

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) P.O. Box 96503 #72319 Washington DC 20090 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE C C00168070 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X] NEW (N) [] AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: [X] 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 01 / 01 / 2024 through 03 / 31 / 2024

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 Rose, Julie Ann, , ,

Signature of Treasurer Rose, Julie Ann, , , Date 04 / 12 / 2024

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: 01 / 01 / 2024 To: 03 / 31 / 2024

Table with 2 columns: COLUMN A This Period, COLUMN B Calendar Year-to-Date. Rows include: 6. (a) Cash on Hand January 1, 2024 (246016.98); (b) Cash on Hand at Beginning of Reporting Period (246016.98); (c) Total Receipts (from Line 19) (15325.00); (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) (261341.98); 7. Total Disbursements (from Line 31) (22500.00); 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) (238841.98); 9. Debts and Obligations Owed TO the Committee (0.00); 10. Debts and Obligations Owed BY the Committee (0.00).

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

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

Report Covering the Period: From: 01 / 01 / 2024 To: 03 / 31 / 2024

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).....	8625.00	8625.00
(ii) Unitemized	1700.00	1700.00
(iii) TOTAL (add Lines 11(a)(i) and (ii).....▶	10325.00	10325.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	15325.00	15325.00
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	0.00
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)).....▶	15325.00	15325.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	15325.00	15325.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	22500.00	22500.00
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)) ..	22500.00	22500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	22500.00	22500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	15325.00	15325.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15325.00	15325.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Archuleta, Chris, L., ,

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 ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 02 / 2024
Transaction ID : SA11AI.10910

Amount of Each Receipt this Period
250.00

Memo Item

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

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
MM / DD / YYYY
03 / 19 / 2024
Transaction ID : SA11AI.10909

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 909 13th Street North

City Sauk Rapids State MN Zip Code 56379

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

Name of Employer (for Individual) Mayo Clinic Occupation (for Individual) Operations Chief

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 21 / 2024
Transaction ID : SA11AI.10932

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 16
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. 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 ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 21 / 2024
Transaction ID : SA11Al.10919
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Howell, Jon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 251 Bishop Farm Way
 City Huntsville State AL Zip Code 35806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HEMSI Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2024
Transaction ID : SA11Al.10913
 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 Enid State OK Zip Code 73703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Life EMS Occupation (for Individual) President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 19 / 2024
Transaction ID : SA11Al.10912
 Amount of Each Receipt this Period
 250.00
 Memo Item

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

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

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Jurecki, Wayne, , ,		Date of Receipt
Mailing Address 1111 N Marchall St #1002		M M M / D D D / Y Y Y Y Y Y 03 / 05 / 2024
City Mulwaukee	State WI	Zip Code 53202
FEC ID number of contributing federal political committee. C		Transaction ID : SA11Al.10936
Name of Employer (for Individual) Bell Ambulance		Amount of Each Receipt this Period
Occupation (for Individual) VP		5000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="checkbox"/> Memo Item
		5000.00

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kelley, Ken, , ,		Date of Receipt
Mailing Address 130 Blackgum St		M M M / D D D / Y Y Y Y Y Y 02 / 01 / 2024
City Magnolia	State AR	Zip Code 71753
FEC ID number of contributing federal political committee. C		Transaction ID : SA11Al.10918
Name of Employer (for Individual) ProMed Ambulance		Amount of Each Receipt this Period
Occupation (for Individual) CEO		500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="checkbox"/> Memo Item
		500.00

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Mateff, Robert, F, ,		Date of Receipt
Mailing Address 42 Peter Jacob Drive		M M M / D D D / Y Y Y Y Y Y 03 / 19 / 2024
City Bangor	State PA	Zip Code 18013
FEC ID number of contributing federal political committee. C		Transaction ID : SA11Al.10930
Name of Employer (for Individual) Cetronia Ambulance Corpws		Amount of Each Receipt this Period
Occupation (for Individual) COO		75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼	<input type="checkbox"/> Memo Item
		225.00

SUBTOTAL of Receipts This Page (optional).....▶	5575.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Montes, Asbel, , ,

