

**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

NATIONAL ASSOCIATION OF EMERGENCY MEDICAL TECHNICIANS EMS PAC

ADDRESS (number and street)

102 Business Park Dr. Suite A

Check if different
than previously
reported. (ACC)

Ridgeland

MS

39157

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00659888

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)July 15
Quarterly Report (Q2)October 15
Quarterly Report (Q3)January 31
Year-End Report (YE)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

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

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

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

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

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

Lally, Debra, , ,

Signature of Treasurer

Lally, Debra, , ,

Date

M M M /

D D D /

Y Y Y Y Y Y Y

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

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

NATIONAL ASSOCIATION OF EMERGENCY MEDICAL TECHNICIANS EMS PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y 04 / 01 / 2026 To: M M / D D / Y Y Y Y Y 06 / 30 / 2026

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2026		7398.33
(b) Cash on Hand at Beginning of Reporting Period.....	12994.88	
(c) Total Receipts (from Line 19)	1410.29	8301.56
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	14405.17	15699.89
7. Total Disbursements (from Line 31)	313.56	1608.28
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	14091.61	14091.61
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

NATIONAL ASSOCIATION OF EMERGENCY MEDICAL TECHNICIANS EMS PAC

Report Covering the Period:

From:

M M / D D / Y Y Y Y
04 / 01 / 2026

To:

M M / D D / Y Y Y Y
06 / 30 / 2026

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).....

590.00

5090.00

(ii) Unitemized

643.50

2668.50

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

1233.50

7758.50

(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)

1233.50

7758.50

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).....

176.79

543.06

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))

1410.29

8301.56

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

1410.29

8301.56

DETAILED SUMMARY PAGE of Disbursements

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Page 4

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.....	0.00	1000.00
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).....	313.56	608.28
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)) ..	313.56	1608.28
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	313.56	1608.28

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)	1233.50	7758.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1233.50	7758.50
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).....	176.79	543.06
38. Net Operating Expenditures (subtract Line 37 from Line 36)	- 176.79	- 543.06

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 9
(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)

NATIONAL ASSOCIATION OF EMERGENCY MEDICAL TECHNICIANS EMS PAC

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

A. Cebollero, Chris, , ,

Mailing Address 2641 Hibisus Way #107

City
Bevercreek

State
OH

Zip Code
45431

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
EMS Team

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 29 / 2026

Transaction ID : SA11AI.4475

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Way, Chris, , ,

Mailing Address 165 Farm Quarters Dr.

City
Goose Creek

State
SC

Zip Code
29441

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Charleston EMS

Occupation (for Individual)
Chief

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

06 / 01 / 2026

Transaction ID : SA11AI.4472

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

C. Way, Chris, , ,

Mailing Address 165 Farm Quarters Dr.

City
Goose Creek

State
SC

Zip Code
29441

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Charleston EMS

Occupation (for Individual)
Chief

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 15 / 2026

Transaction ID : SA11AI.4474

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

540.00

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

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

FOR LINE NUMBER: PAGE 7 OF 9
(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF EMERGENCY MEDICAL TECHNICIANS EMS PAC

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

A. Webb, Brian, , ,

Mailing Address 7430 Solarset Circle

City
Anchorage

State
AK

Zip Code
99507

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
State of Alaska

Occupation (for Individual)
State EMS Training Coordinator

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
06 / 06 / 2026

Transaction ID : SA11AI.4473

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

50.00

590.00

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

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

FOR LINE NUMBER: PAGE 8 OF 9
(check only one)

☐ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☒ 15	☐ 16
			☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF EMERGENCY MEDICAL TECHNICIANS EMS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. NATIONAL ASSOCIATION OF EMERGENCY MEDICAL TECHNICIANS EMS PAC Mailing Address 102 Business Park Dr. Suite A City Ridgeland State MS Zip Code 39157 FEC ID number of contributing federal political committee. C C00659888 Name of Employer (for Individual) Occupation (for Individual) Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ Aggregate Year-to-Date ▼ 543.06		Date of Receipt 04 / 30 / 2026 Transaction ID : SA15.4489 Amount of Each Receipt this Period 176.79 ☐ Memo Item
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mailing Address City State Zip Code FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Occupation (for Individual) Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ Aggregate Year-to-Date ▼		Date of Receipt Amount of Each Receipt this Period ☐ Memo Item
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Mailing Address City State Zip Code FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Occupation (for Individual) Receipt For: ☐ Primary ☐ General ☐ Other (specify) Aggregate Year-to-Date ▼		Date of Receipt Amount of Each Receipt this Period ☐ Memo Item
SUBTOTAL of Receipts This Page (optional)..... ▶		176.79
TOTAL This Period (last page this line number only)..... ▶		176.79

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 9

☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF EMERGENCY MEDICAL TECHNICIANS EMS PAC

Full Name (Last, First, Middle Initial)

A. NATIONAL ASSOCIATION OF EMERGENCY MEDICAL TECHNICIANS EMS PAC

Mailing Address 102 Business Park Dr. Suite A

City
RidgelandState
MSZip Code
39157

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	2			2	0	2	6		

FEC Identification Number

C C00659888**Transaction ID : SB29.4490**

Amount of Each Disbursement this Period

176.79

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. NATIONAL ASSOCIATION OF EMERGENCY MEDICAL TECHNICIANS EMS PAC

Mailing Address 102 Business Park Dr. Suite A

City
RidgelandState
MSZip Code
39157

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	4			2	0	2	6		

FEC Identification Number

C C00659888**Transaction ID : SB29.4494**

Amount of Each Disbursement this Period

70.88

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. NATIONAL ASSOCIATION OF EMERGENCY MEDICAL TECHNICIANS EMS PAC

Mailing Address 102 Business Park Dr. Suite A

City
RidgelandState
MSZip Code
39157

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	2			2	0	2	6		

FEC Identification Number

C C00659888**Transaction ID : SB29.4495**

Amount of Each Disbursement this Period

65.89

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

313.56

313.56