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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC) 8400 Westpark Drive ADDRESS (number and street) 2nd Floor Check if different than previously ٧A McLean 22102 5116 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** CITY A ZIPCODE A IS THIS NEW **AMENDED** C00168070 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Χ Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 25 2008 12 3 1 2008 1 1 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Mr. Tristan North Type or Print Name of Treasurer Electronically Filed by Mr. Tristan North 0 1 16 2009 Signature of Treasurer Date 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 **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE OF RECEIPTS AND DISRURSEMENTS

FEC Form 3X (Rev. 02/2003) OF RECEIPTS AND DISBURSEMENTS

Page 2

ort Covering the Period: From:	25 2008	To: 12 31 2008
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
) Cash on Hand January 1 Ž00Š Y Y		48401.23
) Cash on Hand at Begining of Reporting Period	15166.66	
) Total Receipts (from Line 19)	11359.29	46573.03
) Subtotal (add lines 6(b) and		
6(c) for Column A and Lines 6(a) and 6(c) for Column B)	26525.95	94974.26
otal Disbursements (from Line 31)	500.00	68948.31
ash on Hand at Close of		
eporting Period	26025.95	26025.95
ebts and Obligations owed TO		
e committee (Itemize all on	0.00	
	0.00	
	a) Cash on Hand January 1 2008 Cash on Hand at Begining of Reporting Period	COLUMN A This Period Cosh on Hand January 1 Cash on Hand at Begining of Reporting Period

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. 06/2004) Page 3

Write or Type Committee Name

AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

Report Covering the Period: From:	1 1 2 5 2 0 0 8 To	D: 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
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)	8213.33	35963.33	
(ii) Unitemized	3140.00	5540.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	11353.33	41503.33	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	5000.00	
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	11353.33	46503.33	
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	
13. All Loans Received	0.00	0.00	
14. Loan Repayments Received15. Offsets To Operating Expenditures	0.00	0.00	
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00	
Political Committees	0.00	0.00	
17. Other Federal Receipts (Dividends, Interest, etc.)	5.96	69.70	
18. Transfers from Non-Federal and Levin Fund	ds		
(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))	11359.29	46573.03	
20. Total Federal Receipts	11359.29	46573.03	

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements Page 4 COLUMN A COLUMN B

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	1048.31
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	0.00	1048.31
2. Transfers to Affiliated/Other Party	0.00	0.00
Committees	0.00	0.00
Federal Candidates/Committeesand Other Political Committees I. Independent Expenditure	0.00	64500.00
(use Schedule E)	0.00	0.00
5. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	2900.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)(d) Total Contribution Refunds	0.00	0.00
(add Lines 28(a), (b), and (c))	0.00	2900.00
O. Other Disbursements	500.00	500.00
D. 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
. Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	500.00	68948.31
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	E00.00	60040.04
from Line 31)	500.00	68948.31

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)	11353.33	46503.33
34.	Total Contribution Refunds (from Line 28(d))	0.00	2900.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	11353.33	43603.33
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	1048.31
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	1048.31

