

# 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) **1201 WILSON BLVD**  
**27TH FLOOR**  
 Check if different than previously reported. (ACC) **ARLINGTON VA 22209**

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

5. Covering Period  /  /  through  /  /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Rose, Julie Ann, , ,  
Type or Print Name of Treasurer

Signature of Treasurer Rose, Julie Ann, , , [Electronically Filed] Date  /  /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

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

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

|  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2022"/>  |                         | 226989.10                         |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | 204389.10               |                                   |
| (c) Total Receipts (from Line 19) .....  | 52150.00                | 62550.00                          |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | 256539.10               | 289539.10                         |
| 7. Total Disbursements (from Line 31).....   | 18000.00                | 51000.00                          |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | 238539.10               | 238539.10                         |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>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<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 47225.00                      | 53775.00                          |
| (ii) Unitemized .....   | 4925.00                       | 6275.00                           |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶   | 52150.00                      | 60050.00                          |
| (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) .....  | 52150.00                      | 60050.00                          |
| 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                          | 2500.00                           |
| 17. Other Federal Receipts (Dividends, Interest, etc.).....   | 0.00                          | 0.00                              |
| 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)).....▶                         | 52150.00                      | 62550.00                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶                                   | 52150.00                      | 62550.00                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>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.....         | 18000.00                      | 51000.00                          |
| 24. Independent Expenditures (use Schedule E) .....  | 0.00                          | 0.00                              |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....                                 | 0.00                          | 0.00                              |
| 30. Federal Election Activity (52 U.S.C. § 30101(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)) ..      | 18000.00                      | 51000.00                          |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 18000.00                      | 51000.00                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

| <b>III. Net Contributions/<br/>Operating Expenditures</b>                            | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 52150.00                              | 60050.00                                  |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                                  | 0.00                                      |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 52150.00                              | 60050.00                                  |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 0.00                                  | 0.00                                      |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                                  | 0.00                                      |
| 38. Net Operating Expenditures<br>(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 31  |
| <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. Archuleta, Chris, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4500 Willow View Lane NW  
 City Albuquerque State NM Zip Code 87120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Superior Ambulance Service Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 02 / 2022  
**Transaction ID : SA11AI.10337**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Baird, Shawn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Woodbern Ambulance Occupation (for Individual) Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 18 / 2022  
**Transaction ID : SA11AI.10424**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Baxter, Bruce, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 Shapleigh Ave  
 City Haverhill State MA Zip Code 01830  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New Britain EMS Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 19 / 2022  
**Transaction ID : SA11AI.10334**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1350.00 |
| <b>TOTAL</b> 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 31  |
| <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. Berry, Dale, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Huron Valley Ambulance Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt **07 / 21 / 2022**  
**Transaction ID : SA11AI.10340**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Cataldo, Dennis, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 137 Washington St  
 City Somerville State ME Zip Code 02143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cataldo Ambulance Service Occupation (for Individual) President and CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **09 / 17 / 2022**  
**Transaction ID : SA11AI.10347**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Enloe, Howard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 103 Palonma Megd  
 City Anthony State NM Zip Code 88021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Life Ambulance Service, Inc. Occupation (for Individual) Owner/Operator  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **09 / 16 / 2022**  
**Transaction ID : SA11AI.10360**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1000.00 |
| <b>TOTAL</b> 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 31  |
| <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. Enloe, Howard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 103 Palonma Megd  
 City Anthony State NM Zip Code 88021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Life Ambulance Service, Inc. Occupation (for Individual) Owner/Operator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 09 / 16 / 2022  
**Transaction ID : SA11AI.10361**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Ferrell, Russell, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5217 Tottenham Circle  
 City Terre Haute State IN Zip Code 47803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Trans-Care Occupation (for Individual) Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 18 / 2022  
**Transaction ID : SA11AI.10422**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**C. Finger, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18 Central Avenue  
 City Rutland State VT Zip Code 05707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Regional Ambulance Service, Inc. Occupation (for Individual) Administration  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 07 / 2022  
**Transaction ID : SA11AI.10362**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 6300.00 |
| <b>TOTAL</b> 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 31  |
| <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. Fuiten, James, D., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9240 NW Groveland  
 City Hillsboro State OR Zip Code 97124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Metro West Occupation (for Individual) Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 09 / 16 / 2022  
**Transaction ID : SA11AI.10369**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