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) Occupation (for Individual)
Acadian Companies VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 08 / 2024

Transaction ID : SA11Al.10906

Amount of Each Receipt this Period
100.00

Memo Item

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

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) Occupation (for Individual)
American Ambulance Association SVP of Government Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 08 / 2024

Transaction ID : SA11Al.10935

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 1201 E Pla Del Curvato

City Tucson State AZ Zip Code 85718

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

Name of Employer (for Individual) Occupation (for Individual)
AZ Ambulance Manager

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2024

Transaction ID : SA11Al.10923

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1200.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 10 OF 16
(check only one)	
<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 ▼ 300.00

Date of Receipt **03 / 28 / 2024**
Transaction ID : SA11Al.10917
 Amount of Each Receipt this Period 100.00
 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 ▼ 400.00

Date of Receipt **02 / 07 / 2024**
Transaction ID : SA11Al.10925
 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 ▼ 600.00

Date of Receipt **03 / 07 / 2024**
Transaction ID : SA11Al.10926
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	8625.00

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 11 OF 16
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" 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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. GLOBAL MEDICAL RESPONSE, INC. POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 27 / 2024 Transaction ID : SA11C.10964
Mailing Address 6501 S. FIDDLERS GREEN CIRCLE SUITE 100		Amount of Each Receipt this Period 5000.00
City GREENWOOD VILLAGE	State CO	<input type="checkbox"/> Memo Item
Zip Code 80111		
FEC ID number of contributing federal political committee. C C00389585		
Name of Employer (for Individual)	Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B.		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State	<input type="checkbox"/> Memo Item
Zip Code		
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual)	Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C.		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State	<input type="checkbox"/> Memo Item
Zip Code		
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual)	Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	5000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. CATHY MCMORRIS RODGERS FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		29		2024

Mailing Address BOX 137

FEC Identification Number

C	C00390476
---	-----------

Transaction ID : SB23.10947

Amount of Each Disbursement this Period

2500.00

Memo Item

City SPOKANE State WA Zip Code 99210

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: WA District: 05

Full Name (Last, First, Middle Initial)

B. CLEAVER FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		29		2024

Mailing Address P.O.BOX 411872

FEC Identification Number

C	C00395848
---	-----------

Transaction ID : SB23.10945

Amount of Each Disbursement this Period

1500.00

Memo Item

City KANSAS CITY State MO Zip Code 64141

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: MO District: 05

Full Name (Last, First, Middle Initial)

C. FRIENDS OF RAJA FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		25		2024

Mailing Address PO BOX 681202

FEC Identification Number

C	C00575092
---	-----------

Transaction ID : SB23.10962

Amount of Each Disbursement this Period

1000.00

Memo Item

City SCHAUMBURG State IL Zip Code 60168

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: IL District: 08

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

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

5000.00

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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)

Grid for line numbers 21b-30b with checkboxes, where 23 is checked.

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NAME OF COMMITTEE (In Full)

AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

Full Name (Last, First, Middle Initial)

A. JOHN CURTIS FOR UTAH

Mailing Address PO BOX 296

City PROVO

State UT

Zip Code 84603

Purpose of Disbursement

Candidate Name

Office Sought: Senate (checked), State: UT, District: 00

Disbursement For: 2024, Primary (checked), General (unchecked)

Date of Disbursement

Date field: 01 / 29 / 2024

FEC Identification Number

C00647339

Transaction ID : SB23.10939

Amount of Each Disbursement this Period

Amount field: 2500.00

Memo Item (unchecked)

Full Name (Last, First, Middle Initial)

B. MARIE FOR CONGRESS

Mailing Address PO BOX 1164

City WASHOUGAL

State WA

Zip Code 98671

Purpose of Disbursement

Candidate Name

Office Sought: House (checked), State: WA, District: 03

Disbursement For: 2024, Primary (unchecked), General (checked)

Date of Disbursement

Date field: 01 / 29 / 2024

FEC Identification Number

C00806174

Transaction ID : SB23.10944

Amount of Each Disbursement this Period

Amount field: 4000.00

Memo Item (unchecked)

