

**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)
April 15 Quarterly Report(Q1)		Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (M13)
X 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 04 01 2002 through 06 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 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<sup>h</sup>4<sup>h</sup> <sup>D</sup>0<sup>D</sup>1<sup>D</sup> <sup>v</sup>2<sup>v</sup>0<sup>v</sup>0<sup>v</sup>2<sup>v</sup> To: <sup>h</sup>0<sup>h</sup>6<sup>h</sup> <sup>D</sup>0<sup>D</sup>3<sup>D</sup>0<sup>D</sup> <sup>v</sup>2<sup>v</sup>0<sup>v</sup>0<sup>v</sup>2<sup>v</sup>

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>v</sup> 2 <sup>v</sup> 0 <sup>v</sup> 0 <sup>v</sup> 2 <sup>v</sup>		24667.08
(b) Cash on Hand at Beginning of Reporting Period .....	37905.33	
(c) Total Receipts (from Line 19) .....	2150.00	15508.71
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	40055.33	40175.79
7. Total Disbursements (from Line 30) .....	12273.79	12394.25
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	27781.54	27781.54
9. Debts and Obligations owed <b>TO</b> the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> 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:

04 01 2002

To:

06 30 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) .....	250.00	
(ii) Unitemized .....	1900.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	2150.00	14827.00
(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) .....	2150.00	15427.00
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	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) .....	2150.00	15508.71
20. Total Federal Receipts (subtract Line 18 from Line 19) .....	2150.00	15508.71

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Revised 1/2001)

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.....	273.79	394.25
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	273.79	394.25
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12000.00	12000.00
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)..... ▶	12273.79	12394.25
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	12273.79	12394.25
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	2150.00	15427.00
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	2150.00	15427.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	273.79	394.25
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	273.79	394.25

**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		
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 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)  
**A. Mr. Harvey Hall**

Mailing Address  
**1001 21st Street**

City State Zip Code  
**Bakerfield CA 93301**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 30 / 2002**

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period  
**250.00**

Name of Employer Occupation Donation  
**Hall Ambulance Service**

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

Transaction ID: **SA11A1.4484**

**B.**

**C.**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>250.00</b>

**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 checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25
	26		27		28a		28b		28c
									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. First Union Bank		Date of Disbursement 04 / 01 / 2002
Mailing Address 1970 Chain Bridge Road 3rd Floor City State Zip Code McLean VA 22102		Amount of Each Disbursement this Period 179.29
Purpose of Disbursement Service Fee	Candidate Name	Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.4660
State: District:		

Full Name (Last, First, Middle Initial) B. First Union Bank		Date of Disbursement 04 / 02 / 2002
Mailing Address 1970 Chain Bridge Road 3rd Floor City State Zip Code McLean VA 22102		Amount of Each Disbursement this Period 4.50
Purpose of Disbursement Service Fees	Candidate Name	Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.4661
State: District:		

Full Name (Last, First, Middle Initial) C. First Union Bank		Date of Disbursement 04 / 05 / 2002
Mailing Address 1970 Chain Bridge Road 3rd Floor City State Zip Code McLean VA 22102		Amount of Each Disbursement this Period 89.25
Purpose of Disbursement Service Fee	Candidate Name	Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.4663
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>273.04</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 checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25
	26		27		28a		28b		28c
									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. First Union Bank		Date of Disbursement 06 / 03 / 2002
Mailing Address 1970 Chain Bridge Road City State Zip Code McLean VA 22102		Amount of Each Disbursement this Period 0.75
Purpose of Disbursement Service Fee		
Candidate Name		Category/ Type
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District:		Transaction ID: 5B21B.4684

B.

C.

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>0.75</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>273.79</b>

**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) <b>A. JIM NUSSLE</b>		Date of Disbursement 06 / 27 / 2002	
Mailing Address P.O. Box 324 City Manchester		State IA	
Zip Code 52057		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution		Category/ Type	
Candidate Name			
Office Sought:	House Senate President	Disbursement For:	2002 Primary    X General Other (specify) ▼
State:	District:	Transaction ID: 5B23.4486	

Full Name (Last, First, Middle Initial) <b>B. LUTHER FOR CONGRESS VOLUNTEER COMMITTEE</b>		Date of Disbursement 06 / 27 / 2002	
Mailing Address 1399 Geneva Avenue North Ste 202 City Oakdale		State MN	
Zip Code 55128		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution		Category/ Type	
Candidate Name			
Office Sought:	House Senate President	Disbursement For:	2002 Primary    X General Other (specify) ▼
State:	District:	Transaction ID: 5B23.4486	

Full Name (Last, First, Middle Initial) <b>C. MIKE ROSS FOR CONGRESS COMMITTEE</b>		Date of Disbursement 05 / 07 / 2002	
Mailing Address PO BOX 380 City PRESCOTT		State AR	
Zip Code 71857		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Contribution		Category/ Type	
Candidate Name			
Office Sought:	House Senate President	Disbursement For:	2002 X Primary    General Other (specify) ▼
State:	District:	Transaction ID: 5B23.4480	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2500.00</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) <b>A. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE CONTRIBUTIONS</b>		Date of Disbursement 05 / 07 / 2002
Mailing Address 320 FIRST STREET SE City: WASHINGTON State: DC Zip Code: 20003		Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement Contribution		Transaction ID: SB23.4492
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) Other	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Pat Toomey for Congress</b>		Date of Disbursement 06 / 27 / 2002
Mailing Address 902 Union Blvd. City: Allentown State: PA Zip Code: 18109		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Contribution		Transaction ID: SB23.4494
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. RANGEL FOR CONGRESS</b>		Date of Disbursement 05 / 17 / 2002
Mailing Address PO BOX 5577 MANHATTANVILLE STA City: NEW YORK State: NY Zip Code: 10027		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement Contribution		Transaction ID: SB23.4496
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>7500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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21b  22  23  24  25  
 26  27  28a  28b  28c  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. WALLY HERGER FOR CONGRESS COMMITTEE</b>			Date of Disbursement 05 / 13 / 2002	
Mailing Address P.O. Box 1500 City: Chico State: CA Zip Code: 95927			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution Candidate Name			Category/ Type	
Office Sought: House Senate President		Disbursement For: 2002 Primary X General Other (specify) ▼		
State: District:		Transaction ID: SB23.4498		

Full Name (Last, First, Middle Initial) <b>B. WALSH FOR CONGRESS COMMITTEE</b>			Date of Disbursement 06 / 13 / 2002	
Mailing Address 306 WINKWORTH PARKWAY City: SYRACUSE State: NY Zip Code: 13215			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution Candidate Name			Category/ Type	
Office Sought: House Senate President		Disbursement For: 2002 Primary X General Other (specify) ▼		
State: District:		Transaction ID: SB23.4500		

**C.**

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>12000.00</b>