

**For Other Than An Authorized Committee  
(Summary Page)**

FEDERAL ELECTION COMMISSION

MAR 11 3 52 PM '98

1. NAME OF COMMITTEE (in full) American Ambulance Association Federal Political Action Committee	2. FEC IDENTIFICATION NUMBER C00168070
ADDRESS (number and street) .1 Check if different than previously reported 1615 L Street., N.W.	
CITY, STATE AND ZIP CODE Washington, DC 20036	
3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)	

**4. TYPE OF REPORT**

- (a)  April 15 Quarterly Report      Monthly Report Due On:
- July 15 Quarterly Report       February 20       June 20       October 20
- October 15 Quarterly Report       March 20       July 20       November 20
- January 31 Year End Report       April 20       August 20       December 20
- July 31 Mid Year Report (Non-Election Year Only)       May 20       September 20       January 31
- Termination Report
- 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

5. SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
Covering Period July 1, 1997 through December 31, 1997.....		
6. (a) Cash on Hand January 1, 1997.....		10,833.76
(b) Cash on Hand at Beginning of Reporting Period.....	5,351.32	
(c) Total Receipts (from Line 19).....	35,694.96	49,754.96
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	41,046.28	60,588.72
7. Total Disbursements (from Line 30).....	11,469.33	31,011.77
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))....	29,576.95	29,576.95
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	\$ .00	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).....	\$ .00	

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
Signature of Treasurer	Date March 5, 1998

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS  
PAGE 2, FEC FORM 3X**

NAME OF COMMITTEE AMERICAN AMBULANCE ASSOCIATION FEDERAL POLITICAL ACTION COMMITTEE		REPORT COVERING PERIOD FROM: 7/31/97 TO: 12/31/97	
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. Itemized (use Schedule A).....		28,299.96	41,999.96
ii. Unitemized.....		7,395.00	7,755.00
iii. Total.....(add i and ii) >		35,694.96	49,754.96
b. Political Party Committees.....		.00	.00
c. Other Political Committees (such as PACs).....		.00	.00
d. Total Contributions.....(add a iii, b and c) >		35,694.96	49,754.96
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 Non-Federal Account for Joint Activity.....		.00	.00
19. Total Receipts.....(add 11d, 12, 13, 14, 15, 16, 17, and 18) >		35,694.96	49,754.96
20. Total Federal Receipts.....(subtract line 18 from line 19) >		35,694.96	49,754.96
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.....		2,469.33	4,511.77
c. Total Operating Expenditures.....(add a i, a ii, and b) >		2,469.33	4,511.77
22. Transfers to Affiliated/Other Party Committees.....		.00	.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		9,000.00	26,500.00
24. Independent Expenditures (use Schedule E).....		.00	.00
25. Coordinated Expenditures Made by Party Committees (2 USC 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.....(add a, b and c) >		.00	.00
29. Other Disbursements.....		.00	.00
30. Total Disbursements.....(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		11,469.33	31,011.77
31. Total Federal Disbursements.....(subtract line 21a ii from line 30) >		11,469.33	31,011.77
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d).....		35,694.96	49,754.96
33. Total Contribution Refunds (from line 28d).....		.00	.00
34. Net Contributions (other than loans) (subtract line 33 from 32).....		35,694.96	49,754.96
35. Total Federal Operating Expenditures.....(add 21a i and 21 b) >		2,469.33	4,511.77
36. Offsets to Operating Expenditures (from line 15).....		.00	.00
37. Net Operating Expenditures.....(subtract line 36 from 35) >		2,469.33	4,511.77

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 26  
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 (AMBUPAC)

<b>A. Full Name, Mailing Address and Zip Code</b> Dan Dalton PO Box 1051 Bartlesville, OK 74005	<b>Name of Employer</b> Bartlesville Ambulance  <b>Occupation</b> Owner/Operator	<b>Date (month, day, year)</b> 7/11/97	<b>Amount of Each Receipt this Period</b> 25.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > 25.00			
<b>B. Full Name, Mailing Address and Zip Code</b> Joe C Huffman 2100 Village Green Garland, TX 75044	<b>Name of Employer</b> Dallas Ambulance Service  <b>Occupation</b> President	<b>Date (month, day, year)</b> 7/11/97	<b>Amount of Each Receipt this Period</b> 250.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > 500.00			
<b>C. Full Name, Mailing Address and Zip Code</b> Patrick Kelly PO Box 3838 Joplin, MO 64803	<b>Name of Employer</b> Newton County Ambulance District  <b>Occupation</b> Owner/Operator	<b>Date (month, day, year)</b> 7/18/97	<b>Amount of Each Receipt this Period</b> 80.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > 80.00			
<b>D. Full Name, Mailing Address and Zip Code</b> Dale Berry 2215 Hogback Rd Ann Arbor, MI 48105	<b>Name of Employer</b> Huron Valley Ambulance  <b>Occupation</b> Owner/Operator	<b>Date (month, day, year)</b> 7/18/97	<b>Amount of Each Receipt this Period</b> 83.33
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > 83.33			
<b>E. Full Name, Mailing Address and Zip Code</b> David Miller Box 348 Harlan, IA 51537	<b>Name of Employer</b> Harlan Ambulance Service  <b>Occupation</b> President	<b>Date (month, day, year)</b> 7/18/97	<b>Amount of Each Receipt this Period</b> 250.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > 500.00			
<b>F. Full Name, Mailing Address and Zip Code</b> Trace Skeen 2309 NW Birdendene St Portland, OR 97229	<b>Name of Employer</b> AMR North West  <b>Occupation</b> Owner/Operator	<b>Date (month, day, year)</b> 7/18/97	<b>Amount of Each Receipt this Period</b> 250.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > 250.00			
<b>G. Full Name, Mailing Address and Zip Code</b> Martin Yeawwine 116 Woodberry Ln Fayetteville, NY 13066	<b>Name of Employer</b> Rural/Metro Corp  <b>Occupation</b> Executive	<b>Date (month, day, year)</b> 7/18/97	<b>Amount of Each Receipt this Period</b> 83.33
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > 83.33			