**B. Gault, Debora Mary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5502 North West Highway  
 City Waterford State WI Zip Code 53185  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AMR Occupation (for Individual) VP Federal Reimbursements  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 16 / 2022  
**Transaction ID : SA11AI.10345**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Gault, Debora Mary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5502 North West Highway  
 City Waterford State WI Zip Code 53185  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AMR Occupation (for Individual) VP Federal Reimbursements  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 09 / 2022  
**Transaction ID : SA11AI.10346**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 3000.00 |
| <b>TOTAL</b> 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 31   |
| <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. Geary, Sonny, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1413 Corinth Blvd  
 City Corinth State TX Zip Code 76208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Global Medical Response Occupation (for Individual) Vice President - Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 17 / 2022  
**Transaction ID : SA11AI.10426**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Godden, Kimberly, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2135 W Walton St  
 City Chicago State IL Zip Code 60622  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Super Air-Grand Ambulance Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 19 / 2022  
**Transaction ID : SA11AI.10381**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Grau, Steve, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2651 Summit Drive  
 City Hillsborough State CA Zip Code 94010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Royal Ambulance Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 07 / 2022  
**Transaction ID : SA11AI.10430**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1750.00 |
| <b>TOTAL</b> 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 31   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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

**A. GUGGENHEIM, ALAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 29911 Aldine Westfield Road  
 City SPRING State TX Zip Code 77386  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sensible EMS Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **09 / 19 / 2022**  
**Transaction ID : SA11AI.10320**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Hall, Lavonne, N/A, Ms,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1001 21st St.  
 City Bakersfield State CA Zip Code 93301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) N/A  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt **07 / 31 / 2022**  
**Transaction ID : SA11AI.10452**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Hall, Lavonne, N/A, Ms,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1001 21st St.  
 City Bakersfield State CA Zip Code 93301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) N/A  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt **08 / 08 / 2022**  
**Transaction ID : SA11AI.10453**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 750.00 |
| <b>TOTAL</b> 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 31   |
| <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. Hall, Lavonne, N/A, Ms,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1001 21st St.

|                     |             |                   |
|---------------------|-------------|-------------------|
| City<br>Bakersfield | State<br>CA | Zip Code<br>93301 |
|---------------------|-------------|-------------------|

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

|  |                                    |
|--|------------------------------------|
| Name of Employer (for Individual)<br>N/A | Occupation (for Individual)<br>N/A |
|--|------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    |   | 16    |   | 2022        |

**Transaction ID : SA11AI.10454**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Harracksingh, Rachel, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10633 Vista Alegre

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>El Paso | State<br>TX | Zip Code<br>79935 |
|-----------------|-------------|-------------------|

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

|   |   |
|---|---|
| Name of Employer (for Individual)<br>Life Ambulance Service | Occupation (for Individual)<br>Vice President |
|---|---|

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 |
| 09    |   | 16    |   | 2022        |

**Transaction ID : SA11AI.10404**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C. Hill, David B., , III,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 395 West Lake Street

|                  |             |                   |
|------------------|-------------|-------------------|
| City<br>Elmhurst | State<br>IL | Zip Code<br>60126 |
|------------------|-------------|-------------------|

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

|  |   |
|--|---|
| Name of Employer (for Individual)<br>Superior Air-Ground Ambulance | Occupation (for Individual)<br>Owner/Operator |
|--|---|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    |   | 18    |   | 2022        |

**Transaction ID : SA11AI.10341**

Amount of Each Receipt this Period  
5000.00

Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 6250.00 |
| <b>TOTAL</b> 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 31   |
| <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. Howell, Jon, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 251 Bishop Farm Way

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>Huntsville | State<br>AL | Zip Code<br>35806 |
|--------------------|-------------|-------------------|

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

|  |                                    |
|--|------------------------------------|
| Name of Employer (for Individual)<br>HEMSI | Occupation (for Individual)<br>CEO |
|--|------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    | / | 22    | / | 2022        |

