

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

American Ambulance Association Federal PAC

ADDRESS (number and street)

18201 Greensboro Drive

(Check if address is changed)

Suite 300

McLean

VA

22102

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

honor@the-aaa.org

scholarship@aaa.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.the-aaa.org

COMMITTEE'S FAX NUMBER

703-610-9005

2. DATE

03 13 2007

3. FEC IDENTIFICATION NUMBER

000168070

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

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

Type or Print Name of Treasurer

Tristan North

Signature of Treasurer

[Handwritten Signature]

Date

03 14 2007

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100


FEC FORM 1 (Revised 02/2003)

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Federal Election Commission  
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 PREPARER	3/23/07 DATE PREPARED
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