

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

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1. NAME OF COMMITTEE (In full) **ASSOCIATION OF AIR MEDICAL SERVICES POLITICAL ACTION COMMITTEE**
TYPE OR PRINT Example: If typing, type over the lines. **12FE4M5** **FEC MAIL CENTER**

ADDRESS (number and street) **909 NORTH WASHINGTON STREET**
SUITE 410
Check if different than previously reported. (ACC) **ALEXANDRIA VA 22314**

2. FEC IDENTIFICATION NUMBER **C00410431**
CITY STATE ZIP CODE

3. IS THIS REPORT NEW (N) AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

<input type="checkbox"/> April 15 Quarterly Report (Q1)	<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> July 15 Quarterly Report (Q2)	<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> October 15 Quarterly Report (Q3)	<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)
<input type="checkbox"/> January 31 Year-End Report (YE)				
<input type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only) (MY)				
<input type="checkbox"/> Termination Report (TER)				

(b) Monthly Report Due On:

(c) 12-Day PRE-Election Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

Election on _____ in the State of _____

(d) 30-Day POST-Election Report for the:

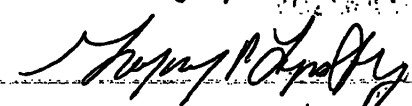
<input checked="" type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
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Election on **11 06 2012** in the State of _____

5. Covering Period **10 01 2012** through **11 26 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 **Gregory P. Lynskey**

Signature of Treasurer  Date **12 06 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.

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FEC FORM 3X
Rev. 12/2004

12030973932

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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Page 2

Write or Type Committee Name

Association of Air Medical Services PAC

Report Covering the Period:

From:

10 01 2012

To:

11 26 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2012		16,740.32
(b) Cash on Hand at Beginning of Reporting Period.....	16,189.22	
(c) Total Receipts (from Line 19).....	0.00	50.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	16,189.22	16,790.32
7. Total Disbursements (from Line 31).....	80.80	681.90
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	16,108.42	16,108.42
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

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**DETAILED SUMMARY PAGE
of Receipts**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Association of Air Medical Services PAC

Report Covering the Period:

From:

10 01 2012

To:

11 26 2012

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 H).....

0 0 0

0 0 0

(ii) Unitemized.....

0 0 0

5 0 0 0

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....

0 0 0

5 0 0 0

(b) Political Party Committees.....

0 0 0

0 0 0

(c) Other Political Committees (such as PACs).....

0 0 0

0 0 0

(d) Total Contributions (add Lines 11(a)(i), (b), and (c)) (Carry Totals to Line 33, page 5).....

0 0 0

5 0 0 0

12. Transfers From Affiliated/Other Party Committees.....

0 0 0

0 0 0

13. All Loans Received.....

0 0 0

0 0 0

14. Loan Repayments Received.....

0 0 0

0 0 0

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

0 0 0

0 0 0

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

0 0 0

0 0 0

17. Other Federal Receipts (Dividends, Interest, etc.).....

0 0 0

0 0 0

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H5).....

0 0 0

0 0 0

(b) Levin Funds (from Schedule H5).....

0 0 0

0 0 0

(c) Total Transfers (add 18(a) and 18(b)).....

0 0 0

0 0 0

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....

0 0 0

5 0 0 0

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....

0 0 0

5 0 0 0

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 301 (Rev. 02/2003)

Page 4

R. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

	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 0 0	0 0 0
(ii) Non-Federal Share	0 0 0	0 0 0
(b) Other Federal Operating Expenditures	8 0 8 0	4 3 1 9 0
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	8 0 8 0	4 3 1 9 0
22. Transfers to Affiliated/Other Party Committees	0 0 0	0 0 0
23. Contributions to Federal Candidates/Committees and Other Political Committees	0 0 0	2 5 0 0 0
24. Independent Expenditures (use Schedule E)	0 0 0	0 0 0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0 0 0	0 0 0
26. Loan Repayments Made	0 0 0	0 0 0
27. Loans Made	0 0 0	0 0 0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0 0 0	0 0 0
(b) Political Party Committees	0 0 0	0 0 0
(c) Other Political Committees (such as PACs)	0 0 0	0 0 0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0 0 0	0 0 0
29. Other Disbursements	0 0 0	0 0 0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0 0 0	0 0 0
(ii) "Levit" Share	0 0 0	0 0 0
(b) Federal Election Activity Paid Entirely With Federal Funds	0 0 0	0 0 0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0 0 0	0 0 0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	8 0 8 0	6 8 1 9 0
32. Total Federal Disbursements (subtract Line 21(a)(i) and Line 30(a)(ii) from Line 31)	8 0 8 0	6 8 1 9 0

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DETAILED SUMMARY PAGE
of Disbursements

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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 5)	000	50.00
34. Total Contribution Refunds (from Line 28(d))	000	00.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	000	50.00
36. Total Federal Operating Expenditures (add Line 21(a)(7) and Line 21(8))	8080	43190
37. Offsets to Operating Expenditures (from Line 15, page 3)	000	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	8080	43190

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked


 PREPARER

12/10/12
 DATE PREPARED

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