PAGE 1 / 13

FEC FORM 3Y

REPORT OF RECEIPTS AND DISBURSEMENTS

TYPE OR PRINT ▼ Example: If typing, type over the lines. AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC) ADDRESS (number and street) Tockek if different than previously reported. (ACC) ARLINGTON	I OKIWI 3X	For Other Tha	n An Authorize	d Committe	ee		Office Use Only
AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC) ADDRESS (number and street) Check if different than proviously reported. (ACC) ARLINGTON ARLINGTON ARLINGTON ARLINGTON C Coorissoro 3. IS THIS REPORT (Choose One) (a) Quarterly Report (b) Monthly Feb 20 (M2) May 20 (M5) Aug 20 (M6) Peport (Choose One) (a) Quarterly Report (b) Monthly Feb 20 (M2) May 20 (M6) Sep 20 (M9) Dec 20 (M10) Dec 20 (M11) July 15 Quarterly Report (O1) July 15 Quarterly Report (O1) Due On Mar 20 (M4) July 20 (M7) Oct 20 (M10) Jan 31 (YE) Quarterly Report (O1) Dec 20 (M10) Dec					ng, type	12FE4M	
ADDRESS (number and street) Check if different than previously reported, LACC 27TH FLOOR 4RLINGTON 4RLINGTO		,				4511.54.6	
ARLINGTON ZTH FLOOR ARLINGTON AMENDED	AMERICAN AME	BULANCE ASSOC	IATION FEDE	ERAL PAC	CAKA AN	/IBU-PAC)	
ARLINGTON ZTH FLOOR ARLINGTON AMENDED							
Check if different than previously reported. (ACC) 2. FEC IDENTIFICATION NUMBER C C C00168070 3. IS THIS REPORT (N) OR AMENDED (A) AMENDED (MB) AMENDED (ADDRESS (number and s	street)	BLVD				
2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲ C C00168070 3. IS THIS REPORT ★ (N) OR AMENDED A. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) Quarterly Report (Q2) Qctober 15 Quarterly Report (Q2) Qctober 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) Termination Report (TER) Termination R		ent					
A. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) Quarterly Report (Q2) Quarterly Report (Q3) Termination Report (PE) July 31 Mid-Year Report (Note) Report Report (Note) Rep						VA _	22209
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 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) Termination Report (TER) Report and to the best of my knowledge and belief it is true, correct and complete. Rose, Julie Ann.,, IElectronically Filed] Nor 20 (M8) Nor 20 (M11) Nor 20 (M11) Nor 20 (M11) Nor 20 (M15) Aug 20 (M8) Nor 20 (M11) Nor 20 (M11) Nor 20 (M11) Nor 20 (M15) Nor 20 (M11) Nor 20 (M11) Nor 20 (M15) Nor 20 (M15) Nor 20 (M11) Nor 20 (M15) Nor 20 (M15) Nor 20 (M15) Nor 20 (M15) Nor 20 (M11) Nor 20 (M15)	2. FEC IDENTIFICAT	TION NUMBER ▼	CITY A		8	STATE A	ZIP CODE ▲
(Choose One) (Report (Choose One) (Report (Choose One) (Report (Choose One) (Report (Due On:	C C00168070						ENDED
(a) Quarterly Reports: Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec		Report	Feb 20 (M2)	May 20 (M5)	Aug	20 (M8) Nov 20 (M11) (Non-Election Year Only)
April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) Report (Non-election Year Only) (MY) Termination Report (TER) Covering Period Termination Report Total I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Rose, Julie Ann, , , [Electronically Filed] NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 3010s PRE-Election Report (12R) PRE-Election Report (12R) Runoff ((a) Quarterly Report		Mar 20 (M3)	lun 20 (M6)	Sep	20 (M9) Dec 20 (M12) (Non-Election Year Only)
July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) Heport (Non-election Year Only) (MY) Termination Report (TER) Covering Period O1 Covering Period Covering Period O1 Covering Period O3 Covering Period O1 Covering Period O1 Covering Period O3 Covering Period O1 Covering Period O3 Covering Period O4 Covering Period Covering Period O4 Covering Period Coveri		Papart (O1)	Apr 20 (M4))	lul 20 (M7)	Oct 2	20 (M10) Jan 31 (YE)
October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) Convention (12C) Special (12S) In the State of State of Report (Non-election Year Only) (MY) Report (Non-election Year Only) (MY) Termination Report (TER) Convering Period Other State of Covering Period Other State of Other State of Covering Period Other State of Covering Period Other State of Covering Period Other State of Other Sta	July 15	(C) 12-Da		Primary (12P)	General (12G) Runoff (12R)
January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) Covering Period MMM POST-Election Report for the: Election on General (30G) Runoff (30R) Special (30S) Report for the: Election on MMM POST-Election Report for the: Election on MMM POST-Election Report for the: Election on Election on MMM POST-Election Report and to the best of my knowledge and belief it is true, correct and complete. Rose, Julie Ann, , , [Electronically Filed] Date Office Use FEC FORM 3X Rev. 05/2016	October 15	Repo	ort for the:	Convention (12C)	Special (12S)
July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) Termination Rep	January 31	1	Election on	M M /	D D /	Y	
Termination Report (TER) Election on State of State of Covering Period O1 O1 O1 O2022 through O3 O3 O3 O3 O3 O4 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. § 30105 FEC FORM 3X Rev. 05/2016	July 31 Mi Report (No	d-Year on-election (MY) (d) 30-Da	T -Election	General (300	à)	Runoff (3	OR) Special (30S)
Covering Period 01 01 2022 through 03 31 2022 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 Rose, Julie Ann, , , [Electronically Filed] Date 04 13 2022 NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30108 Office Use FEC FORM 3X Rev. 05/2016		n Report		M = M /	D = D /	Y Y Y Y	
Rose, Julie Ann, , , Signature of Treasurer Rose, Julie Ann, , , [Electronically Filed] Date Office Use Office Use Rose, Julie Ann, , , [Electronically Filed] Date FEC FORM 3X Rev. 05/2016	5. Covering Period	M M / D D /		through	03		
Type or Print Name of Treasurer Rose, Julie Ann, , , [Electronically Filed] Date 04 13 2022 NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109 Office Use FEC FORM 3X Rev. 05/2016	I certify that I have exam			owledge and b	pelief it is true	e, correct and	I complete.
Signature of Treasurer [Electronically Filed] Date 04 13 2022 NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109 Office Use FEC FORM 3X Rev. 05/2016	Type or Print Name of ⁻		1, , ,				
Office Use FEC FORM 3X Rev. 05/2016	Signature of Treasurer	Rose, Julie Ann, , ,		[Electronically	Filed] D	ate 04	
Use Use Rev. 05/2016	NOTE: Submission of fals	se, erroneous, or incomplet	e information may s	ubject the pers	son signing th	is Report to th	e penalties of 52 U.S.C. § 30109
	Use						

