

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

ADDRESS (number and street) 8400 Westpark Drive 2nd Floor McLean VA 22102-5116 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00168070 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31 Year-End Report (YE) (b) Monthly Report Due On: Feb 20 (M2), May 20 (M5), Aug 20 (M8), Nov 20 (M11), Mar 20 (M3), Jun 20 (M6), Sep 20 (M9), Dec 20 (M12), 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) (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 07 / 01 / 2013 through 12 / 31 / 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Denise Clark

Signature of Treasurer Denise Clark [Electronically Filed] Date 01 / 27 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>	<input type="text" value="39935.48"/>	<input type="text" value="39935.48"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="38665.21"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="40002.88"/>	<input type="text" value="54732.61"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="78668.09"/>	<input type="text" value="94668.09"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="14500.00"/>	<input type="text" value="30500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="64168.09"/>	<input type="text" value="64168.09"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	32693.35	43160.03
(ii) Unitemized	7281.66	8515.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	39975.01	51675.03
(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)	39975.01	51675.03
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	3000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	27.87	57.58
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))..... ▶	40002.88	54732.61
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	40002.88	54732.61

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.....	14500.00	30500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	14500.00	30500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14500.00	30500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	39975.01	51675.03
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	39975.01	51675.03
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 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. Barry Albertson
Full Name (Last, First, Middle Initial)

Mailing Address 8 Middle Court

City Easton State PA Zip Code 18045

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

Name of Employer Suburban EMS Occupation Director of EMS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 05 / 2013
Transaction ID : SA11AI.8739

Amount of Each Receipt this Period 250.00

Contribution

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

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 Superior Ambulance Service Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 04 / 2013
Transaction ID : SA11AI.8660

Amount of Each Receipt this Period 500.00

Contribution

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

Mailing Address 1346 SE Tenind St

City Portland State OR Zip Code 97202

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

Name of Employer Woodbern Ambulance Occupation Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 09 / 19 / 2013
Transaction ID : SA11AI.8493

Amount of Each Receipt this Period 125.00

Contribution

SUBTOTAL of Receipts This Page (optional).....▶	875.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 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. Shawn Baird
Full Name (Last, First, Middle Initial)

Mailing Address 1346 SE Tenind St

City Portland State OR Zip Code 97202

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

Name of Employer Woodbern Ambulance Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2013
Transaction ID : SA11AI.8747

Amount of Each Receipt this Period
 125.00

Contribution

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

Mailing Address 1200 State Circle

City Ann Arbor State MI Zip Code 48108

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

Name of Employer Huron Valley Ambulance Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2013
Transaction ID : SA11AI.8497

Amount of Each Receipt this Period
 250.00

Contribution

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

Mailing Address 10188 Royce Drive

City South Lyon State MI Zip Code 48178

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

Name of Employer Huron Valley Ambulance Occupation Resident

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
 12 / 05 / 2013
Transaction ID : SA11AI.8741

Amount of Each Receipt this Period
 250.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 625.00

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 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)

Full Name (Last, First, Middle Initial) A. Janice Carbonneau		Date of Receipt
Mailing Address 54 Ridgewood Drive		<input type="text" value="09"/> / <input type="text" value="19"/> / <input type="text" value="2013"/>
City Atkinson	State NH	Zip Code 03811
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.8496
Name of Employer New Britain EMS		Amount of Each Receipt this Period <input type="text" value="150.00"/>
Occupation Assistant CEO		Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="450.00"/>	

Full Name (Last, First, Middle Initial) B. Janice Carbonneau		Date of Receipt
Mailing Address 54 Ridgewood Drive		<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City Atkinson	State NH	Zip Code 03811
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.8742
Name of Employer New Britain EMS		Amount of Each Receipt this Period <input type="text" value="150.00"/>
Occupation Assistant CEO		Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="600.00"/>	

Full Name (Last, First, Middle Initial) C. Thomas Crawford		Date of Receipt
Mailing Address 11 N 415 Stonecrest CT		<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City Elain	State IL	Zip Code 60124
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.8669
Name of Employer Elain Medi-Transport		Amount of Each Receipt this Period <input type="text" value="500.00"/>
Occupation Owner		Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="800.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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"/> 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. Steven J Delahousey
 Full Name (Last, First, Middle Initial)
 Mailing Address 2580 Rue Palafox
 City Biloxi State MS Zip Code 39531
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Medical Response Occupation Vice President of Operations
 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
 12 / 04 / 2013
Transaction ID : SA11AI.8668
 Amount of Each Receipt this Period
 250.00
 Contribution

