

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2001 JAN 12 AM 5:53

1. NAME OF COMMITTEE (in full) American Ambulance Association Federal Political Action Committee	2. FEC IDENTIFICATION NUMBER C00168070
ADDRESS (number and street ✓ Check if different than previously reported) 1255 Twenty-Third Street, NW, Suite 200	3. This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
CITY, STATE AND ZIP CODE Washington, DC 20007	

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

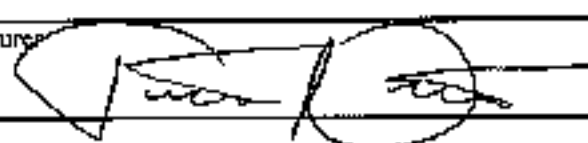
January 31

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 _____

(h) Is this Report an Amendment? YES NO

5. SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
Covering Period <u>April 1, 2000 through June 30, 2000</u>		
6. (a) Cash on Hand January 1, 2000		30,322.37
(b) Cash on Hand at Beginning of Reporting Period	19,685.14	
(c) Total Receipts (from line 9)	27,969.17	31,474.47
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	47,654.61	61,796.84
7. Total Disbursements (from Line 3)	24,791.00	38,933.23
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	22,863.61	22,863.61
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 F 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>I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.</i>		
Type or Print Name of Treasurer	Tristan North	
Signature of Treasurer		
	Date	January 9, 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.

FEC FORM 3X
(computer reproduction)

**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: 4/1/2000	TO: 6/30/2000	
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).....	24,000.00	26,950.00	11(a)
ii.	Unitemized.....	3,969.47	4,524.47	11(a)
iii.	Total.....(add i and ii) ➤	27,969.47	31,474.47	11(a)
b.	Political Party Committees.....	.00	.00	11(b)
c.	Other Political Committees (such as PACs).....	.00	.00	11(c)
d.	Total Contributions.....(add a iii, b and c) ➤	27,969.47	31,474.47	11(d)
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) ➤	27,969.47	31,474.47	19
20.	Total Federal Receipts.....(subtract line 18 from line 19) ➤	27,969.47	31,474.47	20
II. Disbursements				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule 114)			
i.	Federal Share.....	.00	.00	21(a)
ii.	Non-Federal Share.....	.00	.00	21(a)
b.	Other Federal Operating Expenditures.....	2,291.00	2,433.23	21(b)
c.	Total Operating Expenditures.....(add a i, ii, and b) ➤	2,291.00	2,433.23	21(c)
22.	Transfers to Affiliated/Other Party Committees.....	.00	.00	22
23.	Contributions to Federal Candidates/Committees and Other Political Committees.....	22,500.00	36,500.00	23
24.	Independent Expenditures (use Schedule F).....	.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) ➤	24,791.00	38,933.23	30
31.	Total Federal Disbursements.....(subtract line 21g ii from line 30) ➤	24,791.00	38,933.23	31
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans) (from line 11d).....	27,969.47	31,474.47	32
33.	Total Contribution Refunds (from line 28d).....	.00	.00	33
34.	Net Contributions (other than loans) (subtract line 33 from 32).....	27,969.47	31,474.47	34
35.	Total Federal Operating Expenditures.....(add 21a i and 21b) ➤	2,291.00	2,433.23	35
36.	Offsets to Operating Expenditures (from line 15).....	.00	.00	36
37.	Net Operating Expenditures.....(subtract line 36 from 35) ➤	2,291.00	2,433.23	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 9
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)

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jerry Zapalnik 2215 Hogback Road Ann Arbor, MI 48105	Huron Valley Ambulance Occupation Owner/Operator	5/25/00	250.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 250.00		
B. Full Name, Mailing Address and Zip Code Greg Guckes 2821 S Parker Rd Aurora, CO 80014	Name of Employer American Medical Response Occupation Owner/Operator	Date (month, day, year) 4/18/00	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		
C. Full Name, Mailing Address and Zip Code Raymond Hayen 1305 Chastain Rd, Ste 400 Kennesaw, GA 30144	Name of Employer American Medical Response Occupation Owner	Date (month, day, year) 4/18/00	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		
D. Full Name, Mailing Address and Zip Code Stephen Madison 7575 Southfront Rd Livermore, CA 94550	Name of Employer American Medical Response Occupation President	Date (month, day, year) 4/18/00	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		
E. Full Name, Mailing Address and Zip Code Louis Meyer 7575 Southfront Rd Livermore, CA 94550	Name of Employer American Medical Response Occupation Owner/Operator	Date (month, day, year) 4/18/00	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		
F. Full Name, Mailing Address and Zip Code R. Gene Moffitt 1399 Chancellor Circle Salt Lake City, UT 84108	Name of Employer Gold Cross Services Occupation Owner/Operator	Date (month, day, year) 4/1/00	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 > 1000.00		
G. Full Name, Mailing Address and Zip Code Steven Murphy 2821 S Parker Rd Aurora, CO 80014	Name of Employer American Medical Response Occupation Vice President	Date (month, day, year) 4/18/00	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		