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)

R	М	01 01 2022 To:	03 31 2022
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2022		226989.10
	(b) Cash on Hand at Beginning of Reporting Period	226989.10	
	(c) Total Receipts (from Line 19)	6425.00	6425.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	233414.10	233414.10
7 .	Total Disbursements (from Line 31)	8500.00	8500.00
3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	224914.10	224914.10
).	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0.	the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
x	This committee has qualified as a multion	candidate 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

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

R	eport Covering the Period: From:		03 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees		
	(i) Itemized (use Schedule A)	2700.00	2700.00
	(ii) Unitemized	1225.00	1225.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	3925.00	3925.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
10	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) Transfers From Affiliated/Other	3925.00	3925.00
12.	Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made to Federal Candidates and Other	0.00	0.00
17	Political Committees	2500.00	2500.00
	Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	0.00	0.00
	(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))▶	6425.00	6425.00
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	6425.00	6425.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schodule H4)		
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		0.00
(add 21(a)(i), (a)(ii), and (b))▶ Transfers to Affiliated/Other Party	0.00	
Committees	0.00	0.00
Federal Candidates/Committees and Other Political Committees	8500.00	8500.00
Independent Expenditures (use Schedule E)	0.00	0.00
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00
	4 4 4	1 1 4 1 1 4 1 1 4
(b) Political Party Committees	0.00	0.00
(such as PACs)(d) Total Contribution Refunds	0.00	0.00
(add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements (Including		
Non-Federal Donations)	0.00	0.00
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
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	8500.00	8500.00
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	8500.00	8500.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) III. Net Contributions/

Operating Expenditures

(from Line 11(d), page 3)

(from Line 28(d)).....

