Haverhill State MA Zip Code 01830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New Britain EMS, Inc. Occupation Chief Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 05 / 2015
Transaction ID : C3054419
 Amount of Each Receipt this Period
 50.00

C. Bruce Baxter
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Shapleigh Avenue
 City Haverhill State MA Zip Code 01830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New Britain EMS, Inc. Occupation Chief Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 10 / 2015
Transaction ID : C3054444
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00
TOTAL This Period (last page this line number only)..... ▶

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 OF 23 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
American Ambulance Association Federal Pac (Aka Ambu-Pac)

A. Bruce Baxter
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Shapleigh Avenue
 City Haverhill State MA Zip Code 01830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New Britain EMS, Inc. Occupation Chief Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 10 / 2015
Transaction ID : C3054492
 Amount of Each Receipt this Period
 50.00

B. Dale Berry
 Full Name (Last, First, Middle Initial)
 Mailing Address 10188 Royce Dr
 City South Lyon State MI Zip Code 48178
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Huron Valley Ambulance, Inc. Occupation President/CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.33

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 02 / 2015
Transaction ID : C3054430
 Amount of Each Receipt this Period
 333.33

C. Harvey Hall
 Full Name (Last, First, Middle Initial)
 Mailing Address 1001 21st Street
 City Bakersfield State CA Zip Code 93301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hall Ambulance Service, Inc. Occupation Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 08 / 2015
Transaction ID : C3053930
 Amount of Each Receipt this Period
 250.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 633.33 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER: PAGE 9 OF 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Ambulance Association Federal Pac (Aka Ambu-Pac)

A. Harvey Hall
 Full Name (Last, First, Middle Initial)
 Mailing Address 1001 21st Street
 City Bakersfield State CA Zip Code 93301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hall Ambulance Service, Inc. Occupation Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 05 / 2015
Transaction ID : C3054292
 Amount of Each Receipt this Period
 250.00

B. Harvey Hall
 Full Name (Last, First, Middle Initial)
 Mailing Address 1001 21st Street
 City Bakersfield State CA Zip Code 93301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hall Ambulance Service, Inc. Occupation Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 12 / 2015
Transaction ID : C3054407
 Amount of Each Receipt this Period
 250.00

C. Harvey Hall
 Full Name (Last, First, Middle Initial)
 Mailing Address 1001 21st Street
 City Bakersfield State CA Zip Code 93301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hall Ambulance Service, Inc. Occupation Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 08 / 2015
Transaction ID : C3054414
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
TOTAL This Period (last page this line number only)..... ▶

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 10 OF 23 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
American Ambulance Association Federal Pac (Aka Ambu-Pac)

A. Harvey Hall
Full Name (Last, First, Middle Initial)
Mailing Address 1001 21st Street

| | | |
|---------------------|-------------|-------------------|
| City Bakersfield | State CA | Zip Code 93301 |
|---------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|-------------------------------------|
| Name of Employer Hall Ambulance Service, Inc. | Occupation Information Requested |
|--|-------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1500.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 13 | / | 2015 |

Transaction ID : C3054438

Amount of Each Receipt this Period

| |
|--------|
| 250.00 |
|--------|

B. Harvey Hall
Full Name (Last, First, Middle Initial)
Mailing Address 1001 21st Street

| | | |
|---------------------|-------------|-------------------|
| City Bakersfield | State CA | Zip Code 93301 |
|---------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|-------------------------------------|
| Name of Employer Hall Ambulance Service, Inc. | Occupation Information Requested |
|--|-------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1500.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 12 | / | 2015 |

Transaction ID : C3054446

Amount of Each Receipt this Period

| |
|--------|
| 250.00 |
|--------|

C. Michael Hall
Full Name (Last, First, Middle Initial)
Mailing Address 2827 S Circle Dr

| | | |
|-------------------|-------------|------------------------|
| City Inverness | State FL | Zip Code 34450-6956 |
|-------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|-------------------------------------|
| Name of Employer Mid Georgia Ambulance | Occupation Information Requested |
|---|-------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 18 | / | 2015 |

Transaction ID : C3054408

Amount of Each Receipt this Period

| |
|--------|
| 200.00 |
|--------|

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 700.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 OF 23 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
American Ambulance Association Federal Pac (Aka Ambu-Pac)

A. Michael Hall
 Full Name (Last, First, Middle Initial)
 Mailing Address 2827 S Circle Dr
 City Inverness State FL Zip Code 34450-6956
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mid Georgia Ambulance Occupation Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 08 / 2015
Transaction ID : C3054415
 Amount of Each Receipt this Period
 100.00

B. Michael Hall
 Full Name (Last, First, Middle Initial)
 Mailing Address 2827 S Circle Dr
 City Inverness State FL Zip Code 34450-6956
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mid Georgia Ambulance Occupation Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 13 / 2015
Transaction ID : C3054439
 Amount of Each Receipt this Period
 100.00