SUBTOTAL of Receipts This Page (optional) -----> 2,500.00

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

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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PAGE 2 OF 9
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
Stanley Portman 26C. Carnation Circle Reading, MA 01867	Action Ambulance Service, Inc	4/18/00	250.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President/CEO	Aggregate Year-to-Date > 500.00	
B. Full Name, Mailing Address and Zip Code Stanley Portman 26C Carnation Circle Reading, MA 01867	Action Ambulance Service, Inc	5/24/00	250.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner	Aggregate Year-to-Date > 750.00	
C. Full Name, Mailing Address and Zip Code Patrick Kelly 2917 Kansas Ave Joplin, MO 64804	Newton County Ambulance Serv	4/1/00	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	
D. Full Name, Mailing Address and Zip Code Carolynn Peterson 1935 East 10300 South Sandy, UT 84092-6107	Gold Cross Services	4/1/00	1,000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date > 1000.00	
E. Full Name, Mailing Address and Zip Code Michael S. Moffitt 2331 South 1800 East Salt Lake City, UT 84106-4130	Gold Cross Services	4/1/00	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 > 1000.00	
F. Full Name, Mailing Address and Zip Code Leslie Jessop-Watkins 129 South First Street Blythe, CA 92225	Blythe Ambulance Service	4/1/00	500.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President	Aggregate Year-to-Date > 500.00	
G. Full Name, Mailing Address and Zip Code Catherine A. Stone 74 Dexter Street Medford, MA 02155	Professional Ambulance & Oxygen Service, Inc.	4/1/00	250.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Marketing Manager	Aggregate Year-to-Date > 250.00	

SUBTOTAL of Receipts This Page (optional) -----> 3,350.00

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

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 (AMBUPAC)

<p>A. Full Name, Mailing Address and Zip Code David & Catherine Nevins 333 Diamond Oaks Road Roseville, CA 95678</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Executive Management Services</p> <p>Occupation Owner/Operator</p> <p>Aggregate Year-to-Date > 350.00</p>	<p>Date (month, day, year) 4/1/00</p>	<p>Amount of Each Receipt this Period 350.00</p>
<p>B. Full Name, Mailing Address and Zip Code James S. Johnson 1801 Mockingbird Lane Edtd, OK 73703</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Life EMS</p> <p>Occupation Owner/Operator</p> <p>Aggregate Year-to-Date > 500.00</p>	<p>Date (month, day, year) 4/1/00</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>C. Full Name, Mailing Address and Zip Code David Baumgardner Route 1, Box 28L Maud, TX 75567</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer LifeNet, Inc.</p> <p>Occupation Owner/Operator</p> <p>Aggregate Year-to-Date > 250.00</p>	<p>Date (month, day, year) 4/1/00</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>D. Full Name, Mailing Address and Zip Code Paul Benjamin Hubbard 818 Outer Court Kure Beach, NC 28449</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer MTS</p> <p>Occupation Owner/Operator</p> <p>Aggregate Year-to-Date > 500.00</p>	<p>Date (month, day, year) 4/1/00</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>E. Full Name, Mailing Address and Zip Code Kraig Riggs 1005 Rambler Road Merced, CA 95348</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Riggs Ambulance Service</p> <p>Occupation Owner</p> <p>Aggregate Year-to-Date > 1000.00</p>	<p>Date (month, day, year) 4/1/00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>F. Full Name, Mailing Address and Zip Code Eileen L. Clemente 27 Greystone Poland, OH 44514</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Clemente McKay Ambulance, Inc.</p> <p>Occupation Owner/Operator</p> <p>Aggregate Year-to-Date > 200.00</p>	<p>Date (month, day, year) 4/1/00</p>	<p>Amount of Each Receipt this Period 200.00</p>
<p>G. Full Name, Mailing Address and Zip Code Mark D. Meijer 1275 Cedar Street, Northeast Grand Rapids, MI 49503</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Life EMS</p> <p>Occupation Owner/Operator</p> <p>Aggregate Year-to-Date > 1000.00</p>	<p>Date (month, day, year) 4/1/00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>