(subtract Line 34 from Line 33)

(add Line 21(a)(i) and Line 21(b))▶

(from Line 15, page 3).....

(subtract Line 37 from Line 36)

33. Total Contributions (other than loans)

35. Net Contributions (other than loans)

36. Total Federal Operating Expenditures

37. Offsets to Operating Expenditures

38. Net Operating Expenditures

34. Total Contribution Refunds

Page 5 **COLUMN A** COLUMN B **Total This Period** Calendar Year-to-Date 3925.00 3925.00 0.00 0.00 3925.00 3925.00 0.00 0.00 0.00 0.00 0.00 0.00

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

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		13		14		15	16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Archuleta, Chris, L.,, Date of Receipt Mailing Address 4500 Willow View Lane NW 2022 City Zip Code State Transaction ID: SA11AI.10198 NM Albuquerque 87120 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) CEO Superior Ambulance Service Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Berry, Dale, , , Date of Receipt Mailing Address 1200 State Circle 2022 City State Zip Code Transaction ID: SA11AI.10199 MI Ann Arbor 48108 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Huron Valley Ambulance President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250,00

		4	
Full Name of Individual (Last, First, Middle Ini Gault, Debora Mary, , , Mailing Address 5502 North West Highway	tial) or Full Orga	anization Name	Date of Receipt 01 16 2022
City Waterford	State WI	Zip Code 53185	Transaction ID : SA11AI.10200 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer (for Individual) AMR		ation (for Individual) deral Reimbursements	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			750.00

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

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

				MBER	PAGE	7	OF	13	
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		13		14		15	16	6	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 t	he name and address of any political committee t	o solicit contributions from such committee.
/	SOCIATION FEDERAL PAC (AKA	A AMBU-PAC)
Full Name of Individual (Last, First, Middle I Hall, Lavonne, N/A, Ms, Mailing Address 1001 21st St.	nitial) or Full Organization Name	Date of Receipt
		01 21 2022
City Bakersfield	State Zip Code CA 93301	Transaction ID : SA11AI.10191
FEC ID number of contributing		Amount of Each Receipt this Period
federal political committee.	C	250.00
Name of Employer (for Individual) N/A	Occupation (for Individual) N/A	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name of Individual (Last, First, Middle I	nitial) or Full Organization Name	Date of Receipt
Mailing Address 1001 21st St.		02 16 2022
City	State Zip Code	Transaction ID : SA11AI.10192
Bakersfield	CA 93301	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) N/A	Occupation (for Individual) N/A	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name of Individual (Last, First, Middle In Howell, Jon, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 251 Bishop Farm Way		01 22 2022
City Huntsville	State Zip Code AL 35806	Transaction ID : SA11AI.10205 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) HEMSI	Occupation (for Individual) CEO	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify)	250.00	
SUBTOTAL of Receipts This Page (optional)	•	750.00
TOTAL This Period (last page this line number	er only)	

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

F	OR	LINE	NU	MBER	PAGE	8	OF	13	
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		13		14		15	16	6	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.

<u> </u>	Tor commercial purposes, other than using the m	arrio aria addi	coo or arry pointour committee to	Concil Contributions from Cubit Continuittes.
	NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE ASSO		·	AMBU-PAC)
۹.	Full Name of Individual (Last, First, Middle Initial Kelley, Ken, , , Mailing Address 130 Blackgum St	,		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Magnolia FEC ID number of contributing	State AR	Zip Code 71753	Transaction ID : SA11AI.10209 Amount of Each Receipt this Period 500.00
	Name of Employer (for Individual) ProMed Ambulance Receipt For:		ar-to-Date ▼	Memo Item
	Primary General Other (specify) ▼		500.00	
3.	Full Name of Individual (Last, First, Middle Initial Montes, Asbel, , , Mailing Address 305 Rue Bordeaux	i) or Full Orga	Inization Name	Date of Receipt 03 08 2022
	City Carencro	State LA	Zip Code 70520	Transaction ID : SA11AI.10195 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual) Acadian Companies	Occupa VP	ation (for Individual)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 300.00	
-	Full Name of Individual (Last, First, Middle Initial North, Tristan, , ,) or Full Orga	nization Name	Date of Receipt
	Mailing Address 302 Albemarle Ave	State	Zin Codo	03 08 2022
	City Richmond	VA	Zip Code 23226	Transaction ID : SA11AI.10218 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer (for Individual) American Ambulance Association Receipt For:	SVP of	tion (for Individual) Government Affairs	Memo Item
	Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 300.00	
s	UBTOTAL of Receipts This Page (optional)		>	700.00
Т	OTAL This Period (last page this line number on	ly)		