**Transaction ID : SA11Al.10374**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Johnson, James S., , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1801 Mockingbird Lane

|              |             |                   |
|--------------|-------------|-------------------|
| City<br>Enid | State<br>OK | Zip Code<br>73703 |
|--------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Life EMS | Occupation (for Individual)<br>President |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    | / | 19    | / | 2022        |

**Transaction ID : SA11Al.10363**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Johnson, James S., , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1801 Mockingbird Lane

|              |             |                   |
|--------------|-------------|-------------------|
| City<br>Enid | State<br>OK | Zip Code<br>73703 |
|--------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Life EMS | Occupation (for Individual)<br>President |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    | / | 19    | / | 2022        |

**Transaction ID : SA11Al.10364**

Amount of Each Receipt this Period  
500.00

Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1000.00 |
| <b>TOTAL</b> 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 31 |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 <input type="checkbox"/> 11c<br><input type="checkbox"/> 15 <input type="checkbox"/> 12<br><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. Jurecki, Wayne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1111 N Marchall St  
 #1002  
 City Mulwaukee State WI Zip Code 53202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Bell Ambulance Occupation (for Individual) VP  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2022  
**Transaction ID : SA11AI.10451**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item

**B. Kelley, Ken, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 130 Blackgum St  
 City Magnolia State AR Zip Code 71753  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ProMed Ambulance Occupation (for Individual) CEO  
 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  
 08 / 01 / 2022  
**Transaction ID : SA11AI.10378**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Kelley, Ken, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 130 Blackgum St  
 City Magnolia State AR Zip Code 71753  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ProMed Ambulance Occupation (for Individual) CEO  
 Receipt For:  
 Primary  General  
 Other (specify)  
 Aggregate Year-to-Date ▼  
 1700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2022  
**Transaction ID : SA11AI.10379**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 3200.00 |
| <b>TOTAL</b> 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 15 OF 31   |
| <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. Mateff, Robert, F, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 42 Peter Jacob Drive  
 City Bangor State PA Zip Code 18013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cetronia Ambulance Corpws Occupation (for Individual) COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **07 / 07 / 2022**  
**Transaction ID : SA11Al.10415**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Mateff, Robert, F, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 42 Peter Jacob Drive  
 City Bangor State PA Zip Code 18013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cetronia Ambulance Corpws Occupation (for Individual) COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **08 / 07 / 2022**  
**Transaction ID : SA11Al.10416**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Mateff, Robert, F, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 42 Peter Jacob Drive  
 City Bangor State PA Zip Code 18013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cetronia Ambulance Corpws Occupation (for Individual) COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt **09 / 07 / 2022**  
**Transaction ID : SA11Al.10417**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 150.00 |
| <b>TOTAL</b> 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 31                |
|   | <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. Mateff, Robert, F, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 42 Peter Jacob Drive  
 City Bangor State PA Zip Code 18013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cetronia Ambulance Corpws Occupation (for Individual) COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 09 / 19 / 2022  
**Transaction ID : SA11AI.10418**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**B. McBeath, Pam, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6995 Dixie-Shreveport Rd  
 City Shreveport State LA Zip Code 71107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Balentine Ambulance Occupation (for Individual) Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 09 / 2022  
**Transaction ID : SA11AI.10399**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. McEntee, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 Joseph Prince Lane  
 City Amherst State NH Zip Code 03031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rockingham Ambulance Service Occupation (for Individual) Director, Operations  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 19 / 2022  
**Transaction ID : SA11AI.10432**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1575.00 |
| <b>TOTAL</b> 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 31   |
| <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. McPartlon, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 55 Rail Road Place Unit 207  
 City Sarotoga Springs State NY Zip Code 12866  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mohawk Ambulance Services Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 13 / 2022  
**Transaction ID : SA11AI.10365**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Moffitt, R. Gene, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1410 Chancellor Way  
 City Salt Lake City State UT Zip Code 84108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Gold Cross Services Occupation (for Individual) Owner/Operator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 18 / 2022  
**Transaction ID : SA11AI.10447**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item

