

**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** **CITY** **STATE** **ZIP CODE**  
 3. **IS THIS REPORT** **NEW (N)** **OR** **X** **AMENDED (A)**

4. **TYPE OF REPORT (Choose One)**  
 (a) Quarterly Reports:  
 April 15 Quarterly Report(Q1) Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)  
 July 15 Quarterly Report(Q2) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)  
 X October 15 Quarterly Report(Q3) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (M13)  
 January 31 Quarterly Report(YE) Election on in the State of  
 July 31 Mid-Year Report(Non-election Year Only) (MY) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)  
 Termination Report (TER) (d) 30-Day Post -Election Report for the: Convention (12C) Special (12S) General (30G) Runoff (30R) Special (30S)  
 Election on in the State of

5. Covering Period 07 01 2002 through 09 30 2002

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 01 02 2003

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

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

Report Covering the Period: From: <sup>h</sup>07 <sup>D</sup>01 <sup>v</sup>2002 To: <sup>h</sup>09 <sup>D</sup>30 <sup>v</sup>2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>v</sup> 2002		24667.08
(b) Cash on Hand at Beginning of Reporting Period .....	28094.08	
(c) Total Receipts (from Line 19) .....	10305.00	25732.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	38399.08	50399.08
7. Total Disbursements (from Line 30) .....	7700.00	19700.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	30699.08	30699.08
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 (Revised 1/2001)

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Write or Type Committee Name

AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

Report Covering the Period: From: <sup>h</sup>07 <sup>d</sup>01 <sup>y</sup>2002 To: <sup>h</sup>09 <sup>d</sup>30 <sup>y</sup>2002

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) .....	3650.00	
(ii) Unitemized .....	6655.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	10305.00	25132.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	600.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4) .....	10305.00	25732.00
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 36, page 4) .....	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 Nonfederal Account for Joint Activity .....	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) .....	10305.00	25732.00
20. Total Federal Receipts (subtract Line 18 from Line 19) .....	10305.00	25732.00

**DETAILED SUMMARY PAGE**

of Disbursements

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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.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7700.00	19700.00
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. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	7700.00	19700.00
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	7700.00	19700.00
<hr/>		
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	10305.00	25732.00
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	10305.00	25732.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	0.00	0.00
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	0.00	0.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 5 / 11

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)

**A.** Full Name (Last, First, Middle Initial)  
Alex Ashley

Mailing Address  
308 Road 584

City State Zip Code  
Gallup NM 87301

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 28 / 2002

Amount of Each Receipt this Period  
800.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
MedStar Ambulance Service Owner/Operator

Donation

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 800.00

Transaction ID: SA11A1.4151

**B.** Full Name (Last, First, Middle Initial)  
Dale Berry

Mailing Address  
2215 Hogback Road

City State Zip Code  
Ann Arbor MI 48105

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 28 / 2002

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Huron Valley Ambulance President

Donation

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 300.00

Transaction ID: SA11A1.4175

**C.** Full Name (Last, First, Middle Initial)  
Mr. Ben Hinson

Mailing Address  
2025 Vineville Avenue

City State Zip Code  
Macon GA 31204

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 28 / 2002

Amount of Each Receipt this Period  
450.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Mid Georgia Ambulance Owner/Operator

Donation

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 950.00

Transaction ID: SA11A1.4179

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1350.00**

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

**A.** Full Name (Last, First, Middle Initial)  
Charles Kelley

Mailing Address  
803 Hillcrest

City State Zip Code  
Sparta IL 62286

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 2 2 / 2 0 0 2

Amount of Each Receipt this Period  
800.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
MedStar Ambulance President

Donation

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 800.00

Transaction ID: SA11A1.4143

**B.** Full Name (Last, First, Middle Initial)  
James McNeal, Jr.

Mailing Address  
414 W. Elm

City State Zip Code  
Burbank CA 91506

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 2 2 / 2 0 0 2

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Schaefer Ambulance Service CEO

Donation

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 500.00

Transaction ID: SA11A1.4153

**C.** Full Name (Last, First, Middle Initial)  
Todd Porter

Mailing Address  
704 6th Avenue, NE

City State Zip Code  
Mandan ND 58554

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 0 1 / 2 0 0 2

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Metro-Area Ambulance Director

Donation

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 300.00

Transaction ID: SA11A1.4165

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1400.00**

**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  
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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)  
AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