B. Gerard Donahue
 Full Name (Last, First, Middle Initial)
 Mailing Address 931 N. Webster Ave
 City Scranton State PA Zip Code 18510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employer Occupation Business owner
 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
 12 / 19 / 2013
Transaction ID : SA11AI.8752
 Amount of Each Receipt this Period
 250.00
 Contribution

C. Howard Enloe
 Full Name (Last, First, Middle Initial)
 Mailing Address 103 Palonma Megd
 City Anthony State NM Zip Code 88021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Life Ambulance Service, Inc. Occupation Owner/Operator
 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
 12 / 04 / 2013
Transaction ID : SA11AI.8654
 Amount of Each Receipt this Period
 1000.00
 Contribution

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 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. James Finger
Full Name (Last, First, Middle Initial)

Mailing Address 18 Central Avenue

City Rutland State VT Zip Code 05707

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

Name of Employer Regional Ambulance Service, Inc. Occupation Administration

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
 12 / 04 / 2013
Transaction ID : SA11AI.8675

Amount of Each Receipt this Period
 250.00

Contribution

B. James D. Fuiten
Full Name (Last, First, Middle Initial)

Mailing Address 5475 NE Dowson Creek

City Hillsboro State OR Zip Code 97124

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

Name of Employer Metro West Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 04 / 2013
Transaction ID : SA11AI.8681

Amount of Each Receipt this Period
 2500.00

Contribution

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

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 Superior Air-Ground Ambulance Occupation Attorney

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
 12 / 04 / 2013
Transaction ID : SA11AI.8688

Amount of Each Receipt this Period
 250.00

Contribution

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 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)

Full Name (Last, First, Middle Initial) A. Harvey L. Hall		Date of Receipt MM / DD / YYYY 07 / 08 / 2013 Transaction ID : SA11AI.8471
Mailing Address 1001 - 21st Street		Amount of Each Receipt this Period 250.00
City Bakersfield	State CA	Zip Code 93301
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Hall Ambulance Service	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	

Full Name (Last, First, Middle Initial) B. Harvey L. Hall		Date of Receipt MM / DD / YYYY 08 / 09 / 2013 Transaction ID : SA11AI.8479
Mailing Address 1001 - 21st Street		Amount of Each Receipt this Period 250.00
City Bakersfield	State CA	Zip Code 93301
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Hall Ambulance Service	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Harvey L. Hall		Date of Receipt MM / DD / YYYY 09 / 09 / 2013 Transaction ID : SA11AI.8484
Mailing Address 1001 - 21st Street		Amount of Each Receipt this Period 250.00
City Bakersfield	State CA	Zip Code 93301
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Hall Ambulance Service	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 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)

Full Name (Last, First, Middle Initial) A. Harvey L. Hall		Date of Receipt MM / DD / YYYY 10 / 07 / 2013 Transaction ID : SA11AI.8508
Mailing Address 1001 - 21st Street		Amount of Each Receipt this Period 250.00
City Bakersfield	State CA	Zip Code 93301
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Hall Ambulance Service	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) B. Harvey L. Hall		Date of Receipt MM / DD / YYYY 11 / 04 / 2013 Transaction ID : SA11AI.8522
Mailing Address 1001 - 21st Street		Amount of Each Receipt this Period 250.00
City Bakersfield	State CA	Zip Code 93301
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Hall Ambulance Service	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	

Full Name (Last, First, Middle Initial) C. Harvey L. Hall		Date of Receipt MM / DD / YYYY 12 / 11 / 2013 Transaction ID : SA11AI.8645
Mailing Address 1001 - 21st Street		Amount of Each Receipt this Period 250.00
City Bakersfield	State CA	Zip Code 93301
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Hall Ambulance Service	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 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)