**SUBTOTAL** of Receipts This Page (optional) 1,021.66

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Baumgardner 2121 24th St W Billings, MT 59102	American Medical Response	7/31/97	200.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Dir of Operations	Aggregate Year-to-Date > 200.00	
B. Full Name, Mailing Address and Zip Code Charles A Hoag Sr PO Box 347 Johnson, VT 05656	Name of Employer Lamoille Ambulance	Date (month, day, year) 7/31/97	Amount of Each Receipt this Period 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	
C. Full Name, Mailing Address and Zip Code Bud A Kopp 17411 76th Ave W Edmonds, WA 98026	Name of Employer Shannon Ambulance	Date (month, day, year) 7/31/97	Amount of Each Receipt this Period 100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > 100.00	
D. Full Name, Mailing Address and Zip Code James Fruiten 6328 NE Laurelee St Hillsboro, OR 97124	Name of Employer Metro West Ambulance	Date (month, day, year) 7/31/97	Amount of Each Receipt this Period 100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > 100.00	
E. Full Name, Mailing Address and Zip Code Vincent Hannigan 61 Park Rd Stony Point, NY 10980	Name of Employer Approved Ambulance Service	Date (month, day, year) 7/31/97	Amount of Each Receipt this Period 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 Lex Dale Owens Box 4031 Austin, TX 78765	Name of Employer AAA Air Ambulance Service	Date (month, day, year) 7/31/97	Amount of Each Receipt this Period 100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > 100.00	
G. Full Name, Mailing Address and Zip Code Leonard Poletti 335 San Benito St Hollister, CA 95023	Name of Employer Stephens & Poletti Ambulance	Date (month, day, year) 7/31/97	Amount of Each Receipt this Period 200.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > 200.00	

**SUBTOTAL** of Receipts This Page (optional) ----->

2,200.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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**NAME OF COMMITTEE (in Full):** AMERICAN AMBULANCE ASSOCIATION FEDERAL POLITICAL ACTION COMMITTEE (AMBUPAC)

<p><b>A. Full Name, Mailing Address and Zip Code</b> Alonzo Rapisarda 3824 Fillmore Ave Brooklyn, Y 11234</p> <p>Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Milwood Ambulance</p> <p>Occupation Owner/Operator</p> <p>Aggregate Year-to-Date &gt; 1000.00</p>	<p>Date (month, day, year) 7/31/97</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p><b>B. Full Name, Mailing Address and Zip Code</b> Robert Powers 430 E Pacific Coast Hwy Long Beach, CA 97470</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Bowers Companies</p> <p>Occupation Owner/Operator</p> <p>Aggregate Year-to-Date &gt; 500.00</p>	<p>Date (month, day, year) 8/19/97</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p><b>C. Full Name, Mailing Address and Zip Code</b> Donald Crosby PO Box 189 Kirksville, MO 63501</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Adair County Ambulance</p> <p>Occupation Owner/Operator</p> <p>Aggregate Year-to-Date &gt; 100.00</p>	<p>Date (month, day, year) 8/19/97</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p><b>D. Full Name, Mailing Address and Zip Code</b> Richard Wilt 1290 NE Cedar Roseburg, OR 97470</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Wilt's Emergency Services and Transport</p> <p>Occupation Owner</p> <p>Aggregate Year-to-Date &gt; 500.00</p>	<p>Date (month, day, year) 8/19/97</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p><b>E. Full Name, Mailing Address and Zip Code</b> Dale Berry 2215 Hugback Rd Ann Arbor, MI 48105</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Huron Valley Ambulance</p> <p>Occupation Owner/Operator</p> <p>Aggregate Year-to-Date &gt; 166.66</p>	<p>Date (month, day, year) 8/19/97</p>	<p>Amount of Each Receipt this Period 83.33</p>
<p><b>F. Full Name, Mailing Address and Zip Code</b> James Fuiten 6328 NE Laurelee St Hillsboro, OR 97124</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Metro West Ambulance</p> <p>Occupation Owner/Operator</p> <p>Aggregate Year-to-Date &gt; 200.00</p>	<p>Date (month, day, year) 8/19/97</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p><b>G. Full Name, Mailing Address and Zip Code</b> Patrick Kelly PO Box 3838 Joplin, MO 64803</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Newton County Ambulance</p> <p>Occupation Owner/Operator</p> <p>Aggregate Year-to-Date &gt; 120.00</p>	<p>Date (month, day, year) 8/19/97</p>	<p>Amount of Each Receipt this Period 40.00</p>

**SUBTOTAL of Receipts This Page (optional)** ----->

2,323.33

**SCHEDULE A**

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**NAME OF COMMITTEE (in Full)** AMERICAN AMBULANCE ASSOCIATION FEDERAL POLITICAL ACTION COMMITTEE (AMBUPAC)

<b>A. Full Name, Mailing Address and Zip Code</b> R Gene Moffitt 1399 Chancellor Circle Salt Lake City, UT 84108  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Gold Cross Services	Date (month, day, year) 8/19/97	Amount of Each Receipt this Period 500.00
	Occupation President/CEO Aggregate Year-to-Date > 500.00		
<b>B. Full Name, Mailing Address and Zip Code</b> Martin Yenzwine 116 Woodberry Lane Fayetteville, NY 13066  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Rural/Metro Corp	Date (month, day, year) 8/19/97	Amount of Each Receipt this Period 83.33
	Occupation Executive Aggregate Year-to-Date > 166.66		
<b>C. Full Name, Mailing Address and Zip Code</b> Larry S Anderson 12 Lakeside Dr Battle Creek, MI 49015  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Life Care Ambulance Service	Date (month, day, year) 8/20/97	Amount of Each Receipt this Period 150.00
	Occupation Administrator/Consultant Aggregate Year-to-Date > 150.00		
<b>D. Full Name, Mailing Address and Zip Code</b> Eileen Clements 666 Yo-Poland Rd Struthers, OH  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Clements-McKay Ambulance	Date (month, day, year) 8/20/97	Amount of Each Receipt this Period 250.00
	Occupation President Aggregate Year-to-Date > 250.00		
<b>E. Full Name, Mailing Address and Zip Code</b> Edward B Johnson 501 West Surf Rd Ocean City, NJ 08226  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year) 8/20/97	Amount of Each Receipt this Period 100.00
	Occupation Aggregate Year-to-Date > 100.00		
<b>F. Full Name, Mailing Address and Zip Code</b> Pam McDeath 156 Kingston Rd Benton, LA 71006  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Balentine Ambulance Serv.	Date (month, day, year) 8/20/97	Amount of Each Receipt this Period 500.00
	Occupation CAO/Owner Aggregate Year-to-Date > 500.00		
<b>G. Full Name, Mailing Address and Zip Code</b> Edward Patterica 8807 Ranch Dr Chesterland, OH 44026  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Hillcrest Ambulance Serv	Date (month, day, year) 8/20/97	Amount of Each Receipt this Period 75.00
	Occupation President Aggregate Year-to-Date > 75.00		

