## **STATEMENT OF**

FORM 1	ORGANIZATI (See instructions)	ON	C	office use only
NAME OF COMMITTEE (in f	(Check if name E ull) is changed) o	example: If typying, type ver the lines	12FE4M5	
AMERICAN AN	IBULANCE ASSOCIATION FEDERAL	РАС (АКА АМВИ-РАС)		
ADDRESS (number and a	8400 Westpark Drive	<del>                                     </del>		
ADDRESS (number and street)	2nd Floor			
(Check if address is changed)	McLean		LYA L	22102   5116
	CITY	<b>'</b>	STATE▲	ZIP CODE ▲
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one e-mail ac	ddress)		
(Check if address is changed)	tnorth@the-aaa.org			
COMMITTEE'S WEB	PAGE ADDRESS (URL)			
(Check if address is changed)				
				لتتتتبينا
2. DATE 0.5	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
3. FEC IDENTIFICA	TION NUMBER C C	00168070		
4. IS THIS STATEM	ENT NEW (N) OR	X AMENDED (A)		
I certify that I have examin	ned this Statement and to the best of my knowledge	e and belief it is true, correct and	I complete	
Type or Print Name of	TreasurerTristan North			
Signature of Treasurer	Electronically Filed by Tristan North		Date 05	22 Y 2009
NOTE: Submission of fall	se, erroneous, or incomplete information may subje		·	s of 2 U.S.C. §437g.
Office Use Only		For further information of Federal Election Commissi Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

FEG	C Form 1 (Revised 02/2009)	Page 2
	COMMITTEE (Check One) te Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete tinformation below.)	he candidate
Name of Candidat	e	
Candidat Party Aff		State District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidat	e	
Party Co	mmittee:	
(d)	(National, State This committee is a (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
Political	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:
	Corporation Corporation w/o Capital Stock La	bor Organization
	Membership Organization X Trade Association C	ooperative
<i>(</i> 0)	χ In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	d fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	in addition, this committee is a Leadership PAC. (Identity sponsor on line 6.)	
Joint Fun	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
C	Committees Participating in Joint Fundraiser	
	1. FEC ID number C	
	2. FEC ID number	
	3. FEC ID number	
	FEC ID number C	

**Treasurer** 

FEC <b>Form</b>	1 (Revised 0	2/2009)		Page <b>3</b>
Write or Type Comn				
AMERICAN A	AMBULAN	CE ASSOCIATION FEDERAL PAC (AKA AM	/IBU-PAC)	
6. Name of Any Co	onnected Or	ganization, Affiliated Committee, Joint Fundraisi	ng Representative, or Leade	rship PAC Sponsor
AMERICAN A	MBULANC	E ASSOCIATION		
Mailing Address		8400 WestPark Drive		
		2nd Floor		
		McLean	L VA	22102
		CITY▲	STATE 🛕	ZIP CODE
Relationship:				
X Connected	Organization	Affiliated Committee Joint Fun	draising Representative	Leadership PAC Sponsor
		entify by name, address, (phone number o	ptional), and position of the	e person in
possession of	Committee	e books and records.		
Full Name				
Mailing Address		8400 WestPark Drive		
		2nd Floor		
		McLean	<b>VA</b>	22102
Title or Position	<b>V</b>	CITY A	STATE	ZIP CODE A
	Staff Acc	ountant	elephone number	- <u>610</u> - <u>9018</u>
		and address (phone number optional) of the designated agent (e.g., assistant treasurer).		tee; and the
Full Name of Treasurer	Trista	n North		
Mailing Address		8400 WestPark Drive		
-		2nd Floor		
		McLean		22102
Title or Position	<b>V</b>	CITY A	STATE A	ZIP CODE A

703

Telephone number

610

9018

Full Name of Designated Agent					
Mailing Address					
Title or Position ▼ CITY ▲ STATE ▲	ZIP CODE A				
Telephone number					
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.  SUNTRUST BANK					
Mailing Address  1445 New York Avenue, NW					
Washington	20005				
CITY A STATE A	ZIP CODE 🛕				
Name of Bank, Depository, etc.					
Mailing Address					
Mailing Address					
Mailing Address					