

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
2nd Floor
Check if different than previously reported. (ACC) McLean VA 22102-5116

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00168070 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

- (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
- Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
- Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)
- Election on [MM] / [DD] / [YYYY] in the State of []

- (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)
- Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [07] / [01] / [2012] through [09] / [30] / [2012]

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 [10] / [15] / [2012]

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="2012"/>		48188.67
(b) Cash on Hand at Beginning of Reporting Period.....	33355.87	
(c) Total Receipts (from Line 19)	3237.38	11404.58
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	36593.25	59593.25
7. Total Disbursements (from Line 31).....	12750.00	35750.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	23843.25	23843.25
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

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).....	3125.00	9675.02
(ii) Unitemized	100.01	1683.39
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	3225.01	11358.41
(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)	3225.01	11358.41
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.).....	12.37	46.17
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))..... ▶	3237.38	11404.58
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	3237.38	11404.58

DETAILED SUMMARY PAGE
of Disbursements

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.....	12750.00	35750.00
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)) ..	12750.00	35750.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12750.00	35750.00

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)	3225.01	11358.41
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3225.01	11358.41
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: (check only one)	PAGE 6 OF 14
<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

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. Shawn Baird
Full Name (Last, First, Middle Initial)

Mailing Address 1346 SE Tenind St

City Portland State OR Zip Code 97202

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

Name of Employer Woodbern Ambulance Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **08 / 15 / 2012**

Transaction ID : SA11AI.8181

Amount of Each Receipt this Period **125.00**

Contribution

B. Dale Berry
Full Name (Last, First, Middle Initial)

Mailing Address 1200 State Circle

City Ann Arbor State MI Zip Code 48108

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

Name of Employer Huron Valley Ambulance Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt **08 / 15 / 2012**

Transaction ID : SA11AI.8182

Amount of Each Receipt this Period **250.00**

Contribution

C. Janice Carbonneau
Full Name (Last, First, Middle Initial)

Mailing Address 54 Ridgewood Drive

City Atkinson State NH Zip Code 03811

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

Name of Employer New Britain EMS Occupation Assistant CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **08 / 15 / 2012**

Transaction ID : SA11AI.8183

Amount of Each Receipt this Period **125.00**

Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ **500.00**

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 7 OF 14
	<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)

Full Name (Last, First, Middle Initial) A. Harvey L. Hall		Date of Receipt MM / DD / YYYY 07 / 25 / 2012 Transaction ID : SA11AI.8162
Mailing Address 1001 - 21st Street		Amount of Each Receipt this Period 250.00
City Bakersfield	State CA	Zip Code 93301
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Hall Ambulance Service	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) B. Harvey L. Hall		Date of Receipt MM / DD / YYYY 08 / 23 / 2012 Transaction ID : SA11AI.8177
Mailing Address 1001 - 21st Street		Amount of Each Receipt this Period 250.00
City Bakersfield	State CA	Zip Code 93301
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Hall Ambulance Service	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	

Full Name (Last, First, Middle Initial) C. Harvey L. Hall		Date of Receipt MM / DD / YYYY 09 / 20 / 2012 Transaction ID : SA11AI.8191
Mailing Address 1001 - 21st Street		Amount of Each Receipt this Period 250.00
City Bakersfield	State CA	Zip Code 93301
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Hall Ambulance Service	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

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 8 OF 14
<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. Rachel Harracksingh
 Full Name (Last, First, Middle Initial)
 Mailing Address 10633 Vista Alegre
 City El Paso State TX Zip Code 79935
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Life Ambulance Service Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 15 / 2012
Transaction ID : SA11AI.8184
 Amount of Each Receipt this Period 250.00
 Contribution

B. Russell Honeycutt
 Full Name (Last, First, Middle Initial)
 Mailing Address 223 Pebblebrook Lane
 City Macon State GA Zip Code 31220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Honeycutt Group Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 15 / 2012
Transaction ID : SA11AI.8164
 Amount of Each Receipt this Period 100.00
 Contribution

C. Russell Honeycutt
 Full Name (Last, First, Middle Initial)
 Mailing Address 223 Pebblebrook Lane
 City Macon State GA Zip Code 31220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Honeycutt Group Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 15 / 2012
Transaction ID : SA11AI.8179
 Amount of Each Receipt this Period 100.00
 Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00
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 9 OF 14
<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. Russell Honeycutt
Full Name (Last, First, Middle Initial)
Mailing Address 223 Pebblebrook Lane
City Macon State GA Zip Code 31220
FEC ID number of contributing federal political committee. **C**
Name of Employer The Honeycutt Group Occupation President
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **900.00**

Date of Receipt **09 / 17 / 2012**
Transaction ID : SA11AI.8193
Amount of Each Receipt this Period **100.00**
Contribution

B. Jon Howell
Full Name (Last, First, Middle Initial)
Mailing Address 251 Bishop Farm Way
City Huntsville State AL Zip Code 35806
FEC ID number of contributing federal political committee. **C**
Name of Employer HEMSI Occupation CEO
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **300.00**

Date of Receipt **08 / 15 / 2012**
Transaction ID : SA11AI.8185
Amount of Each Receipt this Period **150.00**
Contribution