**SUBTOTAL** of Receipts This Page (optional) ----->

1,618.33

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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<b>A. Full Name, Mailing Address and Zip Code</b> Monte Pistorresi 1816 Howard R #3 Maden, CA 93637	Name of Employer Pistorresi Ambulance  Occupation Owner/Operator	Date (month, day, year) 8/20/97	Amount of Each Receipt this Period 500.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > 500.00			
<b>B. Full Name, Mailing Address and Zip Code</b> Fred Sundquist Jr 5913 Christopher Eureka, CA 95503	Name of Employer City Ambulance of Eureka  Occupation President	Date (month, day, year) 8/20/97	Amount of Each Receipt this Period 250.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > 500.00			
<b>C. Full Name, Mailing Address and Zip Code</b> Joyce M Startare 2300 Norman Court Eureka, CA 95503	Name of Employer City Ambulance of Eureka  Occupation Secretary	Date (month, day, year) 8/20/97	Amount of Each Receipt this Period 250.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > 500.00			
<b>D. Full Name, Mailing Address and Zip Code</b> Scott Ballard 1028 N Wenatchee Ave Wenatchee, WA 98801	Name of Employer Ballard Services, Inc  Occupation Owner/Operator	Date (month, day, year) 9/15/97	Amount of Each Receipt this Period 50.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > 50.00			
<b>E. Full Name, Mailing Address and Zip Code</b> Dale Berry 2215 Hogback Rd Ann Arbor, MI 48105	Name of Employer Huron Valley Ambulance  Occupation Owner/Operator	Date (month, day, year) 9/15/97	Amount of Each Receipt this Period 83.33
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > 249.99			
<b>F. Full Name, Mailing Address and Zip Code</b> H Robert Coulter 2906 Country Lane Ellicott City, MD 21042	Name of Employer RJM Medical Service  Occupation Owner/Operator	Date (month, day, year) 9/15/97	Amount of Each Receipt this Period 1,000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > 1,100.00			
<b>G. Full Name, Mailing Address and Zip Code</b> Jerry Donabue 303 S Main Ave Scranton, PA 18504	Name of Employer Rura/Metro Corp  Occupation Owner/Operator	Date (month, day, year) 9/15/97	Amount of Each Receipt this Period 1,000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > 1,000.00			

**SUBTOTAL of Receipts This Page (optional)** ----->

3,133.33

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER

11a (i)

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**NAME OF COMMITTEE (in Full)** AMERICAN AMBULANCE ASSOCIATION FEDERAL POLITICAL ACTION COMMITTEE (AMBUFAC)

<b>A. Full Name, Mailing Address and Zip Code</b> James Fuiten 6328 NE Laurelec St Hillsboro, OR 97124	Name of Employer Metro West Ambulance	Date (month, day, year) 9/15/97	Amount of Each Receipt this Period 100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > 300.00	
<b>B. Full Name, Mailing Address and Zip Code</b> Patrick Kelly PO Box 3838 Joplin, MO 64803	Name of Employer Newton County Ambulance	Date (month, day, year) 9/15/97	Amount of Each Receipt this Period 40.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > 200.00	
<b>C. Full Name, Mailing Address and Zip Code</b> Kevin Lyons 38 Elm St Danvers, MA 01923	Name of Employer C R Lyons & Sons	Date (month, day, year) 9/15/97	Amount of Each Receipt this Period 1,500.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > 1,500.00	
<b>D. Full Name, Mailing Address and Zip Code</b> Trace Skeen 2309 NWBirkendene Portland, OR 97229	Name of Employer AMR Northwest	Date (month, day, year) 9/15/97	Amount of Each Receipt this Period 750.00
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>E. Full Name, Mailing Address and Zip Code</b> Martin Yanavine 116 Woodberry Ln Fayetteville, NY 13066	Name of Employer Rural/Metro Corp	Date (month, day, year) 9/15/97	Amount of Each Receipt this Period 83.33
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date > 249.99	
<b>F. Full Name, Mailing Address and Zip Code</b> Robert D Cataldo 29 Hammersmith Dr Saugus, MA 10906	Name of Employer Cataldo Ambulance	Date (month, day, year) 9/16/97	Amount of Each Receipt this Period 1,000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner	Aggregate Year-to-Date > 1,000.00	
<b>G. Full Name, Mailing Address and Zip Code</b> Edward & Marylou Cotton 11009 State Route 644 Kensington, OH 44427	Name of Employer Maple-Cotton Ambulance	Date (month, day, year) 9/16/97	Amount of Each Receipt this Period 50.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > 50.00	

**SUBTOTAL** of Receipts This Page (optional) ----->

3,523.33



**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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FOR LINE NUMBER

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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 (AMBUPAC)

<b>A. Full Name, Mailing Address and Zip Code</b> H.L. Enloe PO Box 1969 Canutillo, TX 79835	Name of Employer Life Ambulance  Occupation Owner/Operator	Date (month, day, year) 9/16/97	Amount of Each Receipt this Period 1,000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > 1,000.00			
<b>B. Full Name, Mailing Address and Zip Code</b> Joe C Huffman 2110 Village Green Garland, TX 75044	Name of Employer Dallas Ambulance Service  Occupation Owner/Operator	Date (month, day, year) 9/16/97	Amount of Each Receipt this Period 250.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > 750.00			
<b>C. Full Name, Mailing Address and Zip Code</b> James Johnson PO Box #01 Enid, OK 73702	Name of Employer Life EMS  Occupation Owner	Date (month, day, year) 9/16/97	Amount of Each Receipt this Period 500.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > 500.00			
<b>D. Full Name, Mailing Address and Zip Code</b> Debora Gault-Overton 4011 Kensington Ave Richmond, VA 23221	Name of Employer American Medical Response  Occupation Owner/Operator	Date (month, day, year) 9/16/97	Amount of Each Receipt this Period 100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > 100.00			
<b>E. Full Name, Mailing Address and Zip Code</b> Dale Berry 2215 Hogback Rd Ann Arbor, MI 48105	Name of Employer Huron Valley Ambulance  Occupation Owner/Operator	Date (month, day, year) 10/20/97	Amount of Each Receipt this Period 83.33
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > 333.32			
<b>F. Full Name, Mailing Address and Zip Code</b> James Fuiten 6328 NE Laurelee St Hillsboro, OR 97124	Name of Employer Metro West Ambulance  Occupation Owner/Operator	Date (month, day, year) 11/20/97	Amount of Each Receipt this Period 100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > 300.00			
<b>G. Full Name, Mailing Address and Zip Code</b> Patrick Kelly PO Box 3838 Joplin, MO 64803	Name of Employer Newton County Ambulance  Occupation Owner/Operator	Date (month, day, year) 10/20/97	Amount of Each Receipt this Period 40.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > 160.00			

