

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 SEP 25 A 11: 52

1. NAME OF COMMITTEE (in full) American Ambulance Association Federal Political Action Committee		2. FEC IDENTIFICATION NUMBER C00168070
ADDRESS (number and street) <input checked="" type="checkbox"/> Check if different than previously reported 1255 Twenty-Third Street, N.W.		
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:

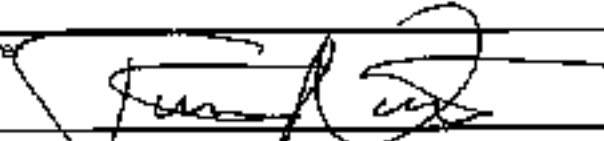
February 20	June 20	October 20
March 20	July 20	November 20
April 20	August 20	December 20
May 20	September 20	January 31

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 January 1, 2000 through March 31, 2000.....		
6. (a) Cash on Hand January 1, 2000.....		30,322.37
(b) Cash on Hand at Beginning of Reporting Period.....	30,322.37	
(c) Total Receipts (from Line 9).....	3,505.00	3,505.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	33,827.37	33,827.37
7. Total Disbursements (from Line 10).....	14,142.23	14,142.23
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))....	19,685.14	19,685.14
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	5.00	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>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	September 21, 2000

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: 1/1/2000	TO: 3/31/2000	
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).....	2,950.00	2,950.00	11(a)
	ii. Unitemized.....	555.00	555.00	11(b)
	iii. Total.....(add i and ii) >	3,505.00	3,505.00	11(c)
	h. Political Party Committees.....	.00	.00	11(d)
	c. Other Political Committees (such as PACs).....	.00	.00	11(e)
	d. Total Contributions.....(add a iii, b and c) >	3,505.00	3,505.00	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) >	3,505.00	3,505.00	19
20.	Total Federal Receipts.....(subtract line 18 from line 19) >	3,505.00	3,505.00	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.....	142.23	142.23	21(c)
	c. Total Operating Expenditures.....(add a i, ii, and b) >	142.23	142.23	21(d)
22.	Transfers to Affiliated/Other Party Committees.....	.00	.00	22
23.	Contributions to Federal Candidates/Committees and Other Political Committees.....	14,000.00	14,000.00	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. Individual/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) >	14,142.23	14,142.23	30
31.	Total Federal Disbursements.....(subtract line 21a ii from line 30) >	14,142.23	14,142.23	31
III. Net Contributions/Operating Expenditures:				
32.	Total Contributions (other than loans) (from line 11d).....	3,505.00	3,505.00	32
33.	Total Contributions Refunds (from line 28d).....	.00	.00	33
34.	Net Contributions (other than loans) (subtract line 33 from 32).....	3,505.00	3,505.00	34
35.	Total Federal Operating Expenditures.....(add 21a i and 21b) >	142.23	142.23	35
36.	Offsets to Operating Expenditures (from line 15).....	.00	.00	36
37.	Net Operating Expenditures.....(subtract line 36 from 35) >	142.23	142.23	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2
FOR LINE NUMBER
110 (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 (AMBUPA-C)

A. Full Name, Mailing Address and Zip Code James McNeal 414 W Elm Burbank, CA 91506	Name of Employer Schaefer Ambulance Service	Date (month, day, year) 1/1/00	Amount of Each Receipt this Period 1,000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Owner/Operator Aggregate Year-to-Date > 1,000.00	
B. Full Name, Mailing Address and Zip Code Greg Guckes 2821 S Parker Rd Aurora, CO 80014	Name of Employer American Medical Response	Date (month, day, year) 1/3/00	Amount of Each Receipt this Period 250.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Owner/Operator Aggregate Year-to-Date > 250.00	
C. Full Name, Mailing Address and Zip Code Ray Hayes 1305 Chastain Rd, Ste 400 Kennesaw, GA 30144	Name of Employer American Medical Response	Date (month, day, year) 1/11/00	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 Aggregate Year-to-Date > 250.00	
D. Full Name, Mailing Address and Zip Code Stephen Madison 7575 Southfront Rd Livermore, CA 94550	Name of Employer American Medical Response	Date (month, day, year) 1/11/00	Amount of Each Receipt this Period 250.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation President Aggregate Year-to-Date > 250.00	
E. Full Name, Mailing Address and Zip Code Louis Meyer 7575 Southfront Rd Livermore, CA 94550	Name of Employer American Medical Response	Date (month, day, year) 1/11/00	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	
F. Full Name, Mailing Address and Zip Code Harvey I. Hall 1001 21st St Bakersfield, CA 93301	Name of Employer Hall Ambulance Service	Date (month, day, year) 1/11/00	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 Steven Murphy 2821 S Parker Rd Aurora, CO 80014	Name of Employer American Medical Response	Date (month, day, year) 1/11/00	Amount of Each Receipt this Period 250.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation President Aggregate Year-to-Date > 250.00	

