

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) American Ambulance Association Federal Political Action Committee	RECEIVED FEDERAL ELECTION COMMISSION JUL 15 10 26 AM '94
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1301 Connecticut Avenue, N.W.	2. FEC IDENTIFICATION NUMBER C0016870
CITY, STATE and ZIP CODE Washington, DC 20036	9. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report
- Monthly Report Due On:
- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |
- Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____
- Thirtieth day report following the General Election on _____ in the State of _____
- (b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>4/1/94</u> through <u>6/30/94</u>		
6. (a) Cash on Hand January 1, 19 <u>94</u>		\$ 1,028.90
(b) Cash on Hand at Beginning of Reporting Period	\$ 12,567.86	
(c) Total Receipts (from Line 19)	\$ 30,300.00	\$ 50,142.70
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 42,867.86	\$ 51,171.60
7. Total Disbursements (from Line 30)	\$ 25,968.68	\$ 34,272.42
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 16,899.18	\$ 16,899.18
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$	
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 Royce L. Rollins	Date
Signature of Treasurer 	7/11/94

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

940320003

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE <u>American Ambulance Association Federal Political Action Committee</u>	REPORT COVERING PERIOD	
	FROM	TO
	4/1/94	6/30/94
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Memorialized (use Schedule A)	29,100.00	48,692.70
ii. Unmemorialized	1,200.00	1,450.00
iii. Total	30,300.00	50,142.70
b. Political Party Committees .....	.00	.00
c. Other Political Committees (such as PACs) .....	.00	.00
d. Total Contributions	30,300.00	50,142.70
12. Transfers From Affiliated/Other Party Committees .....	.00	.00
13. All Loans Received .....	.00	.00
14. Loan Repayments Received .....	.00	.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) .....	.00	.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees .....	.00	.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	.00	.00
18. Transfers from Nonfederal Account for Joint Activity .....	.00	.00
19. Total Receipts	30,300.00	50,142.70
20. Total Federal Receipts	30,300.00	50,142.70
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4):		
i. Federal Share .....	.00	.00
ii. Non-Federal Share .....	.00	.00
b. Other Federal Operating Expenditures	(31.32)	(31.32)
c. Total Operating Expenditures	(31.32)	(31.32)
22. Transfers to Affiliated/Other Party Committees .....	.00	.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	26,000.00	30,250.00
24. Independent Expenditures (use Schedule E) .....	.00	.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) ..	.00	.00
26. Loan Repayments Made .....	.00	.00
27. Loans Made .....	.00	.00
28. Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committees .....	.00	.00
b. Political Party Committees .....	.00	.00
c. Other Political Committees (such as PACs) .....	.00	.00
d. Total Contribution Refunds .....	.00	.00
29. Other Disbursements .....	.00	4,053.74
30. Total Disbursements	25,968.68	34,272.42
31. Total Federal Disbursements	25,968.68	34,272.42
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from line 11d)	30,300.00	50,142.70
33. Total Contribution Refunds (from line 28d) .....	.00	.00
34. Net Contributions (other than loans) (subtract line 33 from 32)	30,300.00	50,142.70
35. Total Federal Operating Expenditures	(31.32)	(31.32)
36. Offsets to Operating Expenditures (from line 15) .....	.00	.00
37. Net Operating Expenditures	(31.32)	(31.32)

9403903004

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 7
FOR LINE NUMBER 11a(i)

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 Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Carrett Casey 41 Longmeadow Drive Waterbury, CT 06708	Medstar, Inc.	4/12/94	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator		Aggregate Year-to-Date > \$ 250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Byrne 23 Rockridge Terrace Prospect, CT 06712	Medstar, Inc.	4/12/94	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator		Aggregate Year-to-Date > \$ 250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William Horrigan 290 Farmdale Road Watertown, CT 06795	Medstar, Inc.	4/12/94	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator		Aggregate Year-to-Date > \$ 250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edward Johnson 501 W. Surf Road South Seaville, NJ 08246	Family Ambulance	4/12/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator		Aggregate Year-to-Date > \$ 2,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Howard Kaplan 272 Grawton Road Jackson, NJ 08527	SAS Ambulance	4/12/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator		Aggregate Year-to-Date > \$ 1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Austin Lebowitz 24 Split Rock Dr. Kings Point, NJ 11024	Hunter Ambulance	4/12/94	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator		Aggregate Year-to-Date > \$ 500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Raymond Manzelli P.O. Box 4667 Waterbury, CT 06704	Medstar, Inc.	4/12/94	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator		Aggregate Year-to-Date > \$ 250.00

SUBTOTAL of Receipts This Page (optional) 3,500.00

TOTAL This Period (last page this line number only)