SUBTOTAL of Receipts This Page (optional) -----> 3,800.00

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

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NAME OF COMMITTEE (in Full) AMERICAN AMBLANCE 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
Doug Boileau Chris Busher 220 F Street Arcata, CA 95521 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Arcata-Mud River Ambulance Occupation Owner/Operator Aggregate Year-to-Date > 500.00	4/1/00	500.00
B. Full Name, Mailing Address and Zip Code Tyrone Picard 2005 West Saint Mary Blvd. Lafayette, LA 70506 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Acadian Ambulance Co. Occupation Executive Vice President Aggregate Year-to-Date > 1,000.00	Date (month, day, year) 4/1/00	Amount of Each Receipt this Period 1,000.00
C. Full Name, Mailing Address and Zip Code Frederick & Gayle Metzger 278 Hill Avenue Montgomery, NY 12549 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Mobile Life Support Services Occupation Owner/Operator Aggregate Year-to-Date > 250.00	Date (month, day, year) 4/1/00	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and Zip Code Walter & Ruth Reiner 305 North 8th Street Olean, NY 14760 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Trans Am Ambulance Service Occupation Owner/Operator Aggregate Year-to-Date > 250.00	Date (month, day, year) 4/1/00	Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and Zip Code James A. Pinger 275 Stratton Road Rutland, VT 05701 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Regional Ambulance Service Occupation Owner/Operator Aggregate Year-to-Date > 250.00	Date (month, day, year) 4/1/00	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and Zip Code Michael S. Witkowski 149 A Main Street Nanuet, NY 10954 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Rockland Mobile Care, Inc. Occupation Director of Business & Marketing Aggregate Year-to-Date > 250.00	Date (month, day, year) 4/1/00	Amount of Each Receipt this Period 250.00
G. Full Name, Mailing Address and Zip Code Frank J. Kelton 8601 Paradise Valley Blvd. Lucerne, CA 95458 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer San Luis Ambulance Service Occupation Owner/Operator Aggregate Year-to-Date > 2,000.00	Date (month, day, year) 4/1/00	Amount of Each Receipt this Period 2,000.00

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

4,500.00

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

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

A. Full Name, Mailing Address and Zip Code Howard Eiloe 7007 Commerce Avenue El Paso, TX 79915	Name of Employer Life Ambulance Service, Inc. Occupation Owner/Operator	Date (month, day, year) 4/1/00	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 > 1000.00		
B. Full Name, Mailing Address and Zip Code Earl J. Field 9815 West Lawrence Avenue Schiller Park, IL 60176	Name of Employer Paramedic Services of IL, Inc. Occupation Owner/Operator	Date (month, day, year) 4/1/00	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		
C. Full Name, Mailing Address and Zip Code Byron Parsons 4171 Rio Bravo Drive Chico, CA 95973	Name of Employer First Responder E.M.S., Inc. Occupation Owner/Operator	Date (month, day, year) 4/1/00	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		
D. Full Name, Mailing Address and Zip Code Bob Hester 331 Bridge Street, 3rd Floor New Cumberland, PA 17070	Name of Employer Cornerstone AdminiSystems Occupation Owner/Operator	Date (month, day, year) 4/1/00	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 > 250.00		
E. Full Name, Mailing Address and Zip Code James D. Fuiten 22930 NW Dogwood Street Hillsboro, OR 97124	Name of Employer Metro West Ambulance Occupation Owner/Operator	Date (month, day, year) 4/1/00	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 > 1000.00		
F. Full Name, Mailing Address and Zip Code Russell Ferrell 1 East Margaret Terre Haute, IN 47802	Name of Employer Trans-Care, Inc. Occupation Owner/Operator	Date (month, day, year) 4/5/00	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 > 250.00		
G. Full Name, Mailing Address and Zip Code Scott Vandenberg 18500 South Northstar Court Tinley Park, IL 60477	Name of Employer TRACE Ambulance, Inc. Occupation Owner/Operator	Date (month, day, year) 4/25/00	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 > 1000.00		

SUBTOTAL of Receipts This Page (optional)-----> 4,500.00

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

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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PAGE 6 OF 9
FOR LINE NUMBER
11a (j)