Full Name (Last, First, Middle Initial)

C. MIKE BOST FOR CONGRESS COMMITTEE

Mailing Address PO BOX 1212

City MURPHYSBORO

State IL

Zip Code 62966

Purpose of Disbursement

Candidate Name

Office Sought: House (checked), State: IL, District: 12

Disbursement For: 2024, Primary (unchecked), General (checked)

Date of Disbursement

Date field: 02 / 27 / 2024

FEC Identification Number

C00546499

Transaction ID : SB23.10950

Amount of Each Disbursement this Period

Amount field: 1000.00

Memo Item (unchecked)

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

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

Subtotal field: 7500.00

Total field: (empty)

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)

Form for line numbers 21b-28a, 22-28b, 23-28c, 26-29, 27-30b with checkboxes.

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NAME OF COMMITTEE (In Full)

AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

Full Name (Last, First, Middle Initial)

A. MONTANANS FOR TESTER

Mailing Address PO BOX 1135

City HELENA

State MT

Zip Code 59624

Purpose of Disbursement

Candidate Name

Office Sought: Senate (checked), State: MT, District: 00

Disbursement For: 2024, Primary (checked), General (unchecked), Other (unchecked)

Date of Disbursement

Date of Disbursement: 02 / 27 / 2024

FEC Identification Number

C00412304

Transaction ID : SB23.10948

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period: 1000.00

Memo Item (unchecked)

Full Name (Last, First, Middle Initial)

B. MULLIN FOR AMERICA

Mailing Address PO BOX 1632

City OKLAHOMA CITY

State OK

Zip Code 73101

Purpose of Disbursement

Candidate Name

Office Sought: Senate (checked), State: OK, District: 00

Disbursement For: 2026, Primary (checked), General (unchecked), Other (unchecked)

Date of Disbursement

Date of Disbursement: 01 / 29 / 2024

FEC Identification Number

C00498345

Transaction ID : SB23.10937

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period: 2500.00

Memo Item (unchecked)

Full Name (Last, First, Middle Initial)

C. RICHARD E NEAL FOR CONGRESS COMMITTEE

Mailing Address 76 MAGNOLIA TERRACE

City SPRINGFIELD

State MA

Zip Code 01108

Purpose of Disbursement

Candidate Name

Office Sought: House (checked), State: MA, District: 01

Disbursement For: 2024, Primary (checked), General (unchecked), Other (unchecked)

Date of Disbursement

Date of Disbursement: 02 / 27 / 2024

FEC Identification Number

C00226522

Transaction ID : SB23.10949

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period: 2500.00

Memo Item (unchecked)

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

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

6000.00

**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. SCHNEIDER FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		25		2024

Mailing Address PO BOX 1318

FEC Identification Number

C C00495952

Transaction ID : SB23.10951

Amount of Each Disbursement this Period

1000.00

City
DEERFIELD

State
IL

Zip Code
60015

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: IL District: 10

Memo Item

Full Name (Last, First, Middle Initial)

B. SUSIE LEE FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		25		2024

Mailing Address 5130 S FORT APACHE RD
STE 215-382

FEC Identification Number

C C00655613

Transaction ID : SB23.10958

Amount of Each Disbursement this Period

1000.00

City
LAS VEGAS

State
NV

Zip Code
89148

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: NV District: 03

Memo Item

Full Name (Last, First, Middle Initial)

C. TERRI SEWELL FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		29		2024

Mailing Address PO BOX 1964

FEC Identification Number

C C00458976

Transaction ID : SB23.10938

Amount of Each Disbursement this Period

1000.00

City
BIRMINGHAM

State
AL

Zip Code
35201

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: AL District: 07

Memo Item

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

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

3000.00

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. ZINKE FOR CONGRESS

Mailing Address 704C 13TH ST E
STE 260

City
WHITEFISH

State
MT

Zip Code
59937

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: MT District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	2	4

FEC Identification Number

C C00778159

Transaction ID : SB23.10960

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

1000.00

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

22500.00