9405203005

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 7
FOR LINE NUMBER 11a(i)

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 Political Action Committee

940303006

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
H. McCabe 14 East 41st Bayonne, NJ 07002	McCabe Ambulance	4/12/94	\$ 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Owner/Operator Aggregate Year-to-Date > \$ 1,000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Darryl Quigley 109 Waits Circle Garland, TX 75235	Central Ambulance Service of Texas	4/12/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Owner/Operator Aggregate Year-to-Date > \$ 1,000.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rick Richardson 25081 Danabirch Dana Point, CA 92629	Care Ambulance	4/12/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Owner/Operator Aggregate Year-to-Date > \$ 1,000.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul Wagner 1015 North York Road Willow Grove, PA 19090	Sats, Inc.	4/12/94	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Owner/Operator Aggregate Year-to-Date > \$ 500.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Scott Brady 517 S. Division Grand Rapids, MI 49503	Mercy Ambulance	5/4/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Owner/Operator Aggregate Year-to-Date > \$ 1,000.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Douglas Baker 600 Delaware, EMS Plaza Buffalo, NY	LaSalle Ambulance	5/4/94	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Owner/Operator Aggregate Year-to-Date > \$ 250.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Diddle P.O. Box 975 East Liverpool, OH 43920	Tri-County Ambulance	5/4/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Owner/Operator Aggregate Year-to-Date > \$ 1,000.00		

SUBTOTAL of Receipts This Page (optional) 5,750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

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 Political Action Committee

9403908007

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald/Barbara Doepping 180 Valley Run Place Powell, OH 43065	American Ambulance	5/4/94	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Owner/Operator Aggregate Year-to-Date > \$ 500.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ben/Jamie Grehsan 2003 Military Road Jacksonville, AR 72076	Pafford Ambulance	5/4/94	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Owner/Operator Aggregate Year-to-Date > \$ 751.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas/Kimberly Little 5724 SW Arrowhead CL. Topeka, KS 66614	Medevac Medical Service	5/4/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Owner/Operator Aggregate Year-to-Date > \$ 1,000.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joe Huffman 2110 Village Green Garland, TX 75044	Dallas Ambulance	5/4/94	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Owner/Operator Aggregate Year-to-Date > \$ 250.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J.R. Noga 1142 South Mill St. New Castle, PA 16101	Noga Ambulance	5/4/94	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Owner/Operator Aggregate Year-to-Date > \$ 500.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Greg Pafford 2003 Military Road Jacksonville, AR 72076	Pafford Ambulance	5/4/94	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Owner/Operator Aggregate Year-to-Date > \$ 250.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James/Carol Pafford 2003 Military Road Jacksonville, AR 72076	Pafford Ambulance	5/4/94	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Owner/Operator Aggregate Year-to-Date > \$ 750.00		

SUBTOTAL of Receipts This Page (optional)	3,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

11a(i)

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 Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John Pafford 2003 Military Road Jacksonville, AR 72076	Pafford Ambulance	5/4/94	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator Aggregate Year-to-Date > \$ 250.00		
Frank/Jerry Subriar P.O. Box 283 Delano, CA 93215	Delano Ambulance	5/4/94	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator Aggregate Year-to-Date > \$ 500.00		
Fred Sundquist/Joyce Startare 135 W. 7th Street Eureka, CA 95501	City Ambulance of Eureka	5/4/94	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator Aggregate Year-to-Date > \$ 250.00		
Marcella J. Wehmann 15744 Lindskog Whittier, CA 90603	AME, Inc.	5/4/94	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator Aggregate Year-to-Date > \$ 500.00		
James/Linda Atkins 4581 Bedford Drive Evans, CA 30809	Richmond Ambulance	5/27/94	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator Aggregate Year-to-Date > \$ 500.00		
James/Sandra Bolin 1524 W. Port Au Prince Phoenix, AZ 85023	Rural/Metro Corp.	5/27/94	2,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator Aggregate Year-to-Date > \$ 2,500.00		
Antonio Gomez-Ortega 2950 NW 7th Ave. Miami, FL 33127	Florida Medi-Van Ambulance	5/27/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator Aggregate Year-to-Date > \$ 1,000.00		

SUBTOTAL of Receipts This Page (optional)

