

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEC MAIL ROOM

2001 JAN 12 A 10:54

1. NAME OF COMMITTEE (in full) American Ambulance Association Federal Political Action Committee	
ADDRESS (number and street Check if different than previously reported) 1255 Twenty-Third Street, NW, Suite 200	2. FEC IDENTIFICATION NUMBER C00168070
CITY, STATE AND ZIP CODE Washington, DC 20037	3. 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:  
 February 20 June 20 October 20  
 March 20 July 20 November 20  
 April 20 August 20 December 20  
 May 20 September 20 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

5. SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
Covering Period <u>Oct. 1, 2000 through Oct. 18, 2000</u>		
6. (a) Cash on Hand January 1, 2000		30,322.37
(b) Cash on Hand at Beginning of Reporting Period	14,818.58	
(c) Total Receipts from Line 9	1,310.00	72,627.47
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	16,128.58	102,949.84
7. Total Disbursements (from Line 30)	9,000.00	95,821.26
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	7,128.58	7,128.58
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	Tristan North	
Signature of Treasurer	Date January 8, 2001	

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: 10/1/2000 TO: 10/18/2000	
I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (use Schedule A).....	1,250.00	60,850.00	11(a)
ii. Unitemized.....	60.00	11,777.47	11(b)
iii. Total..... (add i and ii) ➤	1,310.00	72,627.47	11(c)
b. Political Party Committees.....	.00	.00	11(d)
c. Other Political Committees (such as PACs).....	.00	.00	11(e)
d. Total Contributions..... (add a (i), b and c) ➤	1,310.00	72,627.47	11(f)
12. Transfers From Affiliated/Other Party Committees.....	.00	.00	12
13. All Loans Received.....	.00	.00	13
14. Loan Repayments Received.....	.00	.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.).....	.00	.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	.00	.00	16
17. Other Federal Receipts (Dividends, Interest, etc.).....	.00	.00	17
18. Transfers from Non-Federal Account for Joint Activity.....	.00	.00	18
19. Total Receipts..... (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	1,310.00	72,627.47	19
20. Total Federal Receipts..... (subtract line 18 from line 19) ➤	1,310.00	72,627.47	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share.....	.00	.00	21(a)
ii. Non-Federal Share.....	.00	.00	21(b)
b. Other Federal Operating Expenditures.....	.00	3,321.26	21(c)
c. Total Operating Expenditures..... (add a (i), (ii), and b) ➤	.00	3,321.26	21(d)
22. Transfers to Affiliated/Other Party Committees.....	.00	.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9,000.00	92,508.00	23
24. Independent Expenditures (use Schedule E).....	.00	.00	24
25. Coordinated Expenditures Made by Party Committees (2 USC 441a(d)) (use Schedule F)	.00	.00	25
26. Loan Repayments Made.....	.00	.00	26
27. Loans Made.....	.00	.00	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees.....	.00	.00	28(a)
b. Political Party Committees.....	.00	.00	28(b)
c. Other Political Committees (such as PACs).....	.00	.00	28(c)
d. Total Contribution Refunds..... (add a, b and c) ➤	.00	.00	28(d)
29. Other Disbursements.....	.00	.00	29
30. Total Disbursements..... (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	9,000.00	95,821.26	30
31. Total Federal Disbursements..... (subtract line 21a (i) from line 30) ➤	9,000.00	95,821.26	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d).....	1,310.00	72,627.47	32
33. Total Contribution Refunds (from line 28d).....	.00	.00	33
34. Net Contributions (other than loans) (subtract line 33 from 32).....	1,310.00	72,627.47	34
35. Total Federal Operating Expenditures..... (add 21a (i) and 21(b) ➤	.00	3,321.26	35
36. Offsets to Operating Expenditures (from line 15).....	.00	.00	36
37. Net Operating Expenditures..... (subtract line 36 from 35) ➤	.00	3,321.26	37

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
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> Gregory Ouckes 2821 South Parker Road, 10th Floor Aurora, CO 80014	Name of Employer American Medical Response	Date (month, day, year) 11/3/00	Amount of Each Receipt this Period 250.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > 1,000.00	
<b>B. Full Name, Mailing Address and Zip Code</b> Raymond Hayes 1305 Chastain Road, Building 100, Suite 400 Kennesaw, GA 30144	Name of Employer American Medical Response	Date (month, day, year) 11/3/00	Amount of Each Receipt this Period 250.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > 1,000.00	
<b>C. Full Name, Mailing Address and Zip Code</b> Stephen Madison 7575 Southfront Road Livermore, CA 94550	Name of Employer American Medical Response	Date (month, day, year) 10/3/00	Amount of Each Receipt this Period 250.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > 1,000.00	
<b>D. Full Name, Mailing Address and Zip Code</b> Louis Meyer 7575 Southfront Road Livermore, CA 94550	Name of Employer American Medical Response	Date (month, day, year) 10/3/00	Amount of Each Receipt this Period 250.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > 1,000.00	
<b>E. Full Name, Mailing Address and Zip Code</b> Stephen Murphy 2821 South Parker Road, 10th Floor Aurora, CO 80014	Name of Employer American Medical Response	Date (month, day, year) 10/3/00	Amount of Each Receipt this Period 250.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > 1,000.00	
<b>F. Full Name, Mailing Address and Zip Code</b>	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 Marketing Manager	Aggregate Year-to-Date >	
<b>G. Full Name, Mailing Address and Zip Code</b>	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 Vice President	Aggregate Year-to-Date >	

**SUBTOTAL** of Receipts This Page (optional) -----> 1,250.00

**TOTAL** This Period (last page this line number only) -----> 1,250.00

**SCHEDULE B**  
*Operating Expenditures*

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER  
21b

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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	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
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 (optional):

TOTAL This Period (last page this line number only):

**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 which contributions from such contributors.

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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Contribution	Date (month, day, year)	Amount of Each Disbursement this Period
Friends of Sherrod Brown (D-13-OH) 607 14th Street, NW, Suite 800 Washington, DC 20005	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/2/00	2,000.00
Com. To Re-Elect Nancy Johnson (R-6-CT) P.O. Box 1986 New Britain, CT 06053	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/2/00	1,000.00
McNulty for Congress (D-21-NY) P.O. Box 1560 Green Island, NY 12183	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/2/00	1,000.00
D. Full Name, Mailing Address and Zip Code Nat'l Republican Congressional Committee 320 First Street, SE Washington, DC 20003	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/2/00	2,000.00
E. Full Name, Mailing Address and Zip Code Thurman for Congress (D-5-FL) 450 Pleasant Grove Road Inverness, FL 34452	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/2/00	1,000.00
F. Full Name, Mailing Address and Zip Code Arkansas Democrats Victory 2000 1300 West Capitol Avenue Little Rock, AR 72201	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/4/00	2,000.00
G. Full Name, Mailing Address and Zip Code	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	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	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).....→	2,000.00
TOTAL This Period (last page this line number only).....→	2,000.00

**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 type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) <i>1-9-01</i>
<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>Jm v</i> PREPARER	<i>1-12-01</i> DATE PREPARED