C. Michael Hall
 Full Name (Last, First, Middle Initial)
 Mailing Address 2827 S Circle Dr
 City Inverness State FL Zip Code 34450-6956
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mid Georgia Ambulance Occupation Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 12 / 2015
Transaction ID : C3054467
 Amount of Each Receipt this Period
 100.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 300.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 OF 23 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
American Ambulance Association Federal Pac (Aka Ambu-Pac)

A. Rachel Harracksing
 Full Name (Last, First, Middle Initial)
 Mailing Address 10633 Vista Alegre Dr
 City El Paso State TX Zip Code 79935-3621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Life Ambulance Service Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 10 / 2015
Transaction ID : C3054488
 Amount of Each Receipt this Period
 500.00

B. Russell Honeycutt
 Full Name (Last, First, Middle Initial)
 Mailing Address 223 Pebblebrook Ln
 City Macon State GA Zip Code 31220-8713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Central Emergency Medical Services Occupation Director of Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 15 / 2015
Transaction ID : C3053942
 Amount of Each Receipt this Period
 200.00

C. Russell Honeycutt
 Full Name (Last, First, Middle Initial)
 Mailing Address 223 Pebblebrook Ln
 City Macon State GA Zip Code 31220-8713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Central Emergency Medical Services Occupation Director of Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 15 / 2015
Transaction ID : C3054584
 Amount of Each Receipt this Period
 200.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 900.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 OF 23 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
American Ambulance Association Federal Pac (Aka Ambu-Pac)

A. Russell Honeycutt
 Full Name (Last, First, Middle Initial)
 Mailing Address 223 Pebblebrook Ln
 City Macon State GA Zip Code 31220-8713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Central Emergency Medical Services Occupation Director of Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2015
Transaction ID : C3054294
 Amount of Each Receipt this Period
 200.00

B. Russell Honeycutt
 Full Name (Last, First, Middle Initial)
 Mailing Address 223 Pebblebrook Ln
 City Macon State GA Zip Code 31220-8713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Central Emergency Medical Services Occupation Director of Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 02 / 2015
Transaction ID : C3054435
 Amount of Each Receipt this Period
 200.00

C. Russell Honeycutt
 Full Name (Last, First, Middle Initial)
 Mailing Address 223 Pebblebrook Ln
 City Macon State GA Zip Code 31220-8713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Central Emergency Medical Services Occupation Director of Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 05 / 2015
Transaction ID : C3054420
 Amount of Each Receipt this Period
 200.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 600.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 OF 23 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
American Ambulance Association Federal Pac (Aka Ambu-Pac)

A. Russell Honeycutt
 Full Name (Last, First, Middle Initial)
 Mailing Address 223 Pebblebrook Ln
 City Macon State GA Zip Code 31220-8713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Central Emergency Medical Services Occupation Director of Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 10 / 2015
Transaction ID : C3054441
 Amount of Each Receipt this Period
 200.00

B. Russell Honeycutt
 Full Name (Last, First, Middle Initial)
 Mailing Address 223 Pebblebrook Ln
 City Macon State GA Zip Code 31220-8713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Central Emergency Medical Services Occupation Director of Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 10 / 2015
Transaction ID : C3054489
 Amount of Each Receipt this Period
 200.00

c. Steve Murphy
 Full Name (Last, First, Middle Initial)
 Mailing Address 4300 Bayview Dr
 City Fort Lauderdale State FL Zip Code 33308-5327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AMR Occupation Executive VP, Government and National
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.33

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 02 / 2015
Transaction ID : C3054427
 Amount of Each Receipt this Period
 333.33

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 733.33 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER: PAGE 15 OF 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Ambulance Association Federal Pac (Aka Ambu-Pac)

Full Name (Last, First, Middle Initial)
A. Aarron Reinert

Mailing Address 29251 Patassium St NW

City State Zip Code
 Isanti MN 55040

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Lakes Region EMS Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 02 / 2015
Transaction ID : C3054426

Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
B. JulieAnn Rose

Mailing Address 1123 Chestnut Drive

City State Zip Code
 Ashtabula OH 44004

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Community Care Ambulance Network Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 416.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2015
Transaction ID : C3053946

Amount of Each Receipt this Period
 83.33

Full Name (Last, First, Middle Initial)
C. JulieAnn Rose

Mailing Address 1123 Chestnut Drive

City State Zip Code
 Ashtabula OH 44004

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Community Care Ambulance Network Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 416.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2015
Transaction ID : C3054588

Amount of Each Receipt this Period
 83.33

SUBTOTAL of Receipts This Page (optional)..... ▶ **1166.66**

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 16 OF 23 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
American Ambulance Association Federal Pac (Aka Ambu-Pac)

