

**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)

X 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

04

01

2004

through

06

30

2004

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

07

14

2004

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: ^M04 ^D01 ^Y2004 To: ^M06 ^D30 ^Y2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2004 ^Y		41844.03
(b) Cash on Hand at Beginning of Reporting Period	38433.70	
(c) Total Receipts (from Line 19)	0.00	5500.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	38433.70	47344.03
<hr/>		
7. Total Disbursements (from Line 31)	15433.15	24343.48
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	23000.55	23000.55
<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: ^M04 ^D01 ^Y2004 To: ^M06 ^D30 ^Y2004

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)	0.00	
(ii) Unitemized	0.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	0.00	5500.00
(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)	0.00	5500.00
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))	0.00	5500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	0.00	5500.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	133.15	143.48
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	133.15	143.48
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	23000.00
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.....	300.00	1200.00
(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))..... ▶	300.00	1200.00
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 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))..	15433.15	24343.48
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	15433.15	24343.48

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	0.00	5500.00
34. Total Contribution Refunds (from Line 28(d))	300.00	1200.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	-300.00	4300.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	133.15	143.48
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	133.15	143.48

**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 6 / 9

<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

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. A LOT OF PEOPLE SUPP. TOM DASCHLE

Mailing Address P O BOX 1050

City State Zip Code
SIOUX FALLS SD 57101

Purpose of Disbursement
Contribution

Candidate Name
A LOT OF PEOPLE SUPP. TOM DASCHLE

Office Sought: House Disbursement For: 2004
 Senate Primary General
President
State: SD District: D0 Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.5091
Date of Disbursement

05 / 26 / 2004

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)
B. JOHNSON FOR CONGRESS COMMITTEE

Mailing Address P.O. Box 1086

City State Zip Code
New Britain CT 06050-1086

Purpose of Disbursement
Contribution

Candidate Name
JOHNSON FOR CONGRESS COMMITTEE

Office Sought: House Disbursement For: 2004
Senate Primary General
President
State: CT District: D5 Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.5085
Date of Disbursement

05 / 18 / 2004

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)
C. JOHNSON FOR CONGRESS COMMITTEE

Mailing Address P.O. Box 1086

City State Zip Code
New Britain CT 06050-1086

Purpose of Disbursement
Contribution

Candidate Name
JOHNSON FOR CONGRESS COMMITTEE

Office Sought: House Disbursement For: 2004
Senate Primary General
President
State: CT District: D5 Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.5086
Date of Disbursement

05 / 18 / 2004

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

TOTAL 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 7 / 9

<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

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)
MARKEY COMMITTEE, THE

Mailing Address **P.O. Box 526**

City **Medford** State **MA** Zip Code **02155**

Purpose of Disbursement
Contribution

Candidate Name
MARKEY COMMITTEE, THE

Office Sought: House
Senate
President

Disbursement For: 2004
Primary General
Other (specify) ▼

State: **MA** District: **D7**

Transaction ID: **SB23.5089**
Date of Disbursement
06 / 15 / 2004

Amount of Each Disbursement this Period
1000.00

011
Category/
Type

B. Full Name (Last, First, Middle Initial)
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
Senate
President

Disbursement For: 2004
Primary General
Other (specify) ▼

State: **MN** District: **D6**

Transaction ID: **SB23.5097**
Date of Disbursement
06 / 15 / 2004

Amount of Each Disbursement this Period
2000.00

011
Category/
Type

C. Full Name (Last, First, Middle Initial)
NEW REPUBLICAN MAJORITY FUND

Mailing Address **201 NORTH UNION STREET SUITE 530**

City **ALEXANDRIA** State **VA** Zip Code **22314**

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
Senate
President

Disbursement For: 2004
Primary General
Other (specify) ▼

State: **District**

Transaction ID: **SB23.5084**
Date of Disbursement
04 / 30 / 2004

Amount of Each Disbursement this Period
2000.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ► **5000.00**

TOTAL 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 8 / 9

<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

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. TOGETHER FOR OUR MAJ. PAC (TOMPAC)

Transaction ID: SB23.5135
Date of Disbursement

Mailing Address PO Box 16488

06 / 24 / 2004

City Arlington State VA Zip Code 22215

Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution

2500.00

Candidate Name

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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

15000.00

**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 9 / 9

<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 checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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. Lenore Minerva

Mailing Address 722 Nepperhan Avenue

City State Zip Code
Yonkers NY 10703

Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought: House
Senate
President
State: District

Disbursement For:
Primary General
Other (specify) ▼

010
Category/
Type

Transaction ID: SB28A.5123

Date of Disbursement

05 / 27 / 2004

Amount of Each Disbursement this Period

300.00

SUBTOTAL of Disbursements This Page (optional) ▶

300.00

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

300.00