

**FEC  
FORM 3X**

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

Office Use Only

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

ADDRESS (number and street) **8201 Greensboro Drive**  
**Suite 300**  
 Check if different than previously reported. (ACC) **McLean VA 22102**

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

C00168070

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

4. TYPE OF REPORT (Choose One)  
 (a) Quarterly Reports:  
 April 15 Quarterly Report(Q1) Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)  
 July 15 Quarterly Report(Q2) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)  
 X October 15 Quarterly Report(Q3) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (M13)  
 January 31 Quarterly Report(YE) Election on in the State of  
 July 31 Mid-Year Report(Non-election Year Only) (MY) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)  
 Termination Report (TER) (d) 30-Day Post -Election Report for the: Convention (12C) Special (12S) General (30G) Runoff (30R) Special (30S)  
 Election on in the State of

5. Covering Period 07 01 2002 through 09 30 2002

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 Mr. Tristan North

Signature of Treasurer Electronically Filed by Mr. Tristan North Date 02 06 2003

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

Office Use Only

**FEC FORM 3X**  
(Revised 1/2001)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

Write or Type Committee Name  
AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

Report Covering the Period: From: <sup>07</sup> <sup>01</sup> <sup>2002</sup> To: <sup>09</sup> <sup>30</sup> <sup>2002</sup>

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>2002</sup>		24667.08
(b) Cash on Hand at Beginning of Reporting Period .....	27781.54	
(c) Total Receipts (from Line 19) .....	10305.00	25813.71
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	38086.54	50480.79
7. Total Disbursements (from Line 30) .....	7702.87	20097.12
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	30383.67	30383.67
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

Report Covering the Period: From: <sup>MM</sup>07 <sup>DD</sup>01 <sup>YYYY</sup>2002 To: <sup>MM</sup>09 <sup>DD</sup>30 <sup>YYYY</sup>2002

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) .....	3650.00	
(ii) Unitemized .....	6655.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	10305.00	25132.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	600.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4) .....	10305.00	25732.00
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 36, page 4) .....	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	81.71
18. Transfers from Nonfederal Account for Joint Activity .....	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) .....	10305.00	25813.71
20. Total Federal Receipts (subtract Line 18 from Line 19) .....	10305.00	25813.71

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	2.87	397.12
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	2.87	397.12
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7700.00	19700.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	7702.87	20097.12
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	7702.87	20097.12
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	10305.00	25732.00
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	10305.00	25732.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	2.87	397.12
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	2.87	397.12

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 / 12	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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.** Full Name (Last, First, Middle Initial)  
Alex Ashley

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 28 / 2002

Mailing Address  
308 Road 584

City State Zip Code  
Gallup NM 87301

Amount of Each Receipt this Period  
800.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
MedStar Ambulance Service Owner/Operator

Donation

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 800.00

Transaction ID: SA11A1.4151

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

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 28 / 2002

Mailing Address  
2215 Hogback Road

City State Zip Code  
Ann Arbor MI 48105

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Huron Valley Ambulance Owner/Operator

Donation

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 300.00

Transaction ID: SA11A1.4175

**C.** Full Name (Last, First, Middle Initial)  
Mr. Ben Hinson

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 28 / 2002

Mailing Address  
2025 Vineville Avenue

City State Zip Code  
Macon GA 31204

Amount of Each Receipt this Period  
450.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Mid Georgia Ambulance Owner/Operator

Donation

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 950.00

Transaction ID: SA11A1.4179

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>1350.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 / 12	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A. Charles Kelley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: 803 Hillcrest  
 City: Sparta State: IL Zip Code: 62286  
 Date of Receipt: 08 / 22 / 2002  
 Amount of Each Receipt this Period: 800.00  
 Name of Employer: MedStar Ambulance Occupation: President  
 Donation  
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00  
 Transaction ID: SA11A1.4143

**B. James McNeal, Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: 414 W. Elm  
 City: Burbank State: CA Zip Code: 91506  
 Date of Receipt: 08 / 22 / 2002  
 Amount of Each Receipt this Period: 500.00  
 Name of Employer: Schaefer Ambulance Service Occupation: CEO  
 Donation  
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00  
 Transaction ID: SA11A1.4153

**C. Todd Porter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: 704 6th Avenue, NE  
 City: Mandan State: ND Zip Code: 58554  
 Date of Receipt: 08 / 01 / 2002  
 Amount of Each Receipt this Period: 300.00  
 Name of Employer: Metro-Area Ambulance Occupation: Director  
 Donation  
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00  
 Transaction ID: SA11A1.4165

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1400.00**  
**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 / 12	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. Stanley Portman**