5,100.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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 Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gretchen Jessop 536 E. Hobson Way Blythe, CA 92225	Blythe Ambulance	5/27/94	\$ 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Henry Moore P.O. BOX 866 Plainsville, CT 06062	Superior Ambulance	5/27/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > \$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marcella J. Woolumann 15744 Lindskey Whittier, CA 90603	AME, Inc.	5/27/94	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > \$ 600.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Cozza 241 Franklin Bound Brook, NJ 08805	Able Ambulance & Invalid Coach	5/27/94	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Diane Kennedy I. Jarrett Ct. Marlton, NJ 08053	US Health Tec, Inc.	5/27/94	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Billie J. Morris 180 E. Wylie Ave. Washington, PA 15301	Ambulance & Chair Service	5/27/94	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > \$ 500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Allan Reichel 560 Williams Rd. Palm Springs, CA 92262	Springs Ambulance	5/27/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > \$ 1,000.00	

SUBTOTAL of Receipts This Page (optional) 4,600.00

TOTAL This Period (last page this line number only)

9433903J009

SCHEDULE A

ITEMIZED RECEIPTS

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

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 Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ruth/Walter Reisner East State Road, RD2 Olean, NY 14760 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	TransAm Ambulance Occupation Owner/Operator Aggregate Year-to-Date > \$ 1,000.00	5/27/94	\$ 1,000.00
B. Full Name, Mailing Address and ZIP Code D. Steven Rice 5707 Sycamore Rialto, CA 92376 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Courtesy Ambulance Service Occupation Owner/Operator Aggregate Year-to-Date > \$ 1,000.00	5/27/94	1,000.00
C. Full Name, Mailing Address and ZIP Code Alex St. Clair Windswept Townhouses Tazewell, VA 24651 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Appalachian Ambulance Occupation Owner/Operator Aggregate Year-to-Date > \$ 250.00	5/27/94	150.00
D. Full Name, Mailing Address and ZIP Code Cerald/Kathleen Donohue 931 N. Webster Scranton, OH 19510 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Donohue Ambulance Occupation Owner/Operator Aggregate Year-to-Date > \$ 500.00	6/15/94	500.00
E. Full Name, Mailing Address and ZIP Code James Fallon P.O. Box 66 Milton, MA 02187 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Fallon Service Occupation Owner/Operator Aggregate Year-to-Date > \$ 1,000.00	6/15/94	1,000.00
F. Full Name, Mailing Address and ZIP Code Nelson/Patricia Nafziger 105 Mount Laurel Parkesburg, PA 19365 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Med-Trans, Inc. Occupation Owner/Operator Aggregate Year-to-Date > \$ 500.00	6/15/94	500.00
G. Full Name, Mailing Address and ZIP Code Gaylene R. White/Robert Phillips 3280 Routt Wheat Ridge, CO 80033 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Energy Care, Inc. Occupation Owner/Operator Aggregate Year-to-Date > \$ 1,000.00	6/15/94	1,000.00

SUBTOTAL of Receipts This Page (top row)	5,150.00
TOTAL This Period (last page this line number only)	

10
20
30
40
50
60
70
80

SCHEDULE A

ITEMIZED RECEIPTS

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

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 Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joyce Startare/Fred Sundquist 135 W. 7th St. Eureka, CA 95501	City Ambulance of Eureka Occupation: Owner/Operator	6/15/94	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert/Donna Syme 2717 Westlock Dr. Wilmington, DE 19808	Medical Service Corp. Occupation: Owner/Operator	6/15/94	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Conrad/Patricia Anderson 1596 St. Andrews Redding, CA 96003	North Valley Ambulance Occupation: Owner/Operator	6/15/94	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Patricia/George Brewer 4 Mark Lane Milton, MA 02186	Brewer Ambulance Occupation: Owner/Operator	6/15/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gerald/Patricia Clark 262 Christians St. North Tonawanda, NY 14120	Twin City Ambulance Occupation: Owner/Operator	6/15/94	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)	2,000.00
TOTAL This Period (last page this line number only)	\$29,100.00

94059030011

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 23

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 Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kolbe 94 P.O. Box 31568 Tucson, AZ 85757	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	4/13/94	\$ 1,000.00
B. Full Name, Mailing Address and ZIP Code Ashcroft for Senate 517 2nd St., NE Washington, DC 20002	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	4/13/94	1,000.00
C. Full Name, Mailing Address and ZIP Code Porter for Congress P.O. Box 7126 Deerfield, IL 60015	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	4/13/94	500.00
D. Full Name, Mailing Address and ZIP Code The Moynihan Campaign 21 East 40th St. New York, NY 10017	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	4/13/94	500.00
E. Full Name, Mailing Address and ZIP Code Feinstein for Senate 1301 Connecticut Avenue, NW Washington, DC 20036	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	4/28/94	2,500.00
F. Full Name, Mailing Address and ZIP Code Levin for Congress P.O. Box 990 Washington, DC 20044	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	4/28/94	500.00
G. Full Name, Mailing Address and ZIP Code Don Johnson for Congress P.O. Box 15239 Washington, DC 20003	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	4/28/94	500.00
H. Full Name, Mailing Address and ZIP Code Gephardt for Congress Committee 507 Capital Ct. Washington, DC 20002	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	4/28/94	1,000.00
I. Full Name, Mailing Address and ZIP Code Democratic Congressional Campaign Committee P.O. Box 2884 Washington, DC 20013	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	4/28/94	1,000.00