**SUBTOTAL** of Receipts This Page (optional) ----->

2,073.33

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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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 (AMBUPAC)

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Martin Yenawine 116 Woodberry Ln Fayetteville, NY 13066	Rural/Metro Corp	10/20/97	83.33
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date > 333.32	
B. Full Name, Mailing Address and Zip Code Robert Cataldo 29 Hammersmith Dr Saugus, MA 01906	Name of Employer Cataldo Ambulance	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period 100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > 1,100.00	
C. Full Name, Mailing Address and Zip Code Vincent J Cissell 5860 S Greenwood Littleton, CO 80120	Name of Employer Columbine Ambulance	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period 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 Eileen Clemente 666 Youngstown Poland Rd Smyrna, OH 44471	Name of Employer Clemente-McKay Ambulance	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period 100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > 350.00	
E. Full Name, Mailing Address and Zip Code Arthur Enos 24 Washington Ave Burlington, MA 01803	Name of Employer Enos Ambulance	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period 200.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > 200.00	
F. Full Name, Mailing Address and Zip Code Dave Hill III 395 West Lake Elmhurst, IL 60126	Name of Employer Superior Air-Ground Ambul Ambulance	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period 200.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > 200.00	
G. Full Name, Mailing Address and Zip Code Ben Hinson 675 Sioux Dr Macon, GA 31210	Name of Employer Mid Georgia Ambulance	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period 500.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Driver	Aggregate Year-to-Date > 1,500.00	

**SUBTOTAL of Receipts This Page (optional)** -----> 1,433.33

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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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 (AMBU/FAC)

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joe C Huffman 2110 Village Green Garland, TX 75041	Dallas Ambulance Serv	11/26/97	250.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > 1,000.00	
B. Full Name, Mailing Address and Zip Code Jamie Pafford-Gresham PO Box 130 Hermitage, AR 71647	Name of Employer Pafford Ambulance	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period 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 James Johnson PO Box #01 Enid, OK 73702	Name of Employer LifeCure	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period 500.00
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 Bruce Latta PO Box 575 Cous Bay, OR 97420	Name of Employer Bay Cities Ambulance	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period 100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > 100.00	
E. Full Name, Mailing Address and Zip Code Kenneth McColly 517 Grand Ave Ardmore, OK 73401	Name of Employer	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period 25.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 25.00	
F. Full Name, Mailing Address and Zip Code R Gene Mallin 1399 Chuncellor Circle Salt Lake City, UT 84108-2800	Name of Employer Gold Coast Services	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period 1,000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President/CEO	Aggregate Year-to-Date > 1,500.00	
G. Full Name, Mailing Address and Zip Code Michael O'Neil PO Box 902 Salem, MA 01970	Name of Employer Northshore Ambulance	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period 100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > 100.00	

**SUBTOTAL** of Receipts This Page (optional) 2,975.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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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 (AMBUPAC)

<b>A. Full Name, Mailing Address and Zip Code</b> Debby Overton 4011 Kensington Ave Richmond, VA 23221	Name of Employer American Medical Response	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period 200.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner	Aggregate Year-to-Date >	
<b>B. Full Name, Mailing Address and Zip Code</b> James Overton 1305 Sherwood Ave Richmond, VA 23220	Name of Employer Richmond Ambu. Authority	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period 100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner	Aggregate Year-to-Date > 100.00	
<b>C. Full Name, Mailing Address and Zip Code</b> Sue Tolliver 1718 N Sterling Peoria, IL 61604	Name of Employer Advanced Medical Transport	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period 100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner	Aggregate Year-to-Date > 100.00	
<b>D. Full Name, Mailing Address and Zip Code</b> Jim Weaver 11402th Ave Seattle, WA 98122	Name of Employer American Medical Response	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period 100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO	Aggregate Year-to-Date > 100.00	
<b>E. Full Name, Mailing Address and Zip Code</b> James A Wood	Name of Employer	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period 100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 100.00	
<b>F. Full Name, Mailing Address and Zip Code</b> Matt Zavadsky 296 Cimarron Place Martinez, GA 30909	Name of Employer RLRAL/Metro Ambulance	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period 100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Regional Manager	Aggregate Year-to-Date > 100.00	
<b>G. Full Name, Mailing Address and Zip Code</b> Fred Zech Box 595 Mandan, ND 58554	Name of Employer Metro Area Ambulance Serv	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period 500.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner	Aggregate Year-to-Date > 500.00	

**SUBTOTAL** of Receipts This Page (optional) ----->

1,200.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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**NAME OF COMMITTEE (in Full)** AMERICAN AMBULANCE ASSOCIATION FEDERAL POLITICAL ACTION COMMITTEE (AMBUPAC)

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bob Borschauer 1140 12th Ave Seattle, WA 98122		11/26/97	100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > 100.00
B. Full Name, Mailing Address and Zip Code Jon Boatright 2649 Centaur St Harvey, LA 70058		11/26/97	100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > 100.00
C. Full Name, Mailing Address and Zip Code Konrad Bolowich 1140 12th Ave Seattle, WA 98122		11/26/97	25.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > 25.00
D. Full Name, Mailing Address and Zip Code Mike Brown		11/26/97	25.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > 25.00
E. Full Name, Mailing Address and Zip Code Russ Duffock 22435 SE 240th St #D305 Maple Valley, WA 98038		11/26/97	25.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > 25.00
F. Full Name, Mailing Address and Zip Code William Campion Jr 15 W Dover St Waterbury, CT 06706		11/26/97	100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > 100.00
G. Full Name, Mailing Address and Zip Code 11. Robert Coulter 2906 Country Lane Ellicott City, MD 21042	RJM Medical Service	11/26/97	100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator		Aggregate Year-to-Date > 1,100.00

**SUBTOTAL of Receipts This Page (optional)** -----> 475.00

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**NAME OF COMMITTEE (in Full)** AMERICAN AMBULANCE ASSOCIATION FEDERAL POLITICAL ACTION COMMITTEE (AMBUPAC)