Full Name (Last, First, Middle Initial) A. Rachel Harracksing		Date of Receipt
Mailing Address 10633 Vista Alegre		<input type="text" value="09"/> / <input type="text" value="19"/> / <input type="text" value="2013"/>
City	State	Zip Code
El Paso	TX	79935
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.8491
Name of Employer	Occupation	Amount of Each Receipt this Period
Life Ambulance Service	Vice President	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="750.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Rachel Harracksing		Date of Receipt
Mailing Address 10633 Vista Alegre		<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
El Paso	TX	79935
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.8746
Name of Employer	Occupation	Amount of Each Receipt this Period
Life Ambulance Service	Vice President	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. John Herlihy		Date of Receipt
Mailing Address 9424 Shermer Road		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2013"/>
City	State	Zip Code
Morton Grove	IL	60053
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.8532
Name of Employer	Occupation	Amount of Each Receipt this Period
Lifeline Ambulance LLC	CEO	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 <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. III David B. Hill
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 Natoma Dr
 City State Zip Code
 Oak Brook IL 60523
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Superior Air-Ground Ambulance Owner/Operator
 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
 12 / 05 / 2013
Transaction ID : SA11AI.8751
 Amount of Each Receipt this Period
 250.00
 Contribution

B. Jon Howell
 Full Name (Last, First, Middle Initial)
 Mailing Address 251 Bishop Farm Way
 City State Zip Code
 Huntsville AL 35806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HEMSI CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2013
Transaction ID : SA11AI.8499
 Amount of Each Receipt this Period
 150.00
 Contribution

C. Jon Howell
 Full Name (Last, First, Middle Initial)
 Mailing Address 251 Bishop Farm Way
 City State Zip Code
 Huntsville AL 35806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HEMSI CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 575.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2013
Transaction ID : SA11AI.8743
 Amount of Each Receipt this Period
 125.00
 Contribution

SUBTOTAL of Receipts This Page (optional).....▶	525.00
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 15 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)

Full Name (Last, First, Middle Initial) A. James S. Johnson		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 27 / 2013
Mailing Address P O Box 801		Transaction ID : SA11AI.8531
City Enid	State OK	Zip Code 73702
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer Life EMS	Occupation President	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Wayne Jurecki		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 11 / 2013
Mailing Address 1111 N Marchall St #1002		Transaction ID : SA11AI.8650
City Mulwaukee	State WI	Zip Code 53202
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2500.00	
Name of Employer Bell Ambulance	Occupation VP	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) C. Kevin Lyons		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 04 / 2013
Mailing Address 11-13 School St		Transaction ID : SA11AI.8694
City Danvers	State MA	Zip Code 01923
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2500.00	
Name of Employer Lyons Ambulance Service	Occupation Owner	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional).....▶	6000.00
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 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)

Full Name (Last, First, Middle Initial) A. Sarah McEntee		Date of Receipt
Mailing Address 8489 Sunshine Ln		<input type="text" value="09"/> / <input type="text" value="19"/> / <input type="text" value="2013"/>
City	State	Zip Code
Riverside	CA	92508
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.8487
Name of Employer	Occupation	Amount of Each Receipt this Period
Center for Association Growth	Account Executive	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="225.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Sarah McEntee		Date of Receipt
Mailing Address 8489 Sunshine Ln		<input type="text" value="10"/> / <input type="text" value="19"/> / <input type="text" value="2013"/>
City	State	Zip Code
Riverside	CA	92508
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.8510
Name of Employer	Occupation	Amount of Each Receipt this Period
Center for Association Growth	Account Executive	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Sarah McEntee		Date of Receipt
Mailing Address 8489 Sunshine Ln		<input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2013"/>
City	State	Zip Code
Riverside	CA	92508
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.8526
Name of Employer	Occupation	Amount of Each Receipt this Period
Center for Association Growth	Account Executive	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="275.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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"/> 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. Thomas McEntee
Full Name (Last, First, Middle Initial)

Mailing Address 8489 Sunshine Ln

City Riverside State CA Zip Code 92508

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

Name of Employer AMR - Riverside County Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **466.69**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 19 / 2013

Transaction ID : SA11AI.8475

Amount of Each Receipt this Period
66.67

Contribution

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

Mailing Address 8489 Sunshine Ln

City Riverside State CA Zip Code 92508

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

Name of Employer AMR - Riverside County Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **533.36**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 20 / 2013

Transaction ID : SA11AI.8482

Amount of Each Receipt this Period
66.67

Contribution

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

Mailing Address 8489 Sunshine Ln

City Riverside State CA Zip Code 92508

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

Name of Employer AMR - Riverside County Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.03**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2013

Transaction ID : SA11AI.8488

Amount of Each Receipt this Period
66.67

Contribution

SUBTOTAL of Receipts This Page (optional).....▶	200.01
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 18 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)