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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 Rachel B. Hurrackstagh 7007 Commerce Avenue El Paso, TX 79935	Name of Employer Life Ambulance Service, Inc.	Date (month, day, year) 5/25/00	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	
B. Full Name, Mailing Address and Zip Code Robert McAdoo 1481 Carrigan Lane Ukiah, CA 95482	Name of Employer Ukiah Ambulance	Date (month, day, year) 4/1/00	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	
C. Full Name, Mailing Address and Zip Code Fred A. Sundquist, Jr. 135 West 7th Street Eureka, CA 95501	Name of Employer City Ambulance of Eureka, Inc.	Date (month, day, year) 4/1/00	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 Joyce M. Starture 135 West 7th Street Eureka, CA 95501	Name of Employer Clay Ambulance of Eureka, Inc.	Date (month, day, year) 4/1/00	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	
E. Full Name, Mailing Address and Zip Code Tristan North 2605 O Street, NW, #2 Washington, DC 20007	Name of Employer Haack & Associates, Inc.	Date (month, day, year) 5/25/00	Amount of Each Receipt this Period 250.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director of Gov't Relations	Aggregate Year-to-Date > 250.00	
F. Full Name, Mailing Address and Zip Code James McParton 793 State Street Schenectady, NY 12307	Name of Employer Mohawk Ambulance Service	Date (month, day, year) 4/1/00	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	
G. Full Name, Mailing Address and Zip Code James McParton 793 State Street Schenectady, NY 12307	Name of Employer Mohawk Ambulance Service	Date (month, day, year) 6/23/00	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 > 500.00	

SUBTOTAL of Receipts This Page (optional) -----> 1,750.00

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 7

OF 9

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)

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Miller 1220 Cyclone Avenue Harlan, IA 51537	Medivac Ambulance Corp.	4/1/00	250.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > 250.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Miller 1220 Cyclone Avenue Harlan, IA 51537	Medivac Ambulance Corp.	6/23/00	250.00
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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Debra M. Gant 5502 Northwest Highway Waterford, WI 53185	American Medical Response	4/1/00	250.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > 250.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Debra M. Gant 5502 Northwest Highway Waterford, WI 53185	American Medical Response	6/23/00	250.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > 500.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Larry S. Anderson 330 Hamblin Avenue Battle Creek, MI 49015	Life Care Ambulance Service	4/1/00	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	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Larry S. Anderson 330 Hamblin Avenue Battle Creek, MI 49015	Life Care Ambulance Service	6/23/00	100.00
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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Brenda Staffan 8611 Larkin Road, Suite 200 Savage, MD 20763	Rural/Metro	4/1/00	250.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > 250.00	
SUBTOTAL of Receipts This Page (optional)----->			1,450.00
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 8 OF 9
FOR LINE NUMBER
11a (f)

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
Brenda Staffan 8611 Larkin Road, Suite 200 Savage, MD 20763	Rural/Metro Occupation Owner/Operator	6/23/00	250.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 500.00		
B. Full Name, Mailing Address and Zip Code Patrick Kelly 2917 Kansas Ave Joplin, MO 64804	Name of Employer Newton County Ambulance District Occupation Owner/Operator	Date (month, day, year) 4/24/00	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 > 400.00		
C. Full Name, Mailing Address and Zip Code Patrick Kelly 2917 Kansas Ave Joplin, MO 64804	Name of Employer Newton County Ambulance District Occupation Owner/Operator	Date (month, day, year) 5/24/00	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 > 500.00		
D. Full Name, Mailing Address and Zip Code Patrick Kelly 2917 Kansas Ave Joplin, MO 64804	Name of Employer Newton County Ambulance District Occupation Owner/Operator	Date (month, day, year) 6/24/00	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 Harvey L. Hall 1001 21st Street Bakersfield, CA 93301	Name of Employer Hall Ambulance Service Occupation Owner/Operator	Date (month, day, year) 4/1/00	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		
F. Full Name, Mailing Address and Zip Code Harvey L. Hall 1001 21st Street Bakersfield, CA 93301	Name of Employer Hall Ambulance Service Occupation Owner/Operator	Date (month, day, year) 4/3/00	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		
G. Full Name, Mailing Address and Zip Code Harvey L. Hall 1001 21st Street Bakersfield, CA 93301	Name of Employer Hall Ambulance Service Occupation Owner/Operator	Date (month, day, year) 5/1/00	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 > 1000.00		
SUBTOTAL of Receipts This Page (optional) ----->			1,300.00
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 9	OF 9
	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)