Mailing Address  
26C Carnation Circle

City State Zip Code  
Reading MA 01867

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 30 / 2002

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Action Ambulance President

Donation

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 300.00

Transaction ID: SA11A1.4171

Full Name (Last, First, Middle Initial)  
**B. Greg Shore**

Mailing Address  
417 Holly Ridge Drive

City State Zip Code  
Anderson SC 28621

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 22 / 2002

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
MedShore Ambulance President

Donation

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 300.00

Transaction ID: SA11A1.4186

Full Name (Last, First, Middle Initial)  
**C. Edward Stofcheck, Jr.**

Mailing Address  
220 S. High Street

City State Zip Code  
LaRue OH 43332

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 31 / 2002

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Stofcheck Ambulance Service Owner

Donation

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 300.00

Transaction ID: SA11A1.4204

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>900.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>3650.00</b>

**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)

PAGE 8 / 12

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

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

Full Name (Last, First, Middle Initial) A. First Union Bank		Date of Disbursement 09 / 03 / 2002
Mailing Address 1970 Chain Bridge Road City: McLean State: VA Zip Code: 22102		Amount of Each Disbursement this Period 2.87
Purpose of Disbursement Service Fee		
Candidate Name		Category/ Type
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼	
		Transaction ID: 5B21B.4685

B.

C.

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>2.87</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>2.87</b>



**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)

PAGE 9/12

<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

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

Full Name (Last, First, Middle Initial) <b>A. BECERRA FOR CONGRESS</b>		Date of Disbursement 08 / 02 / 2002	
Mailing Address PO BOX 261060 City State Zip Code LOS ANGELES CA 90026		Amount of Each Disbursement this Period 1200.00	
Purpose of Disbursement Contribution Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: 2002 Primary    X General Other (specify) ▼	Transaction ID: SB23.4517	
State:                 District:			

Full Name (Last, First, Middle Initial) <b>B. Collins for Senator</b>		Date of Disbursement 07 / 12 / 2002	
Mailing Address P.O. Box 1337 City State Zip Code Portland ME 04104-1337		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: 2002 Primary    X General Other (specify) ▼	Transaction ID: SB23.4519	
State:                 District:			

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF BLANCHE LINCOLN</b>		Date of Disbursement 09 / 23 / 2002	
Mailing Address PO BOX 3197                                 P O BOX 116 City State Zip Code LITTLE ROCK AR 72203		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: 2004 X Primary    General Other (specify) ▼	Transaction ID: SB23.4520	
State:                 District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3200.00</b>
<b>TOTAL</b> 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)

PAGE 10 / 12

<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				

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

Full Name (Last, First, Middle Initial) <b>A. Friends of Houghton</b>			Date of Disbursement 07 / 29 / 2002	
Mailing Address 33 East 3rd Street Suite 303 City State Zip Code Corning NY 14830			Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement Contribution Candidate Name			Category/ Type	
Office Sought: House Senate President	Disbursement For: 2002 Primary    X General Other (specify) ▼			
State:           District:			Transaction ID: SB23.4522	

Full Name (Last, First, Middle Initial) <b>B. Friends of Houghton</b>			Date of Disbursement 09 / 05 / 2002	
Mailing Address 33 East 3rd Street Suite 303 City State Zip Code Corning NY 14830			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution Candidate Name			Category/ Type	
Office Sought: House Senate President	Disbursement For: 2002 Primary    X General Other (specify) ▼			
State:           District:			Transaction ID: SB23.4523	

Full Name (Last, First, Middle Initial) <b>C. KAREN MCCARTHY FOR CONGRESS</b>			Date of Disbursement 09 / 24 / 2002	
Mailing Address 1111 Valentine Road City State Zip Code Kansas City MO 64111			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution Candidate Name			Category/ Type	
Office Sought: House Senate President	Disbursement For: 2002 Primary    X General Other (specify) ▼			
State:           District:			Transaction ID: SB23.4525	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>4000.00</b>
<b>TOTAL</b> 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)

PAGE 11 / 12

<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

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

Full Name (Last, First, Middle Initial) A. Quinn for Congress		Date of Disbursement 08 / 28 / 2002
Mailing Address P.O. Box 2012 City Elisavell		Amount of Each Disbursement this Period 500.00
State NY	Zip Code 14219	
Purpose of Disbursement Contribution		Transaction ID: 5B23.4527
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	
State:	District:	

B.

C.

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>7700.00</b>

Form/Schedule: F3XA  
Transaction ID:

The check for the Friends of Blanche Lincoln dated 9/23/02 is for the 2004 primary. When we made our last amendment, we were using an older version of the FECFile 4 program and it is believed that that is why the year did not adjust when the report was refiled. The year is correct as 2004 for this check.