SUBTOTAL of Disbursements This Page (optional)	8,500.00
TOTAL This Period (last page this line number only)	

24039012

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 4
FOR LINE NUMBER 23

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 Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Gejdenson Re-Election Committee P.O. Box 1818 Bozrah, CT 06334	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/28/94	\$ 500.00
Doolittle for Congress 11954 Prospect Hill Dr. Gold River, CA 95670	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/28/94	500.00
Mataui for Congress P.O. Box 523024 Springfield, VA 22152	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/28/94	500.00
Evans for Congress 1301 Connecticut Avenue, NW Washington, DC 20036	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/28/94	2,000.00
Hatch for Senate 1301 Connecticut Avenue, NW Washington, DC 20036	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/1/94	1,000.00
Ken Calvert for Congress P.O. Box 1414 Riverside, CA 92502	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/3/94	500.00
Vermont Democratic Party 236 Massachusetts Ave., NE Washington, DC 20002	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/3/94	250.00
Gephardt for Congress 507 Capitol Ct., NE Washington, DC 20002	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/3/94	2,000.00
Brewster for Congress P.O. Box 990 Washington, DC 20044	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/3/94	1,000.00

SUBTOTAL of Disbursements This Page (optional) 8,250.00

TOTAL This Period (last page this line number only)

3
0
0
8
0
3
4
9

SCHEDULE B

ITEMIZED DISBURSEMENTS

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 Political Action Committee

9
4
3
2
3
3
0
1
4

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Alan Wheat 236 Massachusetts Ave., NE Washington, DC 20002	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/3/94	\$ 1,000.00
B. Full Name, Mailing Address and ZIP Code Lewis for Congress P.O. Box 247 Redlands, CA 92373	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/3/94	750.00
C. Full Name, Mailing Address and ZIP Code James Talent for Congress P.O. Box 23683 Washington, DC 20026	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/3/94	750.00
D. Full Name, Mailing Address and ZIP Code Pete Stark Re-Election Committee 555 New Jersey Ave., NW Washington, DC 20001	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/3/94	1,000.00
E. Full Name, Mailing Address and ZIP Code The Wish List 210 West Front St. Red Bank, NJ 07701	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/3/94	1,000.00
F. Full Name, Mailing Address and ZIP Code Myers for Congress P.O. Box 11 Covington, IN 49732	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/24/94	1,000.00
G. Full Name, Mailing Address and ZIP Code Lindquist for Congress 111 Odgen Dr. Oregon City, OR 97045	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/24/94	250.00
H. Full Name, Mailing Address and ZIP Code Friends of Clay Shaw P.O. Box 2188 Ft. Lauderdale, FL 33301	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/24/94	1,000.00
I. Full Name, Mailing Address and ZIP Code Feinstein for Senate 1301 Connecticut Ave., NW Washington, DC 20036	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/24/94	1,000.00

SUBTOTAL of Disbursements This Page (optional) 7,750.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page.

PAGE 4 OF 4
 FORM NO. 10-1983
 23

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 Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
Peinstein for Senate 1301 Connecticut Ave., NW Washington, DC 20036		5/24/94	\$ 1,500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (top panel)	1,500.00
TOTAL This Period (last page this line number only)	\$ 26,000.00

94032080015

SCHEDULE B

ITEMIZED DISBURSEMENTS

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 Political Action Committee

94034006

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Fleishman-Hillard, Inc. 200 North Broadway St. Louis, MO 63102	Photocopies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/26/94	\$ 2.60
B. Full Name, Mailing Address and ZIP Code Gumpy Copy Center 2711 Jefferson Davis Hwy Washington, DC	Photocopy charges - Check returned uncashed Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/28/94	(33.92)
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	(31.32)
TOTAL This Period (last page this line number only)	\$ (31.32)

Federal Election Commission
ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

Hand Delivered

DATE OF RECEIPT

7/15/94

First Class Mail

POSTMARKED

Registered/Certified Mail

POSTMARKED

No Postmark

Postmark Illegible

Received from the House Office of Records
and Registration

DATE OF RECEIPT

Received from the Senate Office of Public
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

E.S.
PREPARER

7/15/94
DATE PREPARED

94057080017