<b>A. Full Name, Mailing Address and Zip Code</b> William Crowell 8401 E Indian School Rd Scottsdale, AZ 85251	Name of Employer  Occupation	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period 100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 100.00		
<b>B. Full Name, Mailing Address and Zip Code</b> Gilberto Cruz 2175 Windish Dr Galesburg, IL 61401	Name of Employer  Occupation	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period 25.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 25.00		
<b>C. Full Name, Mailing Address and Zip Code</b> Ken Cummings 309 Grand River Ave Port Huron, MI 48060	Name of Employer  Occupation	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period 100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 100.00		
<b>D. Full Name, Mailing Address and Zip Code</b> Darlene Denison 1001 21st St Bakerfield, CA 93301	Name of Employer  Occupation	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period 100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 100.00		
<b>E. Full Name, Mailing Address and Zip Code</b> H. L. Enloe PO Box 1969 Cautilla, TX 79835	Name of Employer Life Ambulance  Occupation Owner/Operator	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period 100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 1,100.00		
<b>F. Full Name, Mailing Address and Zip Code</b> Bob Garner 7255 NW 19th St Miami, FL 33126	Name of Employer  Occupation	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period 100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 100.00		
<b>G. Full Name, Mailing Address and Zip Code</b> Michael Grant 22093 Kimble Ave Port Charlotte, FL 33952	Name of Employer  Occupation	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period 35.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 25.00		

**SUBTOTAL** of Receipts This Page (optional) -----> 550.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (in Full)** AMERICAN AMBULANCE ASSOCIATION FEDERAL POLITICAL ACTION COMMITTEE (AMBUPAC)

<b>A. Full Name, Mailing Address and Zip Code</b> Lois Griggs 1890 W Main St Newark, OH 43055  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	11/26/97	25.00
Aggregate Year-to-Date > 25.00			
<b>B. Full Name, Mailing Address and Zip Code</b> Darrel Grinstead 555 13th St NW Washington, DC 20004  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	11/26/97	45.00
Aggregate Year-to-Date > 45.00			
<b>C. Full Name, Mailing Address and Zip Code</b> Cheryl Hampton-Smith 915 Hinson St Prescott, AZ 86301  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	11/26/97	40.00
Aggregate Year-to-Date > 40.00			
<b>D. Full Name, Mailing Address and Zip Code</b> Howard Handler 7800 College Blvd #203 Overland Park, KS 66282-2070  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	11/26/97	100.00
Aggregate Year-to-Date > 100.00			
<b>E. Full Name, Mailing Address and Zip Code</b> Rachel Harrachsingh 10629 Sombra Verde El Paso, TX 79935  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	11/26/97	100.00
Aggregate Year-to-Date > 100.00			
<b>F. Full Name, Mailing Address and Zip Code</b> Nancy Heim 208 SW Stark #205 Portland, OR 97204  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	11/26/97	50.00
Aggregate Year-to-Date > 50.00			
<b>G. Full Name, Mailing Address and Zip Code</b> Dr George Hevesy 530 NE Glen Oak Ave Peoria, IL 61637  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	11/26/97	25.00
Aggregate Year-to-Date > 25.00			

**SUBTOTAL** of Receipts This Page (optional) -----> 385.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (in Full)** AMERICAN AMBULANCE ASSOCIATION FEDERAL POLITICAL ACTION COMMITTEE (AMBUPAC)

<b>A. Full Name, Mailing Address and Zip Code</b> Tony Hickerson 645 S School Ave Fayetteville, AR 72701  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period 25.00
	Occupation  Aggregate Year-to-Date > 25.00		
<b>B. Full Name, Mailing Address and Zip Code</b> Carlos Hill 304 S Minker New Athens, TN 62264  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period 50.00
	Occupation  Aggregate Year-to-Date > 50.00		
<b>C. Full Name, Mailing Address and Zip Code</b> Paul Hubbard 818 Cutoff Ct Kure Beach, NC 28449  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period 25.00
	Occupation  Aggregate Year-to-Date > 25.00		
<b>D. Full Name, Mailing Address and Zip Code</b> Martin Janco 155 N Lane #6100 Conshohocken, PA 19428  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period 25.00
	Occupation  Aggregate Year-to-Date > 25.00		
<b>E. Full Name, Mailing Address and Zip Code</b> Rick Keller 303 Marshall Rd, Box 170 Platte City, MO 64079  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period 25.00
	Occupation  Aggregate Year-to-Date > 25.00		
<b>F. Full Name, Mailing Address and Zip Code</b> Charles Kelley PO Box 372 Sparta, TN 62286  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period 100.00
	Occupation  Aggregate Year-to-Date > 100.00		
<b>G. Full Name, Mailing Address and Zip Code</b> Patrick Kelly 2917 Kansas Joplin, MO 64804  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Newton County Ambulance District	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period 50.00
	Occupation Owner/Operator Aggregate Year-to-Date > 250.00		

**SUBTOTAL** of Receipts This Page (optional) -----> 300.00



**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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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 (AMBUPAC)

<b>A. Full Name, Mailing Address and Zip Code</b> Yvonne Larsen 2515 W Vliet St Milwaukee, WI 53205  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	11/26/97	
Aggregate Year-to-Date > 100.00			100.00
<b>B. Full Name, Mailing Address and Zip Code</b> Mike Layman 2 Oakridge Dr Franklin, MA 02038  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	11/26/97	
Aggregate Year-to-Date > 25.00			25.00
<b>C. Full Name, Mailing Address and Zip Code</b> David Lewis 1801 Col 25 Magnolia, AR 71753  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Pro-Mod Ambulance	11/26/97	
Occupation			100.00
Owner/Operator			
Aggregate Year-to-Date > 1,100.00			
<b>D. Full Name, Mailing Address and Zip Code</b> Richard Marinucci 4025 Fair Ridge Dr Fairfax, VA 22033-2868  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	11/26/97	
Aggregate Year-to-Date > 25.00			25.00
<b>E. Full Name, Mailing Address and Zip Code</b> Robert McAdoo 135 W Gabbi Ukiah, CA 95482  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	11/26/97	
Aggregate Year-to-Date > 100.00			100.00
<b>F. Full Name, Mailing Address and Zip Code</b> Jack Metz 151 Discovery Dr #114 Colmar, PA 18915  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	11/26/97	
Aggregate Year-to-Date > \$0.00			50.00
<b>G. Full Name, Mailing Address and Zip Code</b> Roger Morgan 7 S Monroe Rockford, MI 49341  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	11/26/97	
Aggregate Year-to-Date > 50.00			50.00

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

150.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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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 (AMBUPAC)

