

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** C00168070
3. IS THIS REPORT NEW (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 Quarterly 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 (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 02 01 2008 through 03 31 2008

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 04 15 2008

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** (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		48401.23
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	51936.55									
(c) Total Receipts (from Line 19)	7350.00	13450.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	59286.55	61851.23								
7. Total Disbursements (from Line 31)	15040.09	17604.77								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	44246.46	44246.46								
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**

Write or Type Committee Name

AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	6250.00	12250.00
(i) Itemized (use Schedule A)	100.00	200.00
(ii) Unitemized	6350.00	12450.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	1000.00	1000.00
(c) Other Political Committees (such as PACs)	7350.00	13450.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (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))	7350.00	13450.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	7350.00	13450.00

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.....	40.09	104.77
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	40.09	104.77
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	17500.00
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. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	15040.09	17604.77
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15040.09	17604.77

DETAILED SUMMARY PAGE
of Disbursements

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	7350.00	13450.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7350.00	13450.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	40.09	104.77
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	40.09	104.77

**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 / 11
	<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	

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) Barry L. Albertson	Date of Receipt MM / DD / YYYY 03 / 17 / 2008
	Mailing Address 8 Middle Court	Transaction ID: SA11AI.6507
	City State Zip Code Easton PA 18045	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Suburban EMS Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Robert Cataldo	Date of Receipt MM / DD / YYYY 03 / 26 / 2008
	Mailing Address 29 Hammersmith Drive	Transaction ID: SA11AI.6517
	City State Zip Code Saugus MA 01906	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Cataldo Ambulance Service Occupation Owner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) William Mergendahl	Date of Receipt MM / DD / YYYY 03 / 17 / 2008
	Mailing Address 1 Nutmeg Lane	Transaction ID: SA11AI.6499
	City State Zip Code Andover MA 01810	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Professional 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)	2250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 11
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

A.

Full Name (Last, First, Middle Initial) Louis Meyer		Date of Receipt MM / DD / YYYY 03 / 21 / 2008
Mailing Address 10644 N. Oakwilde Avenue		Transaction ID: SA11AI.6515
City Stockton	State CA	Zip Code 95212
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer AMR	Occupation CEO - Regional	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) David Miller		Date of Receipt MM / DD / YYYY 03 / 17 / 2008
Mailing Address 1220 Cyclone		Transaction ID: SA11AI.6501
City Harlan	State IA	Zip Code 51537
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Medivac Comp.	Occupation	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) Darryl Quigley		Date of Receipt MM / DD / YYYY 03 / 26 / 2008
Mailing Address 10515 Hound Dog Trail		Transaction ID: SA11AI.6516
City Wills Point	State TX	Zip Code 75169
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Texas Lifeline Corp	Occupation	Contribution
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)	2000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 11
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A.

Full Name (Last, First, Middle Initial)
Walter Reisner

Mailing Address 1658 Olean Portville Road

City Olean State NY Zip Code 14760

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

Name of Employer Trans Am Ambulance Service, Inc. Occupation Owner/Operator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 26 / 2008

Transaction ID: SA11AI.6519

Amount of Each Receipt this Period 1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Jr. Fred Sundquist

Mailing Address 135 West 7th Street

City Eureka State CA Zip Code 95501

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

Name of Employer City Ambulance of Eureka, Inc. Occupation Owner/Operator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 27 / 2008

Transaction ID: SA11AI.6520

Amount of Each Receipt this Period 250.00

Contribution

C.

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

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 ▼ 250.00

Date of Receipt 03 / 17 / 2008

Transaction ID: SA11AI.6503

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:	PAGE 9 / 11
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Larry Wiersch		Date of Receipt
	Mailing Address 4846 Five Point Road		<input type="text" value="03"/> / <input type="text" value="17"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	New Tripoli	PA	18066
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Cetronia Ambulance		Occupation Administrator	Transaction ID: SA11AI.6498 Amount of Each Receipt this Period <input type="text" value="250.00"/> Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	

B.	Full Name (Last, First, Middle Initial) Fred Zeeb		Date of Receipt
	Mailing Address P.O. Box 595		<input type="text" value="03"/> / <input type="text" value="17"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Mandan	ND	58554
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Capital City Investments		Occupation	Transaction ID: SA11AI.6513 Amount of Each Receipt this Period <input type="text" value="250.00"/> Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="500.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="6250.00"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 11

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
ACADIAN AMBULANCE SERVICE INC EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 98000

City	State	Zip Code
LAFAYETTE	LA	70509

FEC ID number of contributing federal political committee. C

Name of Employer	Occupation

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	7	/	2	0	0	8

Transaction ID: SA11C.6506

Amount of Each Receipt this Period

1000.00

Contribution

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	1000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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)

A.	Full Name (Last, First, Middle Initial) FRIENDS OF BLANCHE LINCOLN	Transaction ID: SB23.6525 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 8	
	Mailing Address PO BOX 3197 P O BOX 118		
	City LITTLE ROCK State AR Zip Code 72203	Amount of Each Disbursement this Period 5000.00	
	Purpose of Disbursement Political Contribution Candidate Name	011 Category/ Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) IMPACT	Transaction ID: SB23.6530 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 8	
	Mailing Address 509 Madison Ave. Suite 1902		
	City New York State NY Zip Code 10022	Amount of Each Disbursement this Period 5000.00	
	Purpose of Disbursement Political Contribution Candidate Name	Category/ Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) TOGETHER FOR OUR MAJORITY POLITICAL ACTION COMMITTEE (T-OMPAC)	Transaction ID: SB23.6527 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 8 / 2 0 0 8	
	Mailing Address PO Box 16488		
	City Arlington State VA Zip Code 22215	Amount of Each Disbursement this Period 5000.00	
	Purpose of Disbursement Political Contribution Candidate Name	011 Category/ Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	15000.00
TOTAL This Period (last page this line number only)	15000.00