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) 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 Stanley Portman 26C Camation Circle Reading, MA 01867		Name of Employer Action Ambulance Service, Inc	Date (month, day, year) 1/11/00	Amount of Each Receipt this Period 250.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation President/CEO	Aggregate Year-to-Date > 250.00	
B. Full Name, Mailing Address and Zip Code Patrick Kelly 2917 Kansas Ave Joplin, MO 64804		Name of Employer Newton County Ambulance Serv	Date (month, day, year) 1/11/00	Amount of Each Receipt this Period 200.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Owner	Aggregate Year-to-Date > 200.00	
C. 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 >
D. Full Name, Mailing Address and Zip Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation		Aggregate Year-to-Date >
E. Full Name, Mailing Address and Zip Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation		Aggregate Year-to-Date >
F. Full Name, Mailing Address and Zip Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation		Aggregate Year-to-Date >
G. Full Name, Mailing Address and Zip Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation		Aggregate Year-to-Date >
SUBTOTAL of Receipts This Page (optional)				450.00
TOTAL This Period (last page this line number only)				2,950.00

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):	1/1-3/31/2000	88.93
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):	1/1-3/31/2000	53.30
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)			142.23
TOTAL This Period (last page this line number only)			142.23

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2
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 Contribution	Date (month, day, year)	Amount of Each Disbursement this Period
Bill Thomas Campaign Committee PO Box 395 Bakersfield, CA 93302	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	1/12/00	2,000.00
Pete Stark Re-Election Committee PO Box 8331 Fremont, CA 94537	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	2/15/00	2,000.00
Re-elect Nancy Johnson to Congress Committee PO Box 1986 New Britain, CT 06050	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	2/15/00	1,500.00
Mike Bilirakis for Congress PO Box 1077 Tarpon Springs, FL 34688	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	2/15/00	1,000.00
Hoyer for Congress 7905 Malcolm Road, Suite 102 Clinton, MD 20735	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	2/15/00	1,000.00
DashPAC 424 C Street, NE 1st Floor Washington, DC 20002	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	2/15/00	2,000.00
Congressman Waxman Campaign Committee 8665 Wilshire Blvd, Ste 220 Beverly Hills, CA 90211	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	2/22/00	1,000.00
Rod Grams for U S Senate 320 East Main St Anoka, MN 55303	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	3/9/00	1,000.00
Luther for Congress Volunteer Committee 1399 Geneva Ave, #202 Oakdale, MN 55128	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	3/9/00	1,000.00

SURTOTAL of Disbursements This Page (optional) 12,500.00

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 2 OF 2
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 Contribution	Date (month, day, year) 3/9/00	Amount of Each Disbursement this Period 500.00
Friends of Sherrod Brown 2625 East Erie Ave Lorain, OH 44052	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Contribution	Date (month, day, year) 3/21/00	Amount of Each Disbursement this Period 1,000.00
Beverly for Congress 3270 Grandview Ct Shelby TWP, MI 48316	Disbursement for: <input checked="" 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
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) -----> 1,500.00

TOTAL This Period (last page this line number only) -----> 14,000.00



AMBUPAC

THE POLITICAL ACTION COMMITTEE OF THE AMERICAN AMBULANCE ASSOCIATION

August 23, 2000

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 incorrectly designated a contribution to your committee as being for the primary election instead of the general election. The incorrect designation resulted in what would be an excessive contribution for that election. We are therefore resubmitting schedule B of our April 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

American Ambulance Association

Executive Office • 1255 Twenty-Third Street, NW, Washington, DC 20037-1174 • (202) 452-6858 • FAX (202) 452-0815

Government Relations • Fleishman-Hillard, Inc. • 1615 I. Street, NW, Suite 1000, Washington, DC 20036 • (202) 659-0330 • FAX (202) 217-8199



AMBUPAC

The Political Action Committee of the American Ambulance Association

August 23, 2000

Eileen Gallagher
Treasurer
Friends of Sherrod Brown
2625 East Erie Avenue
Lorain, OH 44052

Dear Ms. Gallagher:

The Federal Election Commission has notified me, as the Treasurer of the American Ambulance Association Federal Political Action Committee (AMBUPAC), that we incorrectly designated a contribution to your committee as being for the primary election instead of the general election. We are therefore resubmitting schedule B of our April 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

American Ambulance Association

Executive Office • 1255 Twenty-Third Street, NW, Washington, DC 20037-1174 • (202) 452-8888 • FAX (202) 452-0805

Government Relations • Theisler-Hilland, Inc. • 1615 L Street, NW, Suite 1000, Washington, DC 20036 • (202) 699-0330 • FAX (202) 223-8199

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) 9/21/00
<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	
 CF	 9/25/00
PREPARER	DATE PREPARED