**C. Montes, Asbel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 305 Rue Bordeaux  
 City Carencro State LA Zip Code 70520  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Acadian Companies Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 08 / 2022  
**Transaction ID : SA11AI.10327**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 3100.00 |
| <b>TOTAL</b> 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 31                |
|   | <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. Montes, Asbel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 305 Rue Bordeaux  
 City Carencro State LA Zip Code 70520  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Acadian Companies Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 08 / 2022  
**Transaction ID : SA11AI.10328**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Montes, Asbel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 305 Rue Bordeaux  
 City Carencro State LA Zip Code 70520  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Acadian Companies Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 09 / 06 / 2022  
**Transaction ID : SA11AI.10330**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Montes, Asbel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 305 Rue Bordeaux  
 City Carencro State LA Zip Code 70520  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Acadian Companies Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1900.00

Date of Receipt 09 / 08 / 2022  
**Transaction ID : SA11AI.10329**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1200.00 |
| <b>TOTAL</b> 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 31   |
| <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. North, Tristan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 302 Albemarle Ave  
 City Richmond State VA Zip Code 23226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Ambulance Association Occupation (for Individual) SVP of Government Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt **07 / 08 / 2022**  
**Transaction ID : SA11Al.10440**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. North, Tristan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 302 Albemarle Ave  
 City Richmond State VA Zip Code 23226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Ambulance Association Occupation (for Individual) SVP of Government Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt **08 / 08 / 2022**  
**Transaction ID : SA11Al.10441**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. North, Tristan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 302 Albemarle Ave  
 City Richmond State VA Zip Code 23226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Ambulance Association Occupation (for Individual) SVP of Government Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt **09 / 08 / 2022**  
**Transaction ID : SA11Al.10442**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 300.00 |
| <b>TOTAL</b> 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 20 OF 31   |
| <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. O'Connor, James, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 101 Old Mamarronsor Rd Apt 104

|                      |             |                   |
|----------------------|-------------|-------------------|
| City<br>White Plains | State<br>NY | Zip Code<br>10605 |
|----------------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Evolution Billing | Occupation (for Individual)<br>Health Care |
|--|--|

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 |
| 09    | / | 17    | / | 2022        |

**Transaction ID : SA11AI.10366**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Pafford-Gresham, Jamie, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O Box 1120

|              |             |                   |
|--------------|-------------|-------------------|
| City<br>Hope | State<br>AR | Zip Code<br>71802 |
|--------------|-------------|-------------------|

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

|  |   |
|--|---|
| Name of Employer (for Individual)<br>Pafford EMS | Occupation (for Individual)<br>Owner/Operator |
|--|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    | / | 18    | / | 2022        |

**Transaction ID : SA11AI.10367**

Amount of Each Receipt this Period  
2500.00

Memo Item

**C. Patterson, Wade, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 827 East Lincoln Rd

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>Idabel | State<br>OK | Zip Code<br>74745 |
|----------------|-------------|-------------------|

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

|  |   |
|--|---|
| Name of Employer (for Individual)<br>McCurain County EMS | Occupation (for Individual)<br>Executive Director |
|--|---|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    | / | 18    | / | 2022        |

**Transaction ID : SA11AI.10449**

Amount of Each Receipt this Period  
250.00

Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 3250.00 |
| <b>TOTAL</b> 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 21 OF 31 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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. Pedersen, Paul, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1201 E Pla Del Curvato

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>Tucson | State<br>AZ | Zip Code<br>85718 |
|----------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>AZ Ambulance | Occupation (for Individual)<br>Manager |
|---|--|

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 |
| 09    |   | 11    |   | 2022        |

**Transaction ID : SA11AI.10402**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B. Porter, Todd, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O Box 974

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>Mandan | State<br>ND | Zip Code<br>58554 |
|----------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Metro-Area Ambulance | Occupation (for Individual)<br>Paramedic |
|---|--|

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 |
| 09    |   | 12    |   | 2022        |

**Transaction ID : SA11AI.10434**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C. Porter, Todd, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O Box 974

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>Mandan | State<br>ND | Zip Code<br>58554 |
|----------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Metro-Area Ambulance | Occupation (for Individual)<br>Paramedic |
|---|--|

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    |   | 18    |   | 2022        |

**Transaction ID : SA11AI.10435**

Amount of Each Receipt this Period  
1000.00

Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 3000.00 |
| <b>TOTAL</b> 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 22 OF 31   |
| <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. Reinert, Aaron, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Lake Regions EMS Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 09 / 06 / 2022  
**Transaction ID : SA11AI.10316**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