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

Use separate schedule(s) for each category of the

							PAGE	9	OF	13
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Detailed Summary Page 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) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Rose, Julie Ann, , , Date of Receipt Mailing Address 1123 Chestnut Drive 2022 City Zip Code State Transaction ID: SA11AI.10208 OH Ashtabula 44004 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Community Care Ambulance **Executive Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Strozyk, Randy, , , Date of Receipt Mailing Address 9209 181 Street Avenue East 2022 City State Zip Code Transaction ID: SA11AI.10211 WA Bonney Lake 98390 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) American Medical Response Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Strozyk, Randy, , , Date of Receipt Mailing Address 9209 181 Street Avenue East 2022 City Zip Code State Transaction ID: SA11AI.10212 WA Bonney Lake 98390 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) American Medical Response Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) 500.00 SUBTOTAL of Receipts This Page (optional).....

2700.00

Receipt For:

Primary

Other (enecify)

General

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

	F	OR	LINE	NU	MBER	:	PAGE		10 OF	=	13
Use separate schedule(s)	(0	(check only one)									
for each category of the Detailed Summary Page			11a		11b		11c		12		
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not be sold or used by any peress of any political committee							_				

Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name LEAHY FOR U.S. SENATOR COMMITTEE Date of Receipt Mailing Address PO BOX 1042 2022 03 City Zip Code State Transaction ID: SA16.10219 **MONTPELIER** 05601 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 C00068353 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) Receipt For: 2022 Aggregate Year-to-Date ▼ Primary ✗ General 2500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual)

Curior (specify)	7 7 7									
SUBTOTAL of Receipts This Page (optional)	·····	I	Ξ	,	Ξ	I	,	Ξ	2500.00	
TOTAL This Period (last page this line number	only)			7		Ξ	7		2500.00	

Occupation (for Individual)

Aggregate Year-to-Date ▼

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE				
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 28a	22 X 23 26 27 28b 28c 29 30b			
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam						
NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE ASSOC	CIATION FEDERAL	PAC (AKA	AMBU-PAC)			
Full Name (Last, First, Middle Initial) A. AMODEI FOR NEVADA	Date of Disbursement					
Mailing Address 503 N DIVISION ST			03 24 2022			
CARSON CITY	State Zip Code NV 89703		FEC Identification Number			
Purpose of Disbursement Candidate Name	andidate Name					
Senate x	Senate Primary General					
State: NV District: 02	Other (specify) ▼		Memo Item			
B. DEBBIE DINGELL FOR CONGRES	Date of Disbursement					
Mailing Address PO BOX 972480			03 24 2022			
City YPSILANTI Purpose of Disbursement	State Zip Code MI 48197		FEC Identification Number C C00558213			
Candidate Name						
Senate x	nent For: 2022 Primary General Other (specify)	71.	1000.00 Memo Item			
Full Name (Last, First, Middle Initial) C. MULLIN FOR CONGRESS			Date of Disbursement			
Mailing Address PO BOX 3681			03 07 2022			
MUSKOGEE	State Zip Code OK 74402		FEC Identification Number			
Purpose of Disbursement Candidate Name		Category/ Type	C C00498345 Transaction ID : SB23.10226 Amount of Each Disbursement this Period			
Senate President	nent For: 2022 Primary ☐ General Other (specify) ▼		2500.00 Memo Item			
State: OK District: 02 SUBTOTAL of Disbursements This Page (optional)			4500.00			
TOTAL This Period (last page this line number only).						