Full Name (Last, First, Middle Initial) A. Thomas McEntee		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2013 Transaction ID : SA11AI.8512
Mailing Address 8489 Sunshine Ln		Amount of Each Receipt this Period 666.67
City Riverside	State CA	Zip Code 92508
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer AMR - Riverside County	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.70	

Full Name (Last, First, Middle Initial) B. Thomas McEntee		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2013 Transaction ID : SA11AI.8524
Mailing Address 8489 Sunshine Ln		Amount of Each Receipt this Period 66.67
City Riverside	State CA	Zip Code 92508
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer AMR - Riverside County	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 733.37	

Full Name (Last, First, Middle Initial) C. James McNeal Jr.		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 27 / 2013 Transaction ID : SA11AI.8529
Mailing Address 414 W. Elm		Amount of Each Receipt this Period 1000.00
City Burbank	State CA	Zip Code 91506
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Schaefer Ambulance Service	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	1133.34
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 19 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. R. Gene Moffitt
Full Name (Last, First, Middle Initial)

Mailing Address 1410 Chancellor Way

City State Zip Code
Salt Lake City UT 84108

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

Name of Employer Occupation
Gold Cross Services CEO/Owner

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
12 / 04 / 2013

Transaction ID : SA11AI.8701

Amount of Each Receipt this Period
1000.00

Contribution

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

Mailing Address 100 S Birch Rd #901

City State Zip Code
Ft Lauderdale FL 33316

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

Name of Employer Occupation
AMR Exe VP

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 / 2013

Transaction ID : SA11AI.8489

Amount of Each Receipt this Period
250.00

Contribution

c. Steve Murphy
Full Name (Last, First, Middle Initial)

Mailing Address 100 S Birch Rd #901

City State Zip Code
Ft Lauderdale FL 33316

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

Name of Employer Occupation
AMR Exe VP

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
12 / 05 / 2013

Transaction ID : SA11AI.8744

Amount of Each Receipt this Period
250.00

Contribution

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
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 20 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. Jamie Pafford-Gresham
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 1120

City Hope State AR Zip Code 71801

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

Name of Employer Pafford EMS Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2013
Transaction ID : SA11AI.8656

Amount of Each Receipt this Period
1500.00

Contribution

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

Mailing Address 3705 Jacmel Way

City Palm Harbor State FL Zip Code 34685

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

Name of Employer Sunstar Paramedizs Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2013
Transaction ID : SA11AI.8702

Amount of Each Receipt this Period
260.00

Contribution

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

Mailing Address 12 E. Commodore Place

City Tempe State AZ Zip Code 85282

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

Name of Employer LifeStar EMS Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2013
Transaction ID : SA11AI.8470

Amount of Each Receipt this Period
3000.00

Contribution

SUBTOTAL of Receipts This Page (optional).....▶	4760.00
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 21 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. Aarron Reinert
Full Name (Last, First, Middle Initial)

Mailing Address 29251 Patassium St NW

City Isanti State MN Zip Code 55040

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

Name of Employer Lake Regions EMS Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1875.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2013
Transaction ID : SA11AI.8500

Amount of Each Receipt this Period
 625.00

Contribution

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

Mailing Address 29251 Patassium St NW

City Isanti State MN Zip Code 55040

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

Name of Employer Lake Regions EMS Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2013
Transaction ID : SA11AI.8745

Amount of Each Receipt this Period
 650.00

Contribution

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

Mailing Address 5650 West Howard

City Skokie State IL Zip Code 60077

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

Name of Employer MEA Service Occupation 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
 12 / 04 / 2013
Transaction ID : SA11AI.8717

Amount of Each Receipt this Period
 1000.00

Contribution

SUBTOTAL of Receipts This Page (optional).....▶	2275.00
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 22 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. John Russell
Full Name (Last, First, Middle Initial)

Mailing Address 2034 Pamela

City Cape Girardeau State MO Zip Code 63701

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

Name of Employer Cape County Private Ambulance Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 27 / 2013
Transaction ID : SA11AI.8528

Amount of Each Receipt this Period
 1200.00

Contribution

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

Mailing Address 23 Manitou Trail

City Kings Park State NY Zip Code 11754

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

Name of Employer Washko & Associates Occupation Consultant

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
 12 / 04 / 2013
Transaction ID : SA11AI.8715