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Harvey L. Hall 1001 21st Street Bakersfield, CA 93301	Hall Ambulance Service	6/2/00	250.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > 1250.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jamie Pafford Gresham 3317 West 16th Hope, AR 71801	Pafford Ambulance	4/24/00	100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > 200.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jamie Pafford Gresham 3317 West 16th Hope, AR 71801	Pafford Ambulance	5/24/00	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	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jamie Pafford Gresham 3317 West 16th Hope, AR 71801	Pafford Ambulance	6/23/00	100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > 400.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dale J. Berry 2215 Hogback Road Ann Arbor, MI 48105	Huron Valley Ambulance	4/24/00	100.00
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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dale J. Berry 2215 Hogback Road Ann Arbor, MI 48105	Huron Valley Ambulance	5/24/00	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	
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dale J. Berry 2215 Hogback Road Ann Arbor, MI 48105	Huron Valley Ambulance	6/23/00	100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > 400.00	
SUBTOTAL of Receipts This Page (optional) ----->			850.00
TOTAL This Period (last page this line number only) ----->			24,000.00

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	Date (month, day, year)	Amount of Each Disbursement this Period
Bank of America 8th & Market Streets St Louis, MO 63101	Service Charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	4/1-6/30/2000	41.47
B. Full Name, Mailing Address and Zip Code CardService International PO Box 2310 Aurora Hills, CA 91376-2310	Service Charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	4/1-6/30/2000	75.00
C. Full Name, Mailing Address and Zip Code First Union National Bank P.O. Box 13327 Roanoke, VA 24040-7314	Service Charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	4/1-6/30/2000	2.44
D. Full Name, Mailing Address and Zip Code First Union National Bank Charlotte, NC c/o Nova Information Systems, Inc. 7300 Chapman Highway Knoxville, TN 37920	Service Charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	4/1-6/30/2000	108.96
E. Full Name, Mailing Address and Zip Code American Express P.O. Box 53852 Phoenix, AZ 85072-3852	Service Charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	4/1-6/30/2000	26.25
F. Full Name, Mailing Address and Zip Code Hauck & Associates, Inc 1255 Twenty-Third Street, NW Washington, DC 20037	Operating Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	4/1-6/30/2000	1,727.33
G. Full Name, Mailing Address and Zip Code Nova Information Systems 200 Hannover Park Road Atlanta, GA 30350	Credit Card Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	4/1-6/30/2000	\$0.00
H. Full Name, Mailing Address and Zip Code Rapidforms 301 Grove Road Thorofare, NJ 08086-9499	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	4/1-6/30/2000	97.57
I. Full Name, Mailing Address and Zip Code J & J Printing, Inc. 5540 Port Royal Road Springfield, VA 22151	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	4/1-6/30/2000	161.98

SUBTOTAL of Disbursements This Page (optional)----->	2,291.00
TOTAL This Period (last page this line number only)----->	2,291.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 3
FOR LINE NUMBER
23

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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	Date (month, day, year)	Amount of Each Disbursement this Period
AMERIPAC } 1580 K Street, NW, Suite 850 Washington, DC 20006	Contribution House Leadership PAC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	4/5/00 4/5/00	1,000.00
R. Full Name, Mailing Address and Zip Code Luther for Congress Volunteer Committee (D-6-MN) 1399 Geneva Ave, #202 Oakdale, MN 55128	Purpose of Disbursement Contribution - House Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 4/11/00	Amount of Each Disbursement this Period 1,000.00
C. Full Name, Mailing Address and Zip Code Pete Stark Re-Election Committee (D-13-CA) PO Box 8331 Fremont, CA 94537	Purpose of Disbursement Contribution - House Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 4/11/00	Amount of Each Disbursement this Period 1,000.00
D. Full Name, Mailing Address and Zip Code Robb for Senate (D-VA) P.O. Box 1279 McLean, VA 22101	Purpose of Disbursement Contribution - Senate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 4/27/00	Amount of Each Disbursement this Period 3,000.00
E. Full Name, Mailing Address and Zip Code Rangel for Congress 2000 (D-15-NY) P.O. Box 5577 Manhattanville Station New York, NY 10027	Purpose of Disbursement Contribution - House Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 4/27/00	Amount of Each Disbursement this Period 2,000.00
F. Full Name, Mailing Address and Zip Code John Dingell for Congress Committee (D-16-MI) 607 14th Street, NW Washington, DC 20005	Purpose of Disbursement Contribution - House Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 5/3/00	Amount of Each Disbursement this Period 1,000.00
G. Full Name, Mailing Address and Zip Code Billy Tauzin Congressional Committee (R-3-LA) 550 South Van Houma, LA 70361	Purpose of Disbursement Contribution - House Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 5/3/00	Amount of Each Disbursement this Period 1,000.00
H. Full Name, Mailing Address and Zip Code Bill Thomas Campaign Committee (R-31-CA) P.O. Box 395 akersfield, CA 93302	Purpose of Disbursement Contribution - House Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 5/12/00	Amount of Each Disbursement this Period 1,000.00
I. Full Name, Mailing Address and Zip Code Democratic Leader's Victory Fund 2000 7435 Watson Road, Suite 107 St. Louis, MO 63119	Purpose of Disbursement Contribution House Leadership PAC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 5/12/00	Amount of Each Disbursement this Period 1,000.00

