

**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
 X Check if different than previously reported. (ACC) McLean VA 22102

2. **FEC IDENTIFICATION NUMBER** C00168070
CITY **STATE** **ZIP CODE**
 3. **IS THIS REPORT** X **NEW (N)** **OR** **AMENDED (A)**

4. **TYPE OF REPORT (Choose One)**
 (a) Quarterly Reports:
 X 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)
 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
 (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
 July 31 Mid-Year Report(Non-election Year Only) (MY) (d) 30-Day Post -Election Report for the: General (30G) Runoff (30R) Special (30S)
 Termination Report (TER) Election on in the State of

5. Covering Period 01 01 2002 through 04 15 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 04 15 2002

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: ^h01 ^d01 ^y2002 To: ^h04 ^d15 ^y2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^y 2002		29426.58
(b) Cash on Hand at Beginning of Reporting Period	29426.58	
(c) Total Receipts (from Line 19)	13277.00	13277.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	42703.58	42703.58
7. Total Disbursements (from Line 30)	2150.00	2150.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	40553.58	40553.58
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)

Page 3

Write or Type Committee Name

American Ambulance Association Federal PAC (aka AMBU-PAC)

Report Covering the Period: From: ^W01 ^D01 ^Y2002 To: ^W04 ^D15 ^Y2002

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)	5750.00	
(ii) Unitemized	2725.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	8475.00	8475.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	600.00	600.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4)	9075.00	9075.00
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.)	4202.00	4202.00
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)	13277.00	13277.00
20. Total Federal Receipts (subtract Line 18 from Line 19)	13277.00	13277.00

DETAILED SUMMARY PAGE

of Disbursements

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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.....	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.....	2150.00	2150.00
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)..... ▶	2150.00	2150.00
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	2150.00	2150.00
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	9075.00	9075.00
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	9075.00	9075.00
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 / 10

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)
Mr Harvey Hal

Mailing Address
1001 21st Street

City State Zip Code
Bakersfield CA 93301

Date of Receipt
M M / D D / Y Y Y Y
03 / 15 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: SA11A1.4133

B. Full Name (Last, First, Middle Initial)
Mr. David B. Hill, III

Mailing Address
395 West Lake Street PO Box 1

City State Zip Code
Elmhurst IL 60125

Date of Receipt
M M / D D / Y Y Y Y
01 / 28 / 2002

Amount of Each Receipt this Period
2500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 2500.00

Transaction ID: SA11A1.4100

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

Mailing Address
2025 Vineville Avenue PO Box 2710

City State Zip Code
Macon GA 31205

Date of Receipt
M M / D D / Y Y Y Y
03 / 15 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation

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

Transaction ID: SA11A1.4139

SUBTOTAL of Receipts This Page (optional) ▶ **3250.00**

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:
(check only one)

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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)
Mr Russell Maxwell

Mailing Address
525 Lafayette Avenue

City State Zip Code
Buffalo NY 14222

Date of Receipt
M M / D D / Y Y Y Y
03 / 15 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation

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

Transaction ID: SA11A1.4148

B. Full Name (Last, First, Middle Initial)
Mr. Mark Meier

Mailing Address
1275 Cedar Street NE

City State Zip Code
Grand Rapids IL 49503

Date of Receipt
M M / D D / Y Y Y Y
01 / 28 / 2002

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 1000.00

Transaction ID: SA11A1.4102

C. Full Name (Last, First, Middle Initial)
Mr. Mark Meier

Mailing Address
1275 Cedar Street NE

City State Zip Code
Grand Rapids IL 49503

Date of Receipt
M M / D D / Y Y Y Y
03 / 18 / 2002

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 1300.00

Transaction ID: SA11A1.4107

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)			PAGE 8 / 10		
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input checked="" type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Acadian Ambulance Employee Federal Political Action Committee

Mailing Address
PO Box 98000

City State Zip Code
Lafayette LA 70509

Date of Receipt
M M / D D / Y Y Y Y
03 / 15 / 2002

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period
600.00

Name of Employer Occupation

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 600.00

Transaction ID: SA11C.4177

B.

C.

SUBTOTAL of Receipts This Page (optional)	▶	600.00
TOTAL This Period (last page this line number only)	▶	600.00

**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 9 / 10
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input checked="" 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. Cash from Conf. _____ Date of Receipt _____
Mailing Address _____ N M / D E / Y Y Y Y
8201 Greensboro Drive Suite 300 03 / 15 / 2002
City State Zip Code
McLean VA 22102 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 4202.00
Name of Employer Occupation
Receipt For: Aggregate Year-to-Date ▼
Primary General 4202.00
Other (specify) ▼
Transaction ID: SA17.4186

B.

C.

SUBTOTAL of Receipts This Page (optional)	▶	4202.00
TOTAL This Period (last page this line number only)	▶	4202.00

**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)

Full Name (Last, First, Middle Initial) A. Common Sense Leadership Fund		Date of Disbursement 03 / 05 / 2002	
Mailing Address PO Box 15206 City Washington State DC Zip Code 20003		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.4190	
Candidate Name		Category/ Type	
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: DC District:			

Full Name (Last, First, Middle Initial) B. Jim Ramstad Volunteer Comm.		Date of Disbursement 03 / 26 / 2002	
Mailing Address 1809 South Plymouth Road Suite 310B City Minnesota State MN Zip Code 55305		Amount of Each Disbursement this Period 150.00	
Purpose of Disbursement		Transaction ID: SB23.4192	
Candidate Name		Category/ Type	
Office Sought: x House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MN District: 3			

Full Name (Last, First, Middle Initial) C. Kennedy For Congress		Date of Disbursement 03 / 05 / 2002	
Mailing Address PO Box 1000 City Watertown State MN Zip Code 55388		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.4188	
Candidate Name		Category/ Type	
Office Sought: x House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MI District: 8			

SUBTOTAL of Disbursements This Page (optional)	2150.00
TOTAL This Period (last page this line number only)	2150.00