

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

JUL 18 12 05 PM '96

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 1301 Connecticut Avenue, 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
 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 April 1, 1996 through June 30, 1996		
6. (a) Cash on Hand January 1, 1996		\$ 3,360.64
(b) Cash on Hand at Beginning of Reporting Period	\$ 29,958.33	
(c) Total Receipts (from Line 19)	\$ 6,411.66	\$ 42,691.65
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 36,369.99	\$ 46,052.29
7. Total Disbursements (from Line 30)	\$ 13,472.26	\$ 23,154.56
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 22,897.73	\$ 22,897.73
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 T. 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 Royce L. Rollins

Signature of Treasurer

Royce L. Rollins

Date July 11, 1996

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

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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: 4/1/96	TO: 6/30/96
		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).....		6,136.66	41,791.65
ii. Unitemized.....		275.00	900.00
iii. Total.....(add i and ii) >		6,411.66	42,691.65
b. Political Party Committees.....		.00	.00
c. Other Political Committees (such as PACs).....		.00	.00
d. Total Contributions.....(add a iii, b and c) >		6,411.66	42,691.65
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) >		6,411.66	42,691.65
20. Total Federal Receipts.....(subtract line 18 from line 19) >		6,411.66	42,691.65
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.....		1,972.26	2,904.56
c. Total Operating Expenditures.....(add a i, a ii, and b) >		1,972.26	2,904.56
22. Transfers to Affiliated/Other Party Committees.....		.00	.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		11,500.00	20,250.00
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. Individuals/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) >		13,472.26	23,154.56
31. Total Federal Disbursements.....(subtract line 21a ii from line 30) >		13,472.26	23,154.56
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d).....		6,411.66	42,691.65
33. Total Contribution Refunds (from line 28d).....		.00	.00
34. Net Contributions (other than loans) (subtract line 33 from 32).....		6,411.66	42,691.65
35. Total Federal Operating Expenditures.....(add 21a i and 21b) >		1,972.26	2,904.56
36. Offsets to Operating Expenditures (from line 15).....		.00	.00
37. Net Operating Expenditures.....(subtract line 36 from 35) >		1,972.26	2,904.56

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1	OF 2
FOR LINE NUMBER 11a(i)	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
EILEEN CLEMENTE 666 YOUNGSTOWN-POLAND ROAD STRUTHERS, OH 44471	CLEMENTE MCKAY AMBULANCE	4/3/96	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation OWNER/OPERATOR	Aggregate Year-to-Date > \$500.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RONALD MYERS 632 MARINA DR. AKRON, OH 44319	P & S AMBULANCE	4/3/96	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation OWNER/OPERATOR	Aggregate Year-to-Date > \$1,000.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HARVEY HALL 1001 - 21ST ST. BAKERSFIELD, CA 93301	HALL AMBULANCE	4/17/96 5/22/96 6/28/96	100.00 100.00 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation OWNER/OPERATOR	Aggregate Year-to-Date > \$600.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GERALD & PEGGY KEY 8199 KINGSTON DR. NEWBURGH, IN 47630	MERCY - TRANSMED	5/22/96	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation OWNER/OPERATOR	Aggregate Year-to-Date > \$1,000.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARCELLA WOHRMANN 9 REGENCY DR. RANCHO MIRAGE, CA 92270	AME, INC.	5/1/96 6/5/96 6/28/96	100.00 100.00 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation OWNER/OPERATOR	Aggregate Year-to-Date > \$600.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD ANDERSEN 2650 THOUSAND OAKS, #802 SAN ANTONIO, TX 78232	WESTERN REGIONAL EMS	5/2/96 5/28/96	85.00 85.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation OWNER/OPERATOR	Aggregate Year-to-Date > \$675.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JIM ADKINS 2451 WHEELLESS ROAD AUGUSTA, GA 30906	RICHMOND EMS	5/2/96 5/28/96	100.00 100.00
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)>			3,470.00
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

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 LANE FAYETTEVILLE, NY 13066	EASTERN PARAMEDICS	5/2/96 5/28/96	83.33 83.33
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation OWNER/OPERATOR	Aggregate Year-to-Date > \$416.65	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
EDWARD ROSE 1233 VIA LANDETS PALOS VERDES ESTATES, CA 90274	MEDTRANS	5/28/96	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
MICHAEL HARMON 4800 BIG BEND WICHITA FALLS, TX 76310	CARELINE SOUTHWEST	6/7/96	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation OWNER/OPERATOR	Aggregate Year-to-Date > \$750.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MIKE & MONICA TURAY 12314 E. SIOUX CIRCLE SPOKANE, WA 99206	SPOKANE AMBULANCE	6/7/96	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation OWNER/OPERATOR	Aggregate Year-to-Date > \$500.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DANTE J. ROBERTS 735 CALERS PATH HAUPPAUGE, NY 11788	COUNTY AMBULANCE SERVICE	6/10/96	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation OWNER/OPERATOR	Aggregate Year-to-Date > \$500.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARK D. MEIJER P.O. BOX 2284 GRAND RAPIDS, MI 49501	LIFE EMS, INC.	6/28/96	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	
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)>			2,666.66
TOTAL, This Period (last page this line number only)>			6,136.66