A. JulieAnn Rose
 Full Name (Last, First, Middle Initial)
 Mailing Address 1123 Chestnut Drive
 City Ashtabula State OH Zip Code 44004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Community Care Ambulance Network Occupation Executive Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 10 / 2015
Transaction ID : C3054298
 Amount of Each Receipt this Period
 83.33

B. JulieAnn Rose
 Full Name (Last, First, Middle Initial)
 Mailing Address 1123 Chestnut Drive
 City Ashtabula State OH Zip Code 44004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Community Care Ambulance Network Occupation Executive Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 02 / 2015
Transaction ID : C3054433
 Amount of Each Receipt this Period
 83.33

C. JulieAnn Rose
 Full Name (Last, First, Middle Initial)
 Mailing Address 1123 Chestnut Drive
 City Ashtabula State OH Zip Code 44004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Community Care Ambulance Network Occupation Executive Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 05 / 2015
Transaction ID : C3054417
 Amount of Each Receipt this Period
 83.33

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 249.99 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 17 OF 23 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
American Ambulance Association Federal Pac (Aka Ambu-Pac)

A. Randy Strozyk
Full Name (Last, First, Middle Initial)

Mailing Address 9209 181 Street Avenue East

| | | |
|---------------------|-------------|-------------------|
| City Bonney Lake | State WA | Zip Code 98391 |
|---------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|-------------------------------------|-------------------------------------|
| Name of Employer AMR - Corporate | Occupation Senior VP, Operations |
|-------------------------------------|-------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1400.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 01 | / | 15 | / | 2015 |

Transaction ID : C3053943

Amount of Each Receipt this Period

| |
|--------|
| 200.00 |
|--------|

B. Randy Strozyk
Full Name (Last, First, Middle Initial)

Mailing Address 9209 181 Street Avenue East

| | | |
|---------------------|-------------|-------------------|
| City Bonney Lake | State WA | Zip Code 98391 |
|---------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|-------------------------------------|-------------------------------------|
| Name of Employer AMR - Corporate | Occupation Senior VP, Operations |
|-------------------------------------|-------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1400.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 01 | / | 15 | / | 2015 |

Transaction ID : C3054585

Amount of Each Receipt this Period

| |
|--------|
| 200.00 |
|--------|

C. Randy Strozyk
Full Name (Last, First, Middle Initial)

Mailing Address 9209 181 Street Avenue East

| | | |
|---------------------|-------------|-------------------|
| City Bonney Lake | State WA | Zip Code 98391 |
|---------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|-------------------------------------|-------------------------------------|
| Name of Employer AMR - Corporate | Occupation Senior VP, Operations |
|-------------------------------------|-------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1400.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | / | 10 | / | 2015 |

Transaction ID : C3054295

Amount of Each Receipt this Period

| |
|--------|
| 200.00 |
|--------|

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 600.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 18 OF 23 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
American Ambulance Association Federal Pac (Aka Ambu-Pac)

A. Randy Strozyk
Full Name (Last, First, Middle Initial)

Mailing Address 9209 181 Street Avenue East

City Bonney Lake State WA Zip Code 98391

FEC ID number of contributing federal political committee. **C**

Name of Employer AMR - Corporate Occupation Senior VP, Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1400.00**

Date of Receipt **04 / 02 / 2015**

Transaction ID : C3054436

Amount of Each Receipt this Period **200.00**

B. Randy Strozyk
Full Name (Last, First, Middle Initial)

Mailing Address 9209 181 Street Avenue East

City Bonney Lake State WA Zip Code 98391

FEC ID number of contributing federal political committee. **C**

Name of Employer AMR - Corporate Occupation Senior VP, Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1400.00**

Date of Receipt **04 / 05 / 2015**

Transaction ID : C3054421

Amount of Each Receipt this Period **200.00**

C. Randy Strozyk
Full Name (Last, First, Middle Initial)

Mailing Address 9209 181 Street Avenue East

City Bonney Lake State WA Zip Code 98391

FEC ID number of contributing federal political committee. **C**

Name of Employer AMR - Corporate Occupation Senior VP, Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1400.00**

Date of Receipt **05 / 10 / 2015**

Transaction ID : C3054442

Amount of Each Receipt this Period **200.00**

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 600.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 19 OF 23 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
American Ambulance Association Federal Pac (Aka Ambu-Pac)

A. Randy Strozyk
Full Name (Last, First, Middle Initial)

Mailing Address 9209 181 Street Avenue East

City Bonney Lake State WA Zip Code 98391

FEC ID number of contributing federal political committee. **C**

Name of Employer AMR - Corporate Occupation Senior VP, Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 06 / 10 / 2015
Transaction ID : C3054490