C. Aaron Reinert
Full Name (Last, First, Middle Initial)
Mailing Address 29251 Potassium St NW
City Isanti State MN Zip Code 55040
FEC ID number of contributing federal political committee. **C**
Name of Employer Lake Regions EMS Occupation Manager
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1875.00**

Date of Receipt **08 / 15 / 2012**
Transaction ID : SA11AI.8187
Amount of Each Receipt this Period **625.00**
Contribution

SUBTOTAL of Receipts This Page (optional)..... **875.00**
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 14
<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. Ronald Thackery
Full Name (Last, First, Middle Initial)

Mailing Address 9922 S. Silver Maple Road

City Highlands Ranch State CO Zip Code 80129

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

Name of Employer American Medical Response Occupation VP Risk Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt **08 / 15 / 2012**

Transaction ID : SA11AI.8188

Amount of Each Receipt this Period **250.00**

Contribution

B. Gerald Zapolnik
Full Name (Last, First, Middle Initial)

Mailing Address 1116 Rathfan Circle

City Saline State MI Zip Code 48176

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

Name of Employer Huron Valley Ambulance Occupation VP Support Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt **07 / 15 / 2012**

Transaction ID : SA11AI.8163

Amount of Each Receipt this Period **100.00**

Contribution

C. Gerald Zapolnik
Full Name (Last, First, Middle Initial)

Mailing Address 1116 Rathfan Circle

City Saline State MI Zip Code 48176

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

Name of Employer Huron Valley Ambulance Occupation VP Support Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt **08 / 15 / 2012**

Transaction ID : SA11AI.8180

Amount of Each Receipt this Period **100.00**

Contribution

SUBTOTAL of Receipts This Page (optional).....▶	450.00
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 14
<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

A. Full Name (Last, First, Middle Initial)
Gerald Zapolnik

Mailing Address 1116 Rathfan Circle

City Saline State MI Zip Code 48176

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

Name of Employer Huron Valley Ambulance Occupation VP Support Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 17 / 2012

Transaction ID : SA11AI.8192

Amount of Each Receipt this Period
100.00

Contribution

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	3125.00

**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. CHARLES BOUSTANY JR. MD FOR CONGRESS, INC.

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement
Contribution

011

Candidate Name

CHARLES DR. JR. BOUSTANY

Category/
Type

Office Sought: House
 Senate
 President
State: LA District: 07

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2012

Transaction ID : SB23.8202

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DAVE CAMP FOR CONGRESS

Mailing Address 5915 Eastman Avenue
Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement
Contribution

011

Candidate Name

DAVID CAMP

Category/
Type

Office Sought: House
 Senate
 President
State: MI District: 04

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 30 / 2012

Transaction ID : SB23.8175

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE

Mailing Address 120 MARYLAND AVENUE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼ None

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2012

Transaction ID : SB23.8197

Amount of Each Disbursement this Period

2000.00

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

5500.00

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. FRIENDS OF CHRIS MURPHY

Mailing Address PO BOX 127

City CHESHIRE State CT Zip Code 06410

Purpose of Disbursement
Contribution

011

Candidate Name

CHRISTOPHER S MURPHY

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CT District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	1	2

Transaction ID : SB23.8198

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. LATOURETTE FOR CONGRESS COMMITTEE

Mailing Address 320 Kenarden Dr.

City Highland Hts. State OH Zip Code 44143

Purpose of Disbursement
Contribution

011

Candidate Name

STEVE C LATOURETTE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OH District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	1	2

Transaction ID : SB23.8169

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. MIKE CRAPO FOR US SENATE

Mailing Address P.O. BOX 1948

City BOISE State ID Zip Code 83701

Purpose of Disbursement
Contribution

011

Candidate Name

MICHAEL D CRAPO

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: ID District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	1	2

Transaction ID : SB23.8167

Amount of Each Disbursement this Period

1	2	5	0	0	0	0	0	0	0

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

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

3	2	5	0	0	0	0	0	0	0

1	0	0	0	0	0	0	0	0	0

**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. MONTANANS FOR TESTER

Mailing Address PO BOX 3171

City BILLINGS State MT Zip Code 59103

Purpose of Disbursement
Contribution

011

Candidate Name

JON TESTER

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MT District: 00

Date of Disbursement

MM / DD / YYYY
07 / 09 / 2012

Transaction ID : SB23.8170

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. PETE STARK RE-ELECTION COMMITTEE

Mailing Address P.O. Box 8331

City Fremont State CA Zip Code 94537

Purpose of Disbursement
Contribution

011

Candidate Name

FORTNEY P. STARK

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 13

Date of Disbursement

MM / DD / YYYY
07 / 30 / 2012

Transaction ID : SB23.8173

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. WALDEN FOR CONGRESS

Mailing Address PO BOX 1091

City HOOD RIVER State OR Zip Code 97031

Purpose of Disbursement
Contribution

011

Candidate Name

Greg Walden

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OR District: 02

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2012

Transaction ID : SB23.8201

Amount of Each Disbursement this Period

2000.00

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

4000.00

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

12750.00