FE6AN026

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 13 (check only one) X 11a
An or	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	η not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN AMBULANCE ASSOCIAT	TION FEDER	AL PAC (AKA AMBU-PAC)	
	Full Name (Last, First, Middle Initial) Dale Berry Mailing Address 1200 State Circle			Date of Receipt
	City	State	Zip Code	1 2 2 2 2 0 0 8 Transaction ID: SA11AI.6838
	Ann Arbor	MI	48108	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Huron Valley Ambulance	Occupation President		Contribution
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Janice Carbonneau	Date of Receipt		
	Mailing Address 11 Greenough Road Unit 16	12 22 2008		
	City	State	Zip Code	Transaction ID: SA11Al.6867
	Plaistow	NH	03865	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer	Occupation	n	Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
	Full Name (Last, First, Middle Initial) Rod Carroll			Date of Receipt
	Mailing Address 2681 S. Pine Island R	12 DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: SA11Al.6829
	Beaumont	TX	77713	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00 Contribution
	Name of Employer Stat Care EMS	Occupation President	t	Continuation
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
	UBTOTAL of Receipts This Page (optional)	1		450.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 13 (check only one) X 11a 11b 11c 12 13 14 15 16
A	ny information copied from such Reports and r for commercial purposes, other than using the	on for the purpose of soliciting contributions o solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE ASSOCIA	TION FEDER	RAL PAC (AKA AMBU-PAC)	
_	Full Name (Last, First, Middle Initial) Cash Cash from 2008 Raffle			Date of Receipt
	Mailing Address 8400 WestPark Drive	12 / 12 / 2008		
	City McLean	State VA	Zip Code 22102	Transaction ID: SA11Al.6761 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	EL I GL	980.00
	Name of Employer	Occupation	on	Cash under \$50 Contribution-Unitemized
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 980.00	
_	Full Name (Last, First, Middle Initial) Cindy Elbert	Date of Receipt		
	Mailing Address 6508 W Crocus Dr	12 22 2008		
	City	State	Zip Code	Transaction ID: SA11AI.6880
	Obendale	AZ	85306	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Cindly Elbert Insurance	Occupation Presiden		Contribution
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		400.00	
_	Full Name (Last, First, Middle Initial) James Finger	Date of Receipt		
	Mailing Address 18 Central Avenue	12 22 2008		
	City	State	Zip Code	Transaction ID: SA11AI.6859
	Rutland	VT	05707	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			250.00 Contribution
	Name of Employer Regional Ambulance Servic- e, Inc.	Occupation Administration	tration	Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 450.00	
Г	SUBTOTAL of Receipts This Page (optional)	1		1330.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	f. C	Jse separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 13 (check only one) X 11a 11b 11c 12 13 14 15 16 11		
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ny information copied from such Reports and Statements may not be sold or used by any person for commercial purposes, other than using the name and address of any political committee to sold purposes. NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)				
Full Name (Last, First, Middle Initial) Rusty Fowler Mailing Address 1813 County Rd City Dawson FEC ID number of contributing federal political committee. Name of Employer Dekalb Amb Service Receipt For: Primary General Other (specify)	State AL C Occupation CEO Aggregate Yea	Zip Code 35963 ar-to-Date ▼	Date of Receipt M M M		
Full Name (Last, First, Middle Initial) Harvey L. Hall Mailing Address 1001 21st Street City Bakersfield FEC ID number of contributing federal political committee. Name of Employer Hall Ambulance Service Inc Receipt For: Primary General Other (specify)	State CA C Occupation CEO Aggregate Yea	Zip Code 93301 ar-to-Date ▼ 2250.00	Date of Receipt M M M		
Full Name (Last, First, Middle Initial) James S. Johnson Mailing Address 1801 Mockingbird Lan City Enid FEC ID number of contributing federal political committee. Name of Employer Life EMS Receipt For: Primary General Other (specify)	e State OK C Occupation President Aggregate Yea	Zip Code 73703 ar-to-Date ▼	Date of Receipt M M 22 2008 Transaction ID: SA11AI.6834 Amount of Each Receipt this Period 1000.00 Contribution		
SUBTOTAL of Receipts This Page (optional)			1350.00		