SUBTOTAL of Disbursements This Page (optional)-----> 12,000.00

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 2 OF 3
FOR LINE NUMBER
23

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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	Date (month, day, year)	Amount of Each Disbursement this Period
Upton for All of Us (R-MI) P.O. Box 490 St. Joseph, MI 49085	Contribution - House Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	6/6/00	1,000.00
Berkley for Congress (D-NV) 349 Keating Street Henderson, NV 89014-5986	Contribution - House Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	6/6/00	500.00
Shadegg for Congress (R-AZ) 2016 Mt. Vernon Avenue, 3rd Floor Alexandria, VA 22301	Contribution - House Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	6/6/00	1,000.00
Friends of Chris Dodd 2004 (D-CT) P.O. Box 270701 West Hartford, CT 06127	Contribution - Senate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	6/6/00	1,000.00
Jeffords for Vermont (R-VT) P.O. Box 246 Montpelier, VT 05601	Contribution - Senate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	6/14/00	2,000.00
Grants for Senate (R-MN) 320 East Main Street Anoka, MN 55303	Contribution - Senate <i>REDESIGNATION</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	6/14/00	1,000.00
Ensign for Senate (R-NV) P.O. Box 20098 Reno, NV 89515	Contribution - Senate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	6/14/00	1,000.00
Friends of Houghton (R-NY) 4451 Bronkfield Corporate Drive, #200 Chantilly, VA 20151	Contribution - House Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	6/20/00	1,000.00
Ensign for Senate (R-NV) P.O. Box 26568 Las Vegas, NV 89126	Contribution - Senate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	6/20/00	1,000.00

SUBTOTAL of Disbursements This Page (optional)----->	9,500.00
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 3 OF 3
FOR LINE NUMBER
23

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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	Date (month, day, year)	Amount of Each Disbursement this Period
Barney Frank for Congress Committee (D-4-MA) P.O. Box 260 Newtonville, MA 02160	Contribution - House Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	6/28/00	1,000.00
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		

SUBTOTAL of Disbursements This Page (optional)----->	1,000.00
TOTAL This Period (last page this line number only)----->	22,500.00



Executive Offices
1255 Twenty-Third Street, NW
Washington, DC 20037-1174
202.452.8888
Fax 202.452.0105
www.the-aaa.org

"The American Ambulance Association promotes health care policies that ensure excellence in the ambulance services industry and provides research, education, and communications programs to enable members to effectively address the needs of the communities they serve."

January 8, 2001

Timothy B. Schmidt
Treasurer
Rod Grams for U.S. Senate
320 East Main Street
Anoka, MN 55303

Dear Mr. Schmidt:

The Federal Election Commission has notified me, as the Treasurer of the American Ambulance Association Federal Political Action Committee (AMBUPAC), that we did not designate a contribution to your committee as being for the primary or general election. Because the contribution was made prior to the primary election, the lack of a designation resulted in the contribution being accounted toward the primary election which would be an excessive contribution for that election. We are therefore resubmitting Schedule B of our July Quarterly Report (copy of original attached) to the FEC with the correct information. In accordance with FEC regulations, we are notifying you of this redesignation.

Please do not hesitate to contact me at (202) 521-6772 if you have any questions.

Thank you.

Sincerely,

Tristan North
Treasurer
American Ambulance Association Federal
Political Action Committee (AMBUPAC)

attachment

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>JMU</i> PREPARER	 1-13-01 DATE PREPARED