<b>A. Full Name, Mailing Address and Zip Code</b> Bob Nelson 561 S Elm Newagen, MI 49337  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	11/26/97	25.00
Aggregate Year-to-Date > 25.00			
<b>B. Full Name, Mailing Address and Zip Code</b> David Nevins 333 Diamond Oaks Rd Roseville, CA 95678  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	11/26/97	85.00
Aggregate Year-to-Date > 85.00			
<b>C. Full Name, Mailing Address and Zip Code</b> Jim O'Connor 2888 Heathercrest Dr Yorktown, NY 10598  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	11/26/97	25.00
Aggregate Year-to-Date > 25.00			
<b>D. Full Name, Mailing Address and Zip Code</b> Bill Pahl 2821 S Parker Rd 10th Fl Aurora, CO 80014  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	11/26/97	100.00
Aggregate Year-to-Date > 100.00			
<b>E. Full Name, Mailing Address and Zip Code</b> Joe Paoletta 58 Middletown Ave New Haven, CT 06513  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	11/26/97	100.00
Aggregate Year-to-Date > 100.00			
<b>F. Full Name, Mailing Address and Zip Code</b> Cliff Perit 132 E Sibley Blvd Dolton, IL 60419  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	11/26/97	25.00
Aggregate Year-to-Date > 25.00			
<b>G. Full Name, Mailing Address and Zip Code</b> Stanley Portman 26C Carnation Circle Reading, MA 01867  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	11/26/97	100.00
Aggregate Year-to-Date > 1,100.00			

**SUBTOTAL** of Receipts This Page (optional) 460.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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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 (AMBUPAC)

<b>A. Full Name, Mailing Address and Zip Code</b> Paul Seaman PO Box J Beckley, WV 25802  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period 25.00
	Occupation	Aggregate Year-to-Date > 25.00	
<b>B. Full Name, Mailing Address and Zip Code</b> Kim Shank 39 N 7th St #E Indiana, PA 15701  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period 50.00
	Occupation	Aggregate Year-to-Date > 50.00	
<b>C. Full Name, Mailing Address and Zip Code</b> Ann Singer 1417 Lansing Ave Tulsa, OK 74103  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period 25.00
	Occupation	Aggregate Year-to-Date > 25.00	
<b>D. Full Name, Mailing Address and Zip Code</b> Janet Smith 5109 Hawley Blvd San Diego, CA 92116  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period 100.00
	Occupation	Aggregate Year-to-Date > 100.00	
<b>E. Full Name, Mailing Address and Zip Code</b> Brent Snavely 36880 Woodward, Ste 200 Bloomfield Hills, MI 48304  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period 50.00
	Occupation	Aggregate Year-to-Date > 50.00	
<b>F. Full Name, Mailing Address and Zip Code</b> Bobby Joe Spearman PO Box 1009 Mt Pleasant, TX 75456-1009  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period 100.00
	Occupation	Aggregate Year-to-Date > 100.00	
<b>G. Full Name, Mailing Address and Zip Code</b> Scott Stevens 6123 Pebble Garden Ct Austin, TX 78739  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period 100.00
	Occupation	Aggregate Year-to-Date > 100.00	

**SUBTOTAL** of Receipts This Page (optional) ----->

450.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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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 (AMBUPAC)

<b>A. Full Name, Mailing Address and Zip Code</b> Mike Taigman 5711 Heimann Oakland, CA 94609  Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period 100.00
	Occupation	Aggregate Year-to-Date > 100.00	
<b>B. Full Name, Mailing Address and Zip Code</b> Roger Talbot Sr 134 E Center St Manchester, CT 06040  Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period 100.00
	Occupation	Aggregate Year-to-Date > 100.00	
<b>C. Full Name, Mailing Address and Zip Code</b> John Tweed 1587 Country Club Lane Tomes River, NJ 08753-2789  Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period 25.00
	Occupation	Aggregate Year-to-Date > 25.00	
<b>D. Full Name, Mailing Address and Zip Code</b> Peter Varga PO Box 667 Ntwot, CO 80544  Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period 100.00
	Occupation	Aggregate Year-to-Date > 100.00	
<b>E. Full Name, Mailing Address and Zip Code</b> Roger Vartanian PO Box 636 Broadheads ville, PA 18322  Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period 100.00
	Occupation	Aggregate Year-to-Date > 100.00	
<b>F. Full Name, Mailing Address and Zip Code</b> Kurt Williams 1616 Rollins Rd Burlingame, CA 94011  Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period 100.00
	Occupation	Aggregate Year-to-Date > 100.00	
<b>G. Full Name, Mailing Address and Zip Code</b> Richard Wilt 1290 NB Cedar Roseburg, OR 97470  Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Wilt's Emergency Services & Transport	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period 100.00
	Occupation Owner	Aggregate Year-to-Date > 600.00	

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

625.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (in Full)** AMERICAN AMBULANCE ASSOCIATION FEDERAL POLITICAL ACTION COMMITTEE (AMBLPAC)

<b>A. Full Name, Mailing Address and Zip Code</b> Bob Wyatt 917 Clinton St Clair, MI 48060	Name of Employer  Occupation	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period 25.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > 25.00	
<b>B. Full Name, Mailing Address and Zip Code</b> Lynn Zimmerman PO Box 980 Ada, MI 49301	Name of Employer  Occupation	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period 25.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > 25.00	
<b>C. Full Name, Mailing Address and Zip Code</b> Dale Berry 2215 Hogback Rd Ann Arbor, MI 48105	Name of Employer Huron Valley Ambulance  Occupation Owner/Operator	Date (month, day, year) 12/16/97	Amount of Each Receipt this Period 100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > 433.32	
<b>D. Full Name, Mailing Address and Zip Code</b> Ralph Beavick 801 Hospital Rd Silvia, IL 61282	Name of Employer Illini Hospital Ambulance  Occupation	Date (month, day, year) 12/16/97	Amount of Each Receipt this Period 25.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > 25.00	
<b>E. Full Name, Mailing Address and Zip Code</b> Wanda Blankenship 7110 Greatwood Glen Ct Sugar Land, TX 77479	Name of Employer Texas EMS Corp  Occupation Owner/Operator	Date (month, day, year) 12/16/97	Amount of Each Receipt this Period 1,000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > 1,000.00	
<b>F. Full Name, Mailing Address and Zip Code</b> Judith Balsenga 2215 Hogback Rd Ann Arbor, MI 48105	Name of Employer Huron Valley Ambulance  Occupation	Date (month, day, year) 12/16/97	Amount of Each Receipt this Period 50.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > 50.00	
<b>G. Full Name, Mailing Address and Zip Code</b> Jim Buchler 8391 Benesh Rd Cincinnati, OH 45236	Name of Employer Medic One  Occupation	Date (month, day, year) 12/16/97	Amount of Each Receipt this Period 100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > 100.00	