**B. Robinson, Lauren, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5650 West Howard Street  
 City Skokie State IL Zip Code 60077  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Medical Express Ambulance Occupation (for Individual) President and CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 18 / 2022  
**Transaction ID : SA11AI.10386**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Rose, Julie Ann, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1123 Chestnut Drive  
 City Ashtabula State OH Zip Code 44004  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Community Care Ambulance Occupation (for Individual) Executive Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 28 / 2022  
**Transaction ID : SA11AI.10375**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 3600.00 |
| <b>TOTAL</b> 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 23 OF 31   |
| <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. Rose, Julie Ann, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1123 Chestnut Drive  
 City Ashtabula State OH Zip Code 44004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Community Care Ambulance Occupation (for Individual) Executive Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 28 / 2022  
**Transaction ID : SA11AI.10376**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Rose, Julie Ann, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1123 Chestnut Drive  
 City Ashtabula State OH Zip Code 44004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Community Care Ambulance Occupation (for Individual) Executive Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 28 / 2022  
**Transaction ID : SA11AI.10377**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Russell, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2034 Pamela  
 City Cape Girardeau State MO Zip Code 63701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cape County Private Ambulance Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 17 / 2022  
**Transaction ID : SA11AI.10373**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1200.00 |
| <b>TOTAL</b> 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 24 OF 31   |
| <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. Scarett-Dudgeon, Eileen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1890 West Main Street  
 City Newark State OH Zip Code 43055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Courtesy Ambulance, Inc Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **09 / 15 / 2022**  
**Transaction ID : SA11AI.10355**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Strozyk, Randy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9209 181 Street Avenue East  
 City Bonney Lake State WA Zip Code 98390  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Medical Response Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt **07 / 07 / 2022**  
**Transaction ID : SA11AI.10405**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. Strozyk, Randy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9209 181 Street Avenue East  
 City Bonney Lake State WA Zip Code 98390  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Medical Response Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt **08 / 07 / 2022**  
**Transaction ID : SA11AI.10406**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 900.00 |
| <b>TOTAL</b> 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 25 OF 31   |
| <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. Strozyk, Randy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9209 181 Street Avenue East  
 City Bonney Lake State WA Zip Code 98390  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Medical Response Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 09 / 07 / 2022  
**Transaction ID : SA11AI.10407**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**B. Strozyk, Randy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9209 181 Street Avenue East  
 City Bonney Lake State WA Zip Code 98390  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Medical Response Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 17 / 2022  
**Transaction ID : SA11AI.10408**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. Strozyk, Randy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9209 181 Street Avenue East  
 City Bonney Lake State WA Zip Code 98390  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Medical Response Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt 09 / 17 / 2022  
**Transaction ID : SA11AI.10409**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 600.00 |
| <b>TOTAL</b> 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 26 OF 31   |
| <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. Tornstrom, Thomas E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1126 Sandy Circle  
 City LaCrescent State MN Zip Code 55947  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Gundersen Tri-State Ambulance Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 18 / 2022  
**Transaction ID : SA11Al.10439**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Vandenberg, Rhonda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11551 184th Place  
 City Orland Park State IL Zip Code 60467  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Elite Medical Transportation Occupation (for Individual) Co-Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 18 / 2022  
**Transaction ID : SA11Al.10412**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Wolber, Kyle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15580 Verdun Drive  
 City Winfield State IL Zip Code 60190  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Superior Ambulance Service Occupation (for Individual) Logistics Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 18 / 2022  
**Transaction ID : SA11Al.10384**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1250.00 |
| <b>TOTAL</b> 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 27 OF 31   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Zehetner, Rick, , ,

Mailing Address 212 E Ravine Dr

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>Mequon | State<br>WI | Zip Code<br>53092 |
|----------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Bell Ambulance Inc | Occupation (for Individual)<br>President |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    | / | 02    | / | 2022        |

**Transaction ID : SA11AI.10403**

Amount of Each Receipt this Period  
2500.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

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

|                                   |                             |
|-----------------------------------|-----------------------------|
| Name of Employer (for Individual) | Occupation (for Individual) |
|-----------------------------------|-----------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

