

**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 NEW (N) OR X AMENDED (A)

4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
X April 15 Quarterly Report(Q1)		Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (M13)
July 15 Quarterly Report(Q2)	(c) 12-Day PRE-Election Report for the:	Primary (12P)	General (12G)	Special (12S)	Runoff (12R)
October 15 Quarterly Report(Q3)		Convention (12C)			
January 31 Quarterly Report(YE)	Election on				in the State of
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 03 31 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 02 06 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> 0 1 <sup>D</sup> 0 1 <sup>v</sup> / <sup>v</sup> 2 0 0 2 To: <sup>h</sup> 0 3 <sup>D</sup> 3 1 <sup>v</sup> / <sup>v</sup> 2 0 0 2

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>v</sup> / <sup>v</sup> 2 0 0 2		24667.08
(b) Cash on Hand at Beginning of Reporting Period .....	24667.08	
(c) Total Receipts (from Line 19) .....	13358.71	13358.71
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	38025.79	38025.79
7. Total Disbursements (from Line 30) .....	120.46	120.46
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	37905.33	37905.33
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**

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Page 3

Write or Type Committee Name

AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)

Report Covering the Period: From: <sup>MM</sup>01 <sup>DD</sup>01 <sup>YYYY</sup>2002 To: <sup>MM</sup>03 <sup>DD</sup>31 <sup>YYYY</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) .....	5750.00	
(ii) Unitemized .....	6927.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	12677.00	12677.00
(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) .....	13277.00	13277.00
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.) .....	81.71	81.71
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) .....	13358.71	13358.71
20. Total Federal Receipts (subtract Line 18 from Line 19) .....	13358.71	13358.71

**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.....	120.46	120.46
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	120.46	120.46
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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)..... ▶	120.46	120.46
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	120.46	120.46
<hr/>		
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	13277.00	13277.00
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	13277.00	13277.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	120.46	120.46
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	120.46	120.46

**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 / 8	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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 Hall

Mailing Address  
 1001 21st Street

City State Zip Code  
 Bakerfield CA 93301

Date of Receipt  
 N M / D E / 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  
 Hall Ambulance Service

Donation

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

Transaction ID: SA11A1.4467

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

Mailing Address  
 305 West Lake Street PO Box 1

City State Zip Code  
 Elmhurst IL 60125

Date of Receipt  
 N M / D E / 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  
 Superior Air-Ground Ambulance

Donation

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

Transaction ID: SA11A1.4469

**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  
 N M / D E / 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  
 Mid Georgia Ambulance  
 Owner/Operator

Donation

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

Transaction ID: SA11A1.4470

**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:		PAGE 6 / 8	
(check only one)			
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	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  
4B1 William Gaber Parkway

City State Zip Code  
Buffalo NY 14215

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 Rural/Metro Corporation Occupation Vice President Donation

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 200.00

Transaction ID: SA11A1.4472

**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 Life EMS, Inc. Occupation Donation

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

Transaction ID: SA11A1.4474

**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 Life EMS, Inc. Occupation Donation

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

Transaction ID: SA11A1.4475

**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:		PAGE 7 / 8	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 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. Mr. Scott Vandenberg**

Mailing Address  
**7B12 Park Central Drive**

City State Zip Code  
**Tinley Park IL 60477**

Date of Receipt  
 N M / D E / Y Y Y Y  
**01 30 / 2002**

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period  
**1000.00**

Name of Employer Occupation Donation  
**TRACE Ambulance**

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

Transaction ID: **SA11A1.4477**

**B.**

**C.**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>5750.00</b>

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

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

FOR LINE NUMBER: PAGE 8 / 8

(check only one)

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)

Full Name (Last, First, Middle Initial)

A. ACADIAN AMBULANCE SERVICE INC EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y  
03 / 15 / 2002

PO BOX 98000

City

State

Zip Code

LAFAYETTE

LA

70509

Amount of Each Receipt this Period

FEC ID number of contributing  
federal political committee.

600.00

Name of Employer

Occupation

Donation

Receipt For:

Aggregate Year-to-Date ▼

Primary

General

Other (specify) ▼

600.00

Transaction ID: SA11C.4479

B.

C.

SUBTOTAL of Receipts This Page (optional) ..... ► 600.00

TOTAL This Period (last page this line number only) ..... ► 600.00