**SUBTOTAL** of Receipts This Page (optional) ----->

1,325.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (in Full)** AMERICAN AMBULANCE ASSOCIATION FEDERAL POLITICAL ACTION COMMITTEE (AMBUPAC)

<b>A. Full Name, Mailing Address and Zip Code</b> Brant Bute	Name of Employer  Occupation	Date (month, day, year) 12/16/97	Amount of Each Receipt this Period 50.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 50.00		
<b>B. Full Name, Mailing Address and Zip Code</b> Jerry Donahue 302 S Main Ave Scranton, OH 4504	Name of Employer Rural/Metro Corp  Occupation Owner/Operator	Date (month, day, year) 12/16/97	Amount of Each Receipt this Period 100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 1,100.00		
<b>C. Full Name, Mailing Address and Zip Code</b> Cindy Gilbert 3610 N 44th St #250 Phoenix, AZ 85018	Name of Employer Cindy Gilbert Insurance  Occupation	Date (month, day, year) 12/16/97	Amount of Each Receipt this Period 25.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 25.00		
<b>D. Full Name, Mailing Address and Zip Code</b> James Finger 12 Easterly Ave Rutland, VT 05701	Name of Employer Regional Ambulance Service  Occupation	Date (month, day, year) 12/16/97	Amount of Each Receipt this Period 25.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 25.00		
<b>E. Full Name, Mailing Address and Zip Code</b> Jack Fisher Jr 635 B Napier Benton Harbor, MI 49023	Name of Employer Medic One  Occupation	Date (month, day, year) 12/16/97	Amount of Each Receipt this Period 100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 100.00		
<b>F. Full Name, Mailing Address and Zip Code</b> William Bebbard 157 Downey Dr Benton Harbor, MI 49022	Name of Employer Mobile Health Services  Occupation	Date (month, day, year) 12/16/97	Amount of Each Receipt this Period 100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 100.00		
<b>G. Full Name, Mailing Address and Zip Code</b> Doug Greenfield 3939 Broadway Allentown, PA 18104	Name of Employer Cetonia Ambulance Corps  Occupation	Date (month, day, year) 12/16/97	Amount of Each Receipt this Period 100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 100.00		

**SUBTOTAL of Receipts This Page (optional)** -----> 500.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (in Full)** AMERICAN AMBULANCE ASSOCIATION FEDERAL POLITICAL ACTION COMMITTEE (AMBUPAC)

<b>A. Full Name, Mailing Address and Zip Code</b> Gregory Cuckes 35 Diablo View Ct Danville, CA 94506  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer American Medical Response  Date (month, day, year) 12/16/97	Amount of Each Receipt this Period 1,000.00
	Occupation  Aggregate Year-to-Date > 100.00	
<b>B. Full Name, Mailing Address and Zip Code</b> Mike Harmon 106 E Sixth St #900 Austin, TX 78701  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Bioquest Diagnostics  Date (month, day, year) 12/16/97	Amount of Each Receipt this Period 100.00
	Occupation  Aggregate Year-to-Date > 100.00	
<b>C. Full Name, Mailing Address and Zip Code</b> Robert Hess 840 E Indian School Rd Scottsdale, AZ 85251  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Rural/Metro Corp  Date (month, day, year) 12/16/97	Amount of Each Receipt this Period 100.00
	Occupation  Aggregate Year-to-Date > 100.00	
<b>D. Full Name, Mailing Address and Zip Code</b> Paul Hubbard 10947 Weaver S El Monte, CA 91733  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Medical Transportation Specialists  Date (month, day, year) 12/16/97	Amount of Each Receipt this Period 100.00
	Occupation  Aggregate Year-to-Date > 100.00	
<b>E. Full Name, Mailing Address and Zip Code</b> Jerry Key 807 B Franklin Gransville, IN 47711  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer American Medical Response  Date (month, day, year) 12/16/97	Amount of Each Receipt this Period 100.00
	Occupation  Aggregate Year-to-Date > 100.00	
<b>F. Full Name, Mailing Address and Zip Code</b> Kurt Krumpferman 488 W Onondaga st Syracuse, NY 13201  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Rural/Metro Corp  Date (month, day, year) 12/16/97	Amount of Each Receipt this Period 100.00
	Occupation  Aggregate Year-to-Date > 100.00	
<b>G. Full Name, Mailing Address and Zip Code</b> Raymond Little 5311 Kasemeyer Bay City, MI 48706  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Mobile Medical Response  Date (month, day, year) 12/16/97	Amount of Each Receipt this Period 100.00
	Occupation  Aggregate Year-to-Date > 100.00	

**SUBTOTAL of Receipts This Page (optional)** -----> 1,600.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (in Full)** AMERICAN AMBULANCE ASSOCIATION FEDERAL POLITICAL ACTION COMMITTEE (AMBUPAC)

<b>A. Full Name, Mailing Address and Zip Code</b> Brian Lovellette 701 Britten Ave Lansing, MI 48910	Name of Employer Association Services of Michigan  Occupation	Date (month, day, year) 12/16/97	Amount of Each Receipt this Period 50.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > 50.00	
<b>B. Full Name, Mailing Address and Zip Code</b> Amanda Lyons 135 Maple Danvers, MA 01923	Name of Employer Lyons Ambulance  Occupation	Date (month, day, year) 12/16/97	Amount of Each Receipt this Period 100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > 100.00	
<b>C. Full Name, Mailing Address and Zip Code</b> Chris Maloney 11070 Sorrento Valley Rd San Diego, CA 92123	Name of Employer American TriTech  Occupation	Date (month, day, year) 12/16/97	Amount of Each Receipt this Period 100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > 100.00	
<b>D. Full Name, Mailing Address and Zip Code</b> Michael Terry Marsh 6310 SE Jennings Ave Milwaukee, OR 97267	Name of Employer American Medical Response  Occupation	Date (month, day, year) 12/16/97	Amount of Each Receipt this Period 100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > 100.00	
<b>E. Full Name, Mailing Address and Zip Code</b> Sean McRwen 11070 Sorrento Valley Rd San Diego, CA 92123	Name of Employer American TriTech  Occupation	Date (month, day, year) 12/16/97	Amount of Each Receipt this Period 100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > 100.00	
<b>F. Full Name, Mailing Address and Zip Code</b> Harlan Menkin 6875 Maury Dr San Diego, CA 92119	Name of Employer Menkin HealthCare Strategies  Occupation	Date (month, day, year) 12/16/97	Amount of Each Receipt this Period 100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > 100.00	
<b>G. Full Name, Mailing Address and Zip Code</b> Louis Meyer 41300 Christy Fremont, CA 94538	Name of Employer American Medical Response  Occupation Executive	Date (month, day, year) 12/16/97	Amount of Each Receipt this Period 1,000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > 1,000.00	

