

**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

X

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 (12S)

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

01

01

2005

through

03

31

2005

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

14

2005

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. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

Report Covering the Period: From: ^M01 ^D01 ^Y2005 To: ^M03 ^D31 ^Y2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2005		18743.12
(b) Cash on Hand at Beginning of Reporting Period	18743.12	
(c) Total Receipts (from Line 19)	3875.00	3875.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	22618.12	22618.12
<hr/>		
7. Total Disbursements (from Line 31)	5049.87	5049.87
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	17568.25	17568.25
<hr/>		
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 (Rev. 02/2003)

Page 3

Write or Type Committee Name

AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

Report Covering the Period: From: ^M01 ^D01 ^Y2005 To: ^M03 ^D31 ^Y2005

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)	2100.00	2100.00
(ii) Unitemized	1775.00	1775.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))	3875.00	3875.00
(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)	3875.00	3875.00
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 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))	3875.00	3875.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3875.00	3875.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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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.....	285.87	285.87
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	285.87	285.87
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4500.00	4500.00
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.....	100.00	100.00
(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))..... ▶	100.00	100.00
29. Other Disbursements.....	164.00	164.00
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 ActMty (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))..	5049.87	5049.87
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(i) from Line 31).....	5049.87	5049.87

DETAILED SUMMARY PAGE
of Disbursements

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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)	3875.00	3875.00
34. Total Contribution Refunds (from Line 28(d))	100.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3775.00	3775.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	285.87	285.87
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	285.87	285.87

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

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

FOR LINE NUMBER: PAGE 6 / 11

(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)
AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

Full Name (Last, First, Middle Initial) A. Dale Berry		Date of Receipt M / D / Y 03 / 17 / 2005
Mailing Address 2215 Hogback Road		Transaction ID: SA11A1.5371
City Ann Arbor	State MI	Zip Code 48105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Huron Valley Ambulance	Occupation President	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dale Berry		Date of Receipt M / D / Y 03 / 24 / 2005
Mailing Address 2215 Hogback Road		Transaction ID: SA11A1.5375
City Ann Arbor	State MI	Zip Code 48105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Huron Valley Ambulance	Occupation President	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Bob Garner		Date of Receipt M / D / Y 03 / 18 / 2005
Mailing Address 7255 Northwest 18th Street, NW Suite C		Transaction ID: SA11A1.5384
City Miami	State FL	Zip Code 33128
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer American Medical Response	Occupation Owner/Operator	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	450.00
TOTAL This Period (last page this line number only)	

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 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)

Full Name (Last, First, Middle Initial) A. Mr. Ben Hinson		Date of Receipt M / D / Y Y Y Y 02 / 23 / 2005
Mailing Address 875 Sioux Drive		Transaction ID: SA11A1.5365
City Macon	State GA	Zip Code 31210
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Mid Georgia Ambulance	Occupation President/Owner	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Thomas McEntee		Date of Receipt M / D / Y Y Y Y 03 / 17 / 2005
Mailing Address 2 Joseph Prince Lane		Transaction ID: SA11A1.5377
City Amherst	State NH	Zip Code 03031
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Rockingham Ambulance Service	Occupation Director, Operations	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Thomas McEntee		Date of Receipt M / D / Y Y Y Y 03 / 24 / 2005
Mailing Address 2 Joseph Prince Lane		Transaction ID: SA11A1.5378
City Amherst	State NH	Zip Code 03031
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Rockingham Ambulance Service	Occupation Director, Operations	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	450.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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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)

Full Name (Last, First, Middle Initial) A. James McParton		Date of Receipt M / D / Y 03 / 18 / 2005
Mailing Address 793 State Street		Transaction ID: SA11A1.5368
City Schenectady	State NY	Zip Code 12307
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Mohawk Ambulance Service	Occupation Owner/Operator	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Louis Meyer		Date of Receipt M / D / Y 03 / 18 / 2005
Mailing Address 10644 N. Oakwilde Avenue		Transaction ID: SA11A1.5378
City Stockton	State CA	Zip Code 95212
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer AMR	Occupation CEO - Regional	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Steven G. Murphy		Date of Receipt M / D / Y 03 / 18 / 2005
Mailing Address 6200 South Syracuse Way #200		Transaction ID: SA11A1.5387
City Greenwood Village	State CO	Zip Code 80111
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer American Medical Response	Occupation Exec. Vice Pres. (Gov. & Nat. Serv.)	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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)
or 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)

Full Name (Last, First, Middle Initial) A. Julie Ann Rose		Date of Receipt M / D / Y 03 / 17 / 2005
Mailing Address 1123 Chestnut Drive		Transaction ID: SA11A1.5370
City Ashtabula	State OH	Zip Code 44004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Community Care Ambulance	Occupation Executive Director	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Julie Ann Rose		Date of Receipt M / D / Y 03 / 24 / 2005
Mailing Address 1123 Chestnut Drive		Transaction ID: SA11A1.5374
City Ashtabula	State OH	Zip Code 44004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Community Care Ambulance	Occupation Executive Director	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Greg Shore		Date of Receipt M / D / Y 03 / 18 / 2005
Mailing Address 417 Holly Ridge Drive		Transaction ID: SA11A1.5382
City Anderson	State SC	Zip Code 29621
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer MedShore Ambulance	Occupation President	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	450.00
TOTAL This Period (last page this line number only)	2100.00

**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)

PAGE 10 / 11

<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. JON KYL FOR U S SENATE

Mailing Address PO BOX 10246

City PHOENIX State AZ Zip Code 85004

Purpose of Disbursement
Contribution

Candidate Name
JON KYL FOR U S SENATE

Office Sought: House Disbursement For: 2006
 Senate X Primary General
 President
 Other (specify) ▼

State: AZ District: D0

011
Category/
Type

Transaction ID: SB23.5422

Date of Disbursement

03 / 16 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
B. MARK KENNEDY FOR CONGRESS

Mailing Address PO Box 49333

City Blaine State MN Zip Code 55440

Purpose of Disbursement
Contribution

Candidate Name
MARK KENNEDY FOR CONGRESS

Office Sought: House Disbursement For: 2006
 Senate X Primary General
 President
 Other (specify) ▼

State: MN District: D6

011
Category/
Type

Transaction ID: SB23.5427

Date of Disbursement

03 / 16 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
C. TOGETHER FOR OUR MAJ PDL ACTION COMM (TOMPAC)

Mailing Address PO Box 16488

City Arlington State VA Zip Code 22215

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: House Disbursement For:
 Senate Primary General
 President
 Other (specify) ▼

State: District

Transaction ID: SB23.5426

Date of Disbursement

01 / 05 / 2005

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

4500.00

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" 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. AMERICAN AMBULANCE ASSOCIATION

Mailing Address 8201 GREENSBORO DRIVE
SUITE 300

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement
Erroneous Refund/ To be credited back.

Candidate Name

Office Sought: House
Senate
President
State: District

Disbursement For:
Primary General
Other (specify) ▼

001
Category/
Type

Transaction ID: SB29.5428
Date of Disbursement

01 / 26 / 2005

Amount of Each Disbursement this Period

164.00

SUBTOTAL of Disbursements This Page (optional) ▶

164.00

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

164.00