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 13 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE ASSOCIATION	Statements may not be sold or used by any pe e name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Kevin Lyons Mailing Address 38 Ledgewood Drive City Danvers FEC ID number of contributing federal political committee. Name of Employer Lyons Ambulance Service Receipt For: Primary General Other (specify)	State Zip Code MA 01923 C Occupation Owner Aggregate Year-to-Date 2500.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Jr. James McNeal Mailing Address 414 West Elm Avenue City Burbank FEC ID number of contributing federal political committee. Name of Employer Schaefer Ambulance Receipt For: Primary General Other (specify)	State Zip Code CA 91506 C Occupation CEO Aggregate Year-to-Date 3000.00	Date of Receipt M
Full Name (Last, First, Middle Initial) James McPartlon Mailing Address 1015 DiBella Dr City Schenectady FEC ID number of contributing federal political committee. Name of Employer Mohawk Ambulance Services Receipt For: Primary General Other (specify)	State Zip Code NY 12303 C Occupation VP Aggregate Year-to-Date ▼ 1700.00	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional).		3000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 13 (check only one) X 11a
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE ASSOCIA	e name and add	dress of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) David Miller Mailing Address 1220 Cyclone City Harlan FEC ID number of contributing federal political committee. Name of Employer Medivec Comp. Receipt For: Primary General Other (specify)		Zip Code 51537 on dic Specialist/Director e Year-to-Date ▼ 1000.00	Date of Receipt 1 2
Full Name (Last, First, Middle Initial) Tyron Picard Mailing Address 2005 W Saint Mary B City Lafayette FEC ID number of contributing federal political committee. Name of Employer Acadian Ambulance Receipt For: Primary General Other (specify)	State LA C Occupatio Exec VP		Date of Receipt M M M
Full Name (Last, First, Middle Initial) Julie Ann Rose Mailing Address 1123 Chestnut Drive City Ashtabula FEC ID number of contributing federal political committee. Name of Employer Community Care Ambulance Receipt For: Primary General Other (specify) ▼	- ' '	Zip Code 44004 on e Director e Year-to-Date ▼ 283.33	Date of Receipt M
SUBTOTAL of Receipts This Page (optional) .			983.33

	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 13 (check only one) X
or for commerci	copied from such Reports and St al purposes, other than using the COMMITTEE (In Full) N AMBULANCE ASSOCIATI	on for the purpose of soliciting contributions o solicit contributions from such committee.		
Mailing Addr City Anderson FEC ID num	Last, First, Middle Initial) ress 417 Holly Ridge Drive riber of contributing cal committee.	State SC	Zip Code 29621	Date of Receipt 1 2 2 2 2 2 0 0 8 Transaction ID: SA11AI.6848 Amount of Each Receipt this Period 500.00
Name of Em MedShore A Receipt For: Primar Other (Occupation Presiden Aggregate		Contribution
Full Name (L Ronald Thack Mailing Addr	•	200		Date of Receipt 1 2 2 2 2 0 0 8
federal politic	ber of contributing cal committee.	State CO	Zip Code 80111	Transaction ID: SA11AI.6843 Amount of Each Receipt this Period 250.00 Contribution
Receipt For: Primar Other (Occupation VP Aggregate	Year-to-Date ▼ 250.00	
Full Name (L David M. Wer Mailing Addr				Date of Receipt 1 2 2 2 2 0 0 8
	ber of contributing	State NY	Zip Code 11746	Transaction ID: SA11AI.6878 Amount of Each Receipt this Period 100.00
Name of Em Self-employe	plover	Occupation	n	Contribution
Receipt For: Primar Other (Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of	f Receipts This Page (optional)			850.00

A.

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 12/13 Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 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) Date of Receipt Gerald Zapolnik Mailing Address 1116 Rathfan Circle 12 22 2008 City State Zip Code Transaction ID: SA11AI.6841 Saline MI 48176 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Contribution Name of Employer Huron Valley Ambulance Occupation **VP Support Operations** Receipt For: Aggregate Year-to-Date Primary General 650.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	250.00
TOTAL This Period (last page this line number only)	<u>,</u>	8213.33

S	CHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 13		
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	y one) 22 23 24 25 26 28a 28b 28c X 29 30b	
	y Information copied from such Reports and Stater for commercial purposes, other than using the name	•			
\rangle	NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE ASSOCIATION	I FEDERAL PAC (AKA AMI	BU-PAC)		
	Full Name (Last, First, Middle Initial) AMERICAN AMBULANCE ASSOCIATION	l	_	Transaction ID: SB29.6771 Date of Disbursement	
	Mailing Address 8201 GREENSBORO D SUITE 300	RIVE		12	
	City MCLEAN	State Zip Code VA 22102		Amount of Each Disbursement this Period	
	Purpose of Disbursement Reimburse AAA cash contribution			500.00	
	Candidate Name		Category/ Type		
	Office Sought: House Senate President	ement For: Primary General Other (specify)			

SUBTOTAL of Disbursements This Page (optional)	•	500.00
TOTAL This Period (last page this line number only)	<u> </u>	500.00