

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		2. FEC IDENTIFICATION NUMBER CD0168070
ADDRESS (number and street) Check if different than previously reported 1255 Twenty-Third Street, NW, Suite 200		
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

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 _____

July 31 Mid Year Report (Non-Election Year Only)

Thirtieth day report following the General Election on
_____ in the State of _____

Termination Report

(b) Is this Report an Amendment? YES NO

5. SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
Covering Period Oct. 19, 2000 through Nov. 27, 2000		
6. (a) Cash on Hand January 1, 2000		30,323.37
(b) Cash on Hand at Beginning of Reporting Period	7,128.58	
(c) Total Receipts (from Line 9)	3,493.10	76,120.57
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	10,621.68	106,442.94
7. Total Disbursements (from Line 10)	3,500.00	99,321.26
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	7,121.68	7,121.68
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 (Itemized 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: 10/19/2000	TO: 11/27/2000	
		COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts				
11.	Contributions (other than loans) From:			
a.	Individual/Persons Other Than Political Committees			
i.	Itemized (use Schedule A).....	942.00	61,792.00	11(a) 61
ii.	Unitemized.....	2,551.10	14,328.57	11(b) 61
iii.	Total.....(add i and ii) =>	3,493.10	76,120.57	11(b) 61
b.	Political Party Committees.....	.00	.00	11(b) 61
c.	Other Political Committees (such as PACs).....	.00	.00	11(c) 61
d.	Total Contributions.....(add a iii, b and c) =>	3,493.10	76,120.57	11(d) 61
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) =>	3,493.10	76,120.57	19
20.	Total Federal Receipts.....(subtract line 18 from line 19) =>	3,493.10	76,120.57	20
II. Disbursements				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			
i.	Federal Share.....	.00	.00	21(a) 61
ii.	Non-Federal Share.....	.00	.00	21(b) 61
b.	Other Federal Operating Expenditures.....	.00	3,321.26	21(b) 61
c.	Total Operating Expenditures.....(add a i, a ii, and b) =>	.00	3,321.26	21(c) 61
22.	Transfers to Affiliated/Other Party Committees.....	.00	.00	22
23.	Contributions to Federal Candidates/Committees and Other Political Committees.....	3,500.00	96,000.00	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) 61
b.	Political Party Committees.....	.00	.00	28(b) 61
c.	Other Political Committees (such as PACs).....	.00	.00	28(c) 61
d.	Total Contribution Refunds.....(add a, b and c) =>	.00	.00	28(d) 61
29.	Other Disbursements.....	.00	.00	29
30.	Total Disbursements.....(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) =>	3,500.00	99,321.26	30
31.	Total Federal Disbursements.....(subtract line 21a ii from line 30) =>	3,500.00	99,321.26	31
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans) (from line 11d).....	3,493.10	76,120.57	32
33.	Total Contribution Refunds (from line 28d).....	.00	.00	33
34.	Net Contributions (other than loans) (subtract line 33 from line 32).....	3,493.10	76,120.57	34
35.	Total Federal Operating Expenditures.....(add 21a i and 21b) =>	.00	3,321.26	35
36.	Offsets to Operating Expenditures (from line 15).....	.00	.00	36
37.	Net Operating Expenditures.....(subtract line 36 from line 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 2
FOR LINE NUMBER
11a (l)

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
commemorial 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
Joseph Hamm 28 Maple Street Jamestown, NY 14701	WCA Services Corp.	10/31/00	21.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator		Aggregate Year-to-Date > 210.00
B. Full Name, Mailing Address and Zip Code Patrick Kelly P.O. Box 60 Neosho, MO 64850	Name of Employer Newton County Ambulance District	Date (month, day, year) 10/31/00	Amount of Each Receipt this Period 100.00
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
C. Full Name, Mailing Address and Zip Code Kurt Krumpertman 488 West Onondaga Street Syracuse, NY 13202	Name of Employer Rural/Metro Medical Services	Date (month, day, year) 10/31/00	Amount of Each Receipt this Period 25.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator		Aggregate Year-to-Date > 225.00
D. Full Name, Mailing Address and Zip Code Jannie Pafford-Grosham 3317 West 16th Hope, AR 71801	Name of Employer Pafford Ambulance	Date (month, day, year) 10/31/00	Amount of Each Receipt this Period 100.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President		Aggregate Year-to-Date > 800.00
E. Full Name, Mailing Address and Zip Code Dale J. Berry 2215 Hogback Road Ann Arbor, MI 48105	Name of Employer Huron Valley Ambulance	Date (month, day, year) 10/31/00	Amount of Each Receipt this Period 100.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator		Aggregate Year-to-Date > 800.00
F. Full Name, Mailing Address and Zip Code Harvey L. Hall 1001 21st Street Bakersfield, CA 93301	Name of Employer	Date (month, day, year) 11/21/00	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 > 2,250.00
G. Full Name, Mailing Address and Zip Code Joseph Hamm 28 Maple Street Jamestown, NY 14701	Name of Employer WCA Services Corp.	Date (month, day, year) 11/27/00	Amount of Each Receipt this Period 21.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator		Aggregate Year-to-Date > 231.00

SUBTOTAL of Receipts This Page (optional) -----> 617.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 2
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
Patrick Kelly P.O. Box 60 Neosho, MO 64850	Newton County Ambulance District	11/27/00	100.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > 1,100.00	
B. Full Name, Mailing Address and Zip Code Kurt Krumpelman 488 West Onondaga Street Syracuse, NY 13202	Name of Employer Rural/Metro Medical Services	Date (month, day, year) 11/27/00	Amount of Each Receipt this Period 25.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > 250.00	
C. Full Name, Mailing Address and Zip Code Jamie Patford-Gresham 3317 West 16th Hope, AR 71801	Name of Employer Patford Ambulance	Date (month, day, year) 11/27/00	Amount of Each Receipt this Period 100.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > 900.00	
D. Full Name, Mailing Address and Zip Code Dale J. Berry 2215 Hogback Road Ann Arbor, MI 48105	Name of Employer Huron Valley Ambulance	Date (month, day, year) 11/27/00	Amount of Each Receipt this Period 100.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > 900.00	
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 Owner/Operator	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 Owner/Operator	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 Owner/Operator	Aggregate Year-to-Date >	

SUBTOTAL of Receipts This Page (optional).....>	325.00
TOTAL This Period (last page this line number only).....>	942.00

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	

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	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 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	Purpose of Disbursement Contribution	Date (month, day, year)	Amount of Each Disbursement (this Period)
Abraham Senate 2000 (R-MI) 26555 Evergreen Road Southfield, MI 48076	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/31/00	2,000.00
B. Full Name, Mailing Address and Zip Code J.D. Hayworth for Congress (R-6-AZ) 10789 North 90th Street, Suite 102 Scottsdale, AZ 85260	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/31/00	1,000.00
C. Full Name, Mailing Address and Zip Code Minge for Congress (D-2-MN) P.O. Box 71 Granite Falls, MN 56241	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/31/00	500.00
D. 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
E. 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
F. 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
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) ----->	3,500.00
TOTAL This Period (last page this line number only) ----->	3,500.00

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 type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) 1-9-01
<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 D</i> PREPARER	1-13-01 DATE PREPARED