S 17

SCHEDULE B (FEC Form 3X)	Han annount In-duly ()	FOR LINE NUMBER: PAGE 12 OF 13		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only one)		
	Detailed Summary Page	21b 22 X 23 26 27 28a 28b 28c 29 30b		
Any information copied from such Deports and Obstern	monto mou not be sald as ass			
		ed by any person for the purpose of soliciting contributions al committee to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)	<u> </u>			
AMERICAN AMBULANCE ASSOC	CIATION FEDERAL	PAC (AKA AMBU-PAC)		
Full Name (Last, First, Middle Initial)		Data (2) 1		
A. SWALWELL FOR CONGRESS		Date of Disbursement		
Mailing Address P.O. BOX 2847		03 07 2022		
City DUBLIN	State Zip Code CA 94568	FEC Identification Number		
Purpose of Disbursement	94000	C 000502204		
p. 200 20 200 200 200 200 200 200 200 200		C C00502294 Transaction ID : SB23.10227		
Candidate Name	Candidate Name Category/			
Office Cought		Type 1000.00		
Office Sought: House Disburser	ment For: 2022 Primary General	1000.00		
President	Other (specify) ▼	Memo Item		
State: CA District: 14 Full Name (Last, First, Middle Initial)				
B. VERN BUCHANAN FOR CONGRI	Date of Disbursement			
Mailing Address P. O. BOX 48928	03 07 7 2022			
City	State Zip Code			
SARASOTA	FL 34230	FEC Identification Number		
Purpose of Disbursement	Purpose of Disbursement			
Candidate Name	Transaction ID : SB23.10224			
Sandidate Harris	Category/ Amount of Each Disbursement this Period Type			
Office Sought: House Disburser	ment For: 2022	1000.00		
State: FL District: 16	Other (specify)	Memo Item		
Full Name (Last, First, Middle Initial)		2.4		
C. WELCH FOR CONGRESS	Date of Disbursement			
Mailing Address PO BOX 1682		03 07 2022		
City	State Zip Code	FEC Identification Number		
BURLINGTON	VT 05401			
Purpose of Disbursement		C C00413179		
Candidate Name		Category/ Amount of Each Disbursement this Period		
		Туре		
Compte	ment For: 2022 Primary General	1000.00		
President X	Primary General Other (specify) ▼	п.,		
State: VT District: 00	(opooj) •	Memo Item		
		2000 22		
SUBTOTAL of Disbursements This Page (optional)		3000.00		
TOTAL This Period (last page this line number only)				

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SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER:	PAGE 13 OF 13					
ITEMIZED DISBURSEMENTS		rate schedule(s) category of the	(check only one)							
		Summary Page	21b 28a	22 x 23 28c	26 27 29 30b					
Any information copied from such Reports and State	ements mav n	ot be sold or use								
or for commercial purposes, other than using the na										
NAME OF COMMITTEE (In Full)	01471011	EEDEE	DAG (4:4:	AAAD!! 5 . 6'						
AMERICAN AMBULANCE ASSO	CIATION	FEDERAL	PAC (AKA	AMBU-PAC)						
Full Name (Last, First, Middle Initial)										
A. WELCH FOR CONGRESS	Date of Disburser	nent								
Mailing Address PO BOX 1682				03 24 2022						
Mailing Address 1 0 BOX 1002				03 24	2022					
City	State VT	Zip Code		FEC Identification	Number					
BURLINGTON Purpose of Disbursement	VI	05401		0 00040470						
Turpose of Bioburdement				C C00413179						
Candidate Name Category/				Transaction ID : SB23.10221 Amount of Each Disbursement this Period						
Office Courbby 111			Туре		1000.00					
Office Sought: House Disburse Senate	ement For: 2 Primary	022 General			1000.00					
President	Other (spec			Memo Item						
State: VT District: 00				Memo item						
Full Name (Last, First, Middle Initial)				5						
В.		Date of Disbursement								
Mailing Address				M = M / D = I	D / Y Y Y Y					
City	State	Zip Code		FEC Identification	Number					
Purpose of Disbursement				C						
Candidate Name Category/				Amount of Each Disbursement this Period						
Office Sought: House Disbursement For:										
Senate Primary General				4 4						
President										
State: District:										
Full Name (Last, First, Middle Initial) C.				Date of Disburser	nent					
	M M / D D / Y Y Y Y									
Mailing Address										
City	State	Zip Code		FFO Identification	Number					
				FEC Identification	ivumber					
Purpose of Disbursement				C						
Candidate Name Category/				Amount of Each Disbursement this Period						
			Type	Amount of Lacif E	Disbursement this Feriod					
	ement For: Primary	General								
Senate President										
State: District:	Other (spec	iy) ▼		Memo Item						
<u> </u>										
SUBTOTAL of Disbursements This Page (optional)			·····	7	1000.00					
TOTAL This Period (lost need this line number and					8500.00					
TOTAL This Period (last page this line number only	y <i>)</i>									