Amount of Each Receipt this Period
 1000.00

Contribution

c. Greg L Shore
Full Name (Last, First, Middle Initial)

Mailing Address 115 Andrea Point

City Anderson State SC Zip Code 29621

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

Name of Employer MedShore Ambulance Occupation 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
 09 / 19 / 2013
Transaction ID : SA11AI.8498

Amount of Each Receipt this Period
 250.00

Contribution

SUBTOTAL of Receipts This Page (optional).....▶	2450.00
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 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. Greg L Shore
Full Name (Last, First, Middle Initial)

Mailing Address 115 Andrea Point

City Anderson State SC Zip Code 29621

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

Name of Employer MedShore Ambulance Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1750.00**

Date of Receipt **12 / 04 / 2013**

Transaction ID : SA11AI.8710

Amount of Each Receipt this Period **1000.00**

Contribution

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

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 American Medical Response Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt **07 / 19 / 2013**

Transaction ID : SA11AI.8472

Amount of Each Receipt this Period **100.00**

Contribution

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

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 American Medical Response Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt **08 / 20 / 2013**

Transaction ID : SA11AI.8481

Amount of Each Receipt this Period **100.00**

Contribution

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: (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. Randy Strozyk
Full Name (Last, First, Middle Initial)

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 American Medical Response Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt **09 / 19 / 2013**

Transaction ID : SA11AI.8486

Amount of Each Receipt this Period **100.00**

Contribution

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

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 American Medical Response Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **10 / 19 / 2013**

Transaction ID : SA11AI.8509

Amount of Each Receipt this Period **100.00**

Contribution

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

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 American Medical Response Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt **11 / 19 / 2013**

Transaction ID : SA11AI.8525

Amount of Each Receipt this Period **100.00**

Contribution

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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 25 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. Randy Strozyk
Full Name (Last, First, Middle Initial)

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 American Medical Response Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2013
Transaction ID : SA11AI.8738

Amount of Each Receipt this Period
 100.00

Contribution

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

Mailing Address 9922 S. Silver Maple Road

City Highlands Ranch State CO Zip Code 80129

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

Name of Employer American Medical Response Occupation VP Risk Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2013
Transaction ID : SA11AI.8494

Amount of Each Receipt this Period
 250.00

Contribution

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

Mailing Address 6200 Syracuse Way #200

City Greenwood Village State CO Zip Code 80111

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

Name of Employer AMR Occupation VP

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
 12 / 05 / 2013
Transaction ID : SA11AI.8748

Amount of Each Receipt this Period
 250.00

Contribution

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 26 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. Christopher Vandenberg
 Full Name (Last, First, Middle Initial)
 Mailing Address 630 N State
 City Chicago State IL Zip Code 60487
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AMG Tran Occupation Ambulance Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 11 / 2013
Transaction ID : SA11AI.8648
 Amount of Each Receipt this Period 250.00
 Contribution

B. Jonathan Washko
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 Pocket CT
 City Northport State NY Zip Code 11768
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Washko and Associates Occupation Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 04 / 2013
Transaction ID : SA11AI.8724
 Amount of Each Receipt this Period 1000.00
 Contribution

C. Larry Wiersch
 Full Name (Last, First, Middle Initial)
 Mailing Address 4846 Five Point Road
 City New Tripoli State PA Zip Code 18066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cetronia Ambulance Occupation Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 19 / 2013
Transaction ID : SA11AI.8490
 Amount of Each Receipt this Period 250.00
 Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00
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 27 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)

Full Name (Last, First, Middle Initial) A. Larry Wiersch		Date of Receipt MM / DD / YYYY 12 / 05 / 2013 Transaction ID : SA11AI.8749
Mailing Address 4846 Five Point Road		Amount of Each Receipt this Period 250.00
City New Tripoli	State PA	Zip Code 18066
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Cetronia Ambulance	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Gerald Zapolnik		Date of Receipt MM / DD / YYYY 07 / 19 / 2013 Transaction ID : SA11AI.8474
Mailing Address 1116 Rathfan Circle		Amount of Each Receipt this Period 125.00
City Saline	State MI	Zip Code 48176
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Huron Valley Ambulance	Occupation VP Support Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 875.00	

Full Name (Last, First, Middle Initial) C. Gerald Zapolnik		Date of Receipt MM / DD / YYYY 08 / 20 / 2013 Transaction ID : SA11AI.8483
Mailing Address 1116 Rathfan Circle		Amount of Each Receipt this Period 125.00
City Saline	State MI	Zip Code 48176
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Huron Valley Ambulance	Occupation VP Support Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 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)