SCHEDULE B

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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
FLEISHMAN-HILLARD, INC. 200 NORTH BROADWAY ST. LOUIS, MO 63102	DUPLICATION, MODEM, POSTAGE SHIPPING & FACSIMILE CHARGES	4/2/96	1,803.63
Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
B. Full Name, Mailing Address and Zip Code FLEISHMAN-HILLARD, INC. 200 NORTH BROADWAY ST. LOUIS, MO 63102	Purpose of Disbursement MODEM, POSTAGE & PHOTOCOPY CHARGES	Date (month, day, year) 5/9/96	Amount of Each Disbursement this Period 43.28
Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
C. Full Name, Mailing Address and Zip Code BOATMEN'S NATIONAL BANK ONE BOATMEN'S PLAZA ST. LOUIS, MO 63101	Purpose of Disbursement BANKCARD CHARGES - APRIL	Date (month, day, year) 4/8/96 4/30/96	Amount of Each Disbursement this Period 19.60 .63
Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
D. Full Name, Mailing Address and Zip Code BOATMEN'S NATIONAL BANK ONE BOATMEN'S PLAZA ST. LOUIS, MO 63101	Purpose of Disbursement BANKCARD CHARGES - MAY	Date (month, day, year) 5/3/96 5/31/96	Amount of Each Disbursement this Period 27.66 19.67
Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
E. Full Name, Mailing Address and Zip Code BOATMEN'S NATIONAL BANK ONE BOATMEN'S PLAZA ST. LOUIS, MO 63101	Purpose of Disbursement BANKCARD CHARGES - JUNE	Date (month, day, year) 6/3/96 6/28/96	Amount of Each Disbursement this Period 22.04 35.75
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).....>			1,972.26
TOTAL This Period (last page this line number only).....>			1,972.26

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
LEVIN FOR CONGRESS P.O. BOX 990 WASHINGTON, DC 20044	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/2/96	500.00
B. Full Name, Mailing Address and Zip Code PETE STARK REELECTION COMMITTEE P.O. BOX 75214 WASHINGTON, DC 20013	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/24/96	1,000.00
C. Full Name, Mailing Address and Zip Code LEWIS FOR CONGRESS COMMITTEE 1300 WILSON BLVD., SUITE 902 ARLINGTON, VA 22209	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/9/96	1,000.00
D. Full Name, Mailing Address and Zip Code SANDER LEVIN FOR CONGRESS P.O. BOX 990 WASHINGTON, DC 20044	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/9/96	500.00
E. Full Name, Mailing Address and Zip Code FRIENDS OF RON PACKARD 1212 N. VERNON ARLINGTON, VA 22201	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/9/96	1,000.00
F. Full Name, Mailing Address and Zip Code PEOPLE FOR PETE DOMENICI P.O. BOX 2206 ALBUQUERQUE, NM 87103	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/14/96	1,000.00
G. Full Name, Mailing Address and Zip Code MIKE BILIRAKIS FOR CONGRESS C/O TUCKER & WAHLQUIST 1350 I ST., NW WASHINGTON, DC 20005	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/14/96	500.00
H. Full Name, Mailing Address and Zip Code FRIENDS OF CLAY SHAW C/O DAN MORGAN & ASSOCIATES 4451 BROOKFIELD CORPORATE DR. CHANTILLY, VA 22202	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/14/96	500.00
I. Full Name, Mailing Address and Zip Code DEMOCRATIC LEADER'S VICTORY FUND 7435 WATSON RD. ST. LOUIS, MO 63119	CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/26/96	2,000.00
SUBTOTAL of Disbursements This Page (optional).....>			8,000.00
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
2

FOR LINE NUMBER
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NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE ASSOCIATION FEDERAL POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
WES WATKINS FOR CONGRESS P.O. BOX WW STILLWATER, OK 74076	CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/10/96	2,500.00
B. Full Name, Mailing Address and Zip Code VERMONT VOTE '96 236 MASSACHUSETTS AVE., N.E. WASHINGTON, DC 20002	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/10/96	500.00
C. Full Name, Mailing Address and Zip Code LEWIS FOR CONGRESS COMMITTEE P.O. BOX 247 REDLANDS, CA 92373	CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/19/96	500.00
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 N 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).....>			3,500.00
TOTAL This Period (last page this line number only).....>			11,500.00

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 checked="" type="checkbox"/> Hand Delivered	DATE OF RECEIPT 7/18/96
<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

pkj

7/18/96

PREPARER

DATE PREPARED