Full Name (Last, First, Middle Initial)  
**A. Stanley Portman**

Mailing Address  
26C Carnation Circle

City State Zip Code  
Reading MA 01867

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 30 / 2002

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Action Ambulance President

Donation

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 300.00

Transaction ID: SA11A1.4171

Full Name (Last, First, Middle Initial)  
**B. Greg Shore**

Mailing Address  
417 Holly Ridge Drive

City State Zip Code  
Anderson SC 28621

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 22 / 2002

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
MedShore Ambulance President

Donation

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 300.00

Transaction ID: SA11A1.4186

Full Name (Last, First, Middle Initial)  
**C. Edward Stofcheck, Jr.**

Mailing Address  
220 S. High Street

City State Zip Code  
LaRue OH 43332

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 31 / 2002

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Stofcheck Ambulance Service Owner

Donation

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 300.00

Transaction ID: SA11A1.4204

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **900.00**

**TOTAL** This Period (last page this line number only) ..... ▶ **3650.00**

**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 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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) BECERRA FOR CONGRESS</p> <p>Mailing Address PO BOX 261060 City LOS ANGELES State CA Zip Code 90026</p> <p>Purpose of Disbursement Contribution Candidate Name</p>			<p>Date of Disbursement 08 / 02 / 2002</p> <p>Amount of Each Disbursement this Period 1200.00</p>	
<p>Office Sought: <input checked="" type="checkbox"/> House Senate President</p> <p>State: CA District: 31</p>		<p>Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: SB23.4107</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Collins for Senator</p> <p>Mailing Address P.O. Box 1337 City Portland State ME Zip Code 04104-1337</p> <p>Purpose of Disbursement Contribution Candidate Name</p>			<p>Date of Disbursement 07 / 12 / 2002</p> <p>Amount of Each Disbursement this Period 1000.00</p>	
<p>Office Sought: House <input checked="" type="checkbox"/> Senate President</p> <p>State: ME District:</p>		<p>Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: SB23.4103</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) FRIENDS OF BLANCHE LINCOLN</p> <p>Mailing Address PO BOX 3197 P O BOX 118 City LITTLE ROCK State AR Zip Code 72203</p> <p>Purpose of Disbursement Contribution Candidate Name</p>			<p>Date of Disbursement 09 / 23 / 2002</p> <p>Amount of Each Disbursement this Period 1000.00</p>	
<p>Office Sought: House <input checked="" type="checkbox"/> Senate President</p> <p>State: AR District: 01</p>		<p>Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼</p>		<p>Transaction ID: SB23.4113</p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶</p>			<p><b>3200.00</b></p>	
<p><b>TOTAL</b> This Period (last page this line number only) ..... ▶</p>				



**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 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 29

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

Full Name (Last, First, Middle Initial) <b>A. Friends of Houghton</b>			Date of Disbursement 07 / 29 / 2002	
Mailing Address 33 East 3rd Street Suite 303 City State Zip Code Corning NY 14830			Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement Contribution			Category/ Type	
Candidate Name				
Office Sought: <input checked="" type="checkbox"/> House Senate President				
Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼			Transaction ID: SB23.4105	
State: NY District: 29				

Full Name (Last, First, Middle Initial) <b>B. Friends of Houghton</b>			Date of Disbursement 09 / 05 / 2002	
Mailing Address 33 East 3rd Street Suite 303 City State Zip Code Corning NY 14830			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution			Category/ Type	
Candidate Name				
Office Sought: <input checked="" type="checkbox"/> House Senate President				
Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼			Transaction ID: SB23.4112	
State: NY District: 29				

Full Name (Last, First, Middle Initial) <b>C. KAREN MCCARTHY FOR CONGRESS</b>			Date of Disbursement 09 / 24 / 2002	
Mailing Address 1111 Valentine Road City State Zip Code Kansas City MO 64111			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution			Category/ Type	
Candidate Name				
Office Sought: <input checked="" type="checkbox"/> House Senate President				
Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼			Transaction ID: SB23.4115	
State: MO District: 05				

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4000.00</b>
<b>TOTAL</b> 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)

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<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

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

Full Name (Last, First, Middle Initial) A. Quinn for Congress		Date of Disbursement 08 / 28 / 2002	
Mailing Address P.O. Box 2012 City: Elmsford State: NY Zip Code: 14219		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Contribution		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: SB23.4108	
State: NY District: 27			

B.

C.

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>7700.00</b>