Amount of Each Receipt this Period

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

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

|                                   |                             |
|-----------------------------------|-----------------------------|
| Name of Employer (for Individual) | Occupation (for Individual) |
|-----------------------------------|-----------------------------|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

Amount of Each Receipt this Period

Memo Item

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 2500.00  |
| <b>TOTAL</b> This Period (last page this line number only)..... | 47225.00 |

**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"/> 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. ADRIAN SMITH FOR CONGRESS**

Mailing Address 1126 AVENUE A  
STE 6

City SCOTTSBLUFF State NE Zip Code 69361

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼  
State: NE District: 03

Date of Disbursement

M M / D D / Y Y Y Y Y  
07 / 19 / 2022

FEC Identification Number

**C** C00412890

**Transaction ID : SB23.10480**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. BLUMENAUER FOR CONGRESS**

Mailing Address 1631 NE BROADWAY  
#343

City PORTLAND State OR Zip Code 97232

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼  
State: OR District: 03

Date of Disbursement

M M / D D / Y Y Y Y Y  
08 / 05 / 2022

FEC Identification Number

**C** C00307314

**Transaction ID : SB23.10489**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. DEBBIE DINGELL FOR CONGRESS**

Mailing Address PO BOX 972480

City YPSILANTI State MI Zip Code 48197

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼  
State: CA District: 22

Date of Disbursement

M M / D D / Y Y Y Y Y  
07 / 19 / 2022

FEC Identification Number

**C** C00100537

**Transaction ID : SB23.10515**

Amount of Each Disbursement this Period

1500.00

Memo Item

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

5000.00

**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"/> 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 TODD YOUNG, INC.**

Mailing Address PO BOX 3743

City  
CARMEL

State  
IN

Zip Code  
46082

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: IN District: 00

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 05 / 2022

FEC Identification Number

**C** C00459255

**Transaction ID : SB23.10487**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. GREG PENCE FOR CONGRESS**

Mailing Address PO BOX 275

City  
TAYLORSVILLE

State  
IN

Zip Code  
47280

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2022  
 Primary  General  
 Other (specify)

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 29 / 2022

FEC Identification Number

**C** C00658401

**Transaction ID : SB23.10493**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. HOYER FOR CONGRESS**

Mailing Address 700 13TH STREET NW  
SUITE 800

City  
WASHINGTON

State  
DC

Zip Code  
20005

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: MD District: 05

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 28 / 2022

FEC Identification Number

**C** C00140715

**Transaction ID : SB23.10491**

Amount of Each Disbursement this Period

1000.00

Memo Item

**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"/> 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. KEVIN MCCARTHY FOR CONGRESS**

Mailing Address PO BOX 12667

City  
BAKERSFIELD

State  
CA

Zip Code  
93389

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

State: CA District: 20

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 2 | 6 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

**C** C00420935

**Transaction ID : SB23.10503**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. LAHOOD FOR CONGRESS**

Mailing Address P.O. BOX 10735

City  
PEORIA

State  
IL

Zip Code  
61612

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify)

State: IL District: 18

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 2 | 6 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

**C** C00575050

**Transaction ID : SB23.10500**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. LISA MURKOWSKI FOR US SENATE**

Mailing Address PO BOX 100847

City  
ANCHORAGE

State  
AK

Zip Code  
99510

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

State: AK District: 00

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 2 | 6 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

**C** C00384529

**Transaction ID : SB23.10501**

Amount of Each Disbursement this Period

1500.00

Memo Item

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

5000.00

**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"/> 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. MICHAEL BURGESS FOR CONGRESS**

Mailing Address PO BOX 2334

City  
DENTON

State  
TX

Zip Code  
76202

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: TX District: 26

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2022

FEC Identification Number

C C00372532

**Transaction ID : SB23.10494**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. WELCH FOR CONGRESS**

Mailing Address PO BOX 1682

City  
BURLINGTON

State  
VT

Zip Code  
05401

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: VT District: 00

Disbursement For: 2022  
 Primary  General  
 Other (specify)

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2022

FEC Identification Number

C C00413179

**Transaction ID : SB23.10499**

Amount of Each Disbursement this Period

1000.00

Memo Item

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) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

2000.00

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

18000.00