Amount of Each Receipt this Period 200.00

B. Ronald Thackery
Full Name (Last, First, Middle Initial)

Mailing Address 9922 Silver Maple Rd

City Highlands Ranch State CO Zip Code 80129

FEC ID number of contributing federal political committee. **C**

Name of Employer AMR - Corporate Occupation VP, Safety & Risk Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 333.33

Date of Receipt 04 / 02 / 2015
Transaction ID : C3054425

Amount of Each Receipt this Period 333.33

C. Larry Wiersch
Full Name (Last, First, Middle Initial)

Mailing Address 4846 Five Point Road

City New Tripoli State PA Zip Code 18066

FEC ID number of contributing federal political committee. **C**

Name of Employer Cetronia Ambulance Corps, Inc Occupation Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 333.33

Date of Receipt 04 / 02 / 2015
Transaction ID : C3054424

Amount of Each Receipt this Period 333.33

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 866.66 |
| TOTAL This Period (last page this line number only).....▶ | 8399.97 |

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Ambulance Association Federal Pac (Aka Ambu-Pac)

Full Name (Last, First, Middle Initial)

A. Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Avenue, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2015
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 21 / 2015

Transaction ID : D167302

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Devin Nunes Campaign Committee

Mailing Address P.O. Box 6545

City Visalia State CA Zip Code 93290

Purpose of Disbursement Contribution

Candidate Name

Devin Nunes

Office Sought: House Senate President
State: GA District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 21 / 2015

Transaction ID : D167305

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Mike Thompson for Congress

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement Contribution

Candidate Name

Mike Thompson

Office Sought: House Senate President
State: CA District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 21 / 2015

Transaction ID : D167303

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

6500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Ambulance Association Federal Pac (Aka Ambu-Pac)

Full Name (Last, First, Middle Initial)

A. JIM RENACCI FOR CONGRESS

Mailing Address 150 SMOKERISE DRIVE

City WADSWORTH State OH Zip Code 44281

Purpose of Disbursement Contribution

Candidate Name

James B. Renacci

Office Sought: House Senate President
State: OH District: 16

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06 | / | 22 | / | 2015 |

Transaction ID : D167322

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. BRADY FOR CONGRESS

Mailing Address PO BOX 8277

City THE WOODLANDS State TX Zip Code 77387

Purpose of Disbursement Contribution

Candidate Name

Kevin Brady

Office Sought: House Senate President
State: TX District: 08

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02 | / | 23 | / | 2015 |

Transaction ID : D167317

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. PRICE FOR CONGRESS

Mailing Address P.O. BOX 425

City ROSWELL State GA Zip Code 30077

Purpose of Disbursement Contribution

Candidate Name

Tom Price

Office Sought: House Senate President
State: GA District: 06

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | / | 09 | / | 2015 |

Transaction ID : D167318

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

SUBTOTAL of Disbursements This Page (optional)..... ▶

| |
|---------|
| 6000.00 |
|---------|

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

| |
|--|
| |
|--|

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Ambulance Association Federal Pac (Aka Ambu-Pac)

Full Name (Last, First, Middle Initial)

A. SCHATZ FOR SENATE

Mailing Address PO BOX 3828

City HONOLULU State HI Zip Code 96812

Purpose of Disbursement
Contribution

Candidate Name

Brian Schatz

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: HI District:

Date of Disbursement

MM / DD / YYYY
06 / 04 / 2015

Transaction ID : D167321

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. KIRK FOR SENATE

Mailing Address P.O. BOX 8

City WINNETKA State IL Zip Code 60093

Purpose of Disbursement
Contribution

Candidate Name

Mark S. Kirk

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District:

Date of Disbursement

MM / DD / YYYY
03 / 20 / 2015

Transaction ID : D167319

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. PAT ROBERTS FOR US SENATE

Mailing Address PO Box 433

City Great Bend State KS Zip Code 67530-0433

Purpose of Disbursement
Contribution (Debt Retirement)

Candidate Name

Pat Roberts

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KS District:

Date of Disbursement

MM / DD / YYYY
01 / 21 / 2015

Transaction ID : D167306

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

5000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Ambulance Association Federal Pac (Aka Ambu-Pac)

Full Name (Last, First, Middle Initial)

A. WYDEN FOR SENATE

Mailing Address 232 NE 9TH AVENUE

City PORTLAND State OR Zip Code 97232

Purpose of Disbursement Contribution

Candidate Name

Ron Wyden

Office Sought: House Senate President

State: OR District:

Disbursement For: 2016 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 21 / 2015

Transaction ID : D167308

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Walden for Congress

Mailing Address PO Box 1091

City Hood River State OR Zip Code 97031-0037

Purpose of Disbursement Contribution

Candidate Name

Greg Walden

Office Sought: House Senate President

State: OR District:

Disbursement For: 2016 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 21 / 2015

Transaction ID : D167307

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

6000.00

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

23500.00