Full Name (Last, First, Middle Initial) A. Gerald Zapolnik		Date of Receipt
Mailing Address 1116 Rathfan Circle		<input type="text" value="09"/> / <input type="text" value="19"/> / <input type="text" value="2013"/>
City Saline	State MI	Zip Code 48176
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.8485
Name of Employer Huron Valley Ambulance		Amount of Each Receipt this Period <input type="text" value="125.00"/>
Occupation VP Support Operations		Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1125.00"/>	

Full Name (Last, First, Middle Initial) B. Gerald Zapolnik		Date of Receipt
Mailing Address 1116 Rathfan Circle		<input type="text" value="10"/> / <input type="text" value="19"/> / <input type="text" value="2013"/>
City Saline	State MI	Zip Code 48176
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.8511
Name of Employer Huron Valley Ambulance		Amount of Each Receipt this Period <input type="text" value="125.00"/>
Occupation VP Support Operations		Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1250.00"/>	

Full Name (Last, First, Middle Initial) C. Gerald Zapolnik		Date of Receipt
Mailing Address 1116 Rathfan Circle		<input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2013"/>
City Saline	State MI	Zip Code 48176
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.8523
Name of Employer Huron Valley Ambulance		Amount of Each Receipt this Period <input type="text" value="125.00"/>
Occupation VP Support Operations		Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1375.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="375.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="32693.35"/>

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

Full Name (Last, First, Middle Initial)

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

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement Contribution

011

Candidate Name

CHARLES DR. JR. BOUSTANY

Category/Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: LA District: 03

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2013

Transaction ID : SB23.8502

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. DAVE CAMP FOR CONGRESS

Mailing Address 5915 Eastman Avenue Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement Contribution

011

Candidate Name

DAVID CAMP

Category/Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: MI District: 04

Date of Disbursement

MM / DD / YYYY
07 / 08 / 2013

Transaction ID : SB23.8469

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends of Dick Durbin

Mailing Address 101 West Grand Ave

City Chicago State IL Zip Code 60610

Purpose of Disbursement Contribution

011

Candidate Name

RICHARD J DURBIN

Category/Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: IL District: 00

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2013

Transaction ID : SB23.8520

Amount of Each Disbursement this Period

2000.00

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

5500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

Full Name (Last, First, Middle Initial)

A. FRIENDS OF FARR

Mailing Address P O Box 122

City Monterey State CA Zip Code 93942

Purpose of Disbursement
Contribution

011

Candidate Name
SAM FARR

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 20

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 17 / 2013

Transaction ID : **SB23.8651**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF SCHUMER

Mailing Address 192 LEXINGTON AVENUE SUITE 1001

City NEW YORK State NY Zip Code 10016

Purpose of Disbursement
Contribution

011

Candidate Name
CHARLES E SCHUMER

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 09 / 2013

Transaction ID : **SB23.8504**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF SCHUMER

Mailing Address 192 LEXINGTON AVENUE SUITE 1001

City NEW YORK State NY Zip Code 10016

Purpose of Disbursement
Contribution

011

Candidate Name
CHARLES E SCHUMER

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2013

Transaction ID : **SB23.8515**

Amount of Each Disbursement this Period

1500.00

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

3500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

Full Name (Last, First, Middle Initial)

A. Pat Roberts for U S Senate

Mailing Address P O Box 433

City State Zip Code
Great Bend KS 67530

Purpose of Disbursement
Contribution

011

Candidate Name

PAT ROBERTS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KS District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			17			2013			

Transaction ID : SB23.8652

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. WALDEN FOR CONGRESS

Mailing Address PO BOX 1091

City State Zip Code
HOOD RIVER OR 97031

Purpose of Disbursement
Contribution

011

Candidate Name

Greg Walden

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OR District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
09			09			2013			

Transaction ID : SB23.8505

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. WALDEN FOR CONGRESS

Mailing Address PO BOX 1091

City State Zip Code
HOOD RIVER OR 97031

Purpose of Disbursement
Contribution

011

Candidate Name

Greg Walden

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OR District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			04			2013			

Transaction ID : SB23.8516

Amount of Each Disbursement this Period

1500.00

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

5500.00

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

14500.00
