



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-3

September 7, 2000

Tristan North, Treasurer
American Ambulance Association
Federal PAC (AKA AMBU-PAC)
1255 Twenty-third Street NW
Washington, DC 20037

Identification Number: C00168070

Reference: April Quarterly Report (1/1/00-3/31/00)

Dear Mr. North:

This letter is to inform you that as of September 6, 2000, the Commission has not received your response to our request for additional information, dated August 16, 2000. This notice requests information essential to full public disclosure of your federal election campaign finances. To ensure compliance with the provisions of the Federal Election Campaign Act (the Act), please respond to this request (copy enclosed).

An adequate response must be received at the Commission by September 27, 2000. Adequate responses received on or before this date will be taken into consideration in determining whether audit action will be initiated. **Requests for extensions of time in which to respond will not be considered.** Failure to provide an adequate response by this date may result in an audit of the committee. Failure to comply with the provisions of the Act may also result in an enforcement action against the committee. Any response submitted by your committee will be placed on the public record and will be considered by the Commission prior to taking enforcement action.

If you should have any questions regarding this matter, please contact Antoinette Kitchen on our toll-free number (800) 424-9530 (at the prompt press 1, then press 2 to reach the Reports Analysis Division) or our local number (202) 694-1130.

Sincerely,

John D. Gibson
Assistant Staff Director
Reports Analysis Division

Enclosure



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

Tristan North, Treasurer
American Ambulance Association
Federal PAC (AKA AMBU-PAC)
1255 Twenty-third Street NW
Washington, DC 20037

AUG 16 2000

Identification Number: C00168070

Reference: April Quarterly Report (1/1/00-3/31/00)

Dear Mr. North:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Schedule B of