**SUBTOTAL of Receipts This Page (optional)** -----> 1,550.00



**SCHEDULE A**

**ITEMIZED RECEIPTS**

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FOR LINE NUMBER  
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**NAME OF COMMITTEE (in Full)** AMERICAN AMBULANCE ASSOCIATION FEDERAL POLITICAL ACTION COMMITTEE (AMBUPAC)

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ken Morris 3456 Kissing Rock SE Lawell, MI 49331	Life BMS Inc	12/16/97	100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 100.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steve Murphy 9201 E. Mississippi #205 Denver, CO 80231	American Medical Response	12/16/97	1,000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Todd Porter 704 6th Ave NE Mandan, ND 58554	Metro-Area Ambulance	12/18/97	500.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 500.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paye Ruiney Thomas 5415 Gosworth Dr Katy, TX 77449	Texas EMS Corp	12/18/97	25.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 25.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Larry Reeves AC3 Box 512R Payson, AZ 85541	Texas EMS Corp	12/18/97	100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 100.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kraig Riggs 1005 Rambler Rd Merced, CA 95348	Riggs Ambulance Service	12/18/97	200.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 200.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
C Michael Rinc 1350 Ave O Carter Lake, IA 51510	Omaha Ambulance Service	12/18/97	500.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 500.00	

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

2,425.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER  
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**NAME OF COMMITTEE (in Full)** AMERICAN AMBULANCE ASSOCIATION FEDERAL POLITICAL ACTION COMMITTEE (AMBUPAC)

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ed Rose 20101 Hamilton Ave 300 Torrance, CA 90502	American Medical Response	12/18/97	1,000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date > 1,000.00	
B. Full Name, Mailing Address and Zip Code Wendy Rubin 1615 L St NW, Ste 1000 Washington, DC 20036	Name of Employer Fleishman-Hillard, Inc	Date (month, day, year) 12/18/97	Amount of Each Receipt this Period 100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 100.00	
C. Full Name, Mailing Address and Zip Code Malhew Ryan PO Box 88 Vicksburg, MI 49097	Name of Employer South County EMS	Date (month, day, year) 12/18/97	Amount of Each Receipt this Period 100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 100.00	
D. Full Name, Mailing Address and Zip Code Thomas Scott 13038 Creek Park Dr Poway, CA 92064	Name of Employer Scott Consulting	Date (month, day, year) 12/18/97	Amount of Each Receipt this Period 100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 100.00	
E. Full Name, Mailing Address and Zip Code Ronald Slagell 16827 East C Ave August, MI 49012	Name of Employer LifeCare Ambulance	Date (month, day, year) 12/18/97	Amount of Each Receipt this Period 100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 100.00	
F. Full Name, Mailing Address and Zip Code Clark Staffan 1 E Chase St #405 Baltimore, MD 21202	Name of Employer Rural/Metro Corp	Date (month, day, year) 12/18/97	Amount of Each Receipt this Period 100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 100.00	
G. Full Name, Mailing Address and Zip Code Brenda Staffan 6707 Whitestone Rd Baltimore, MD 21207	Name of Employer Rural/Metro Corp	Date (month, day, year) 12/18/97	Amount of Each Receipt this Period 100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 100.00	

**SUBTOTAL** of Receipts This Page (optional) ----->

1,600.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 25 OF 26  
FOR LINE NUMBER  
11a(i)

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**NAME OF COMMITTEE (in full)** AMERICAN AMBULANCE ASSOCIATION FEDERAL POLITICAL ACTION COMMITTEE (AMBUPAC)

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jack Stout 760 Crandell Rd West River, MD 20778	Priority Mobile Health  Occupation	12/18/97	100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > 100.00	
B. Full Name, Mailing Address and Zip Code Randy Struzyk 352 S Glenwood Tyler, TX 75710	Name of Employer EIMC EMS  Occupation	Date (month, day, year) 12/18/97	Amount of Each Receipt this Period 100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > 100.00	
C. Full Name, Mailing Address and Zip Code David Stumph 1926 Waukegan Rd, Ste 1 Glenview, IL 60025	Name of Employer CAAS  Occupation	Date (month, day, year) 12/18/97	Amount of Each Receipt this Period 25.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > 25.00	
D. Full Name, Mailing Address and Zip Code Michael Turray 915 West Sharp Spokane, WA 99201	Name of Employer American Medical Response  Occupation	Date (month, day, year) 12/18/97	Amount of Each Receipt this Period 100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > 600.00	
E. Full Name, Mailing Address and Zip Code Mike Wheeler	Name of Employer Self-employed  Occupation	Date (month, day, year) 12/18/97	Amount of Each Receipt this Period 200.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > 200.00	
F. Full Name, Mailing Address and Zip Code Gerald Zupolink 2215 Hogback Rd Ann Arbor, MI 48105	Name of Employer Huron Valley Ambulance  Occupation	Date (month, day, year) 12/18/97	Amount of Each Receipt this Period 100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > 100.00	
G. Full Name, Mailing Address and Zip Code R A Zebulac 549 E Wilson St Milwaukee, WI 53207	Name of Employer Bell Ambulance  Occupation	Date (month, day, year) 12/18/97	Amount of Each Receipt this Period 300.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > 300.00	

**SUBTOTAL of Receipts This Page (optional)** -----> 925.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (in Full)** AMERICAN AMBULANCE ASSOCIATION FEDERAL POLITICAL ACTION COMMITTEE (AMFUPAC)

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dale Berry 2215 Hogback Rd Ann Arbor, MI 48103	Huron Valley Ambulance	12/18/97	166.66
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > 599.98	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Fruiten 6328 NE Laurelee St Hillsboro, OR 97124	Metro West Ambulance	12/18/97	200.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > 600.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Martin Yenawine 116 Woodberry Ln Fayetteville, NY 13066	Rural/Metro Ambulance	12/18/97	166.66
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date > 499.98	
D. 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 type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date >	
E. 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 type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date >	
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 type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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 type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date >	

**SUBTOTAL** of Receipts This Page (optional) -----> 533.32

TOTAL This Period (last page this line number only) ----->

35,694.96

1

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.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 3-11-98
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 <i>SEA</i> PREPARER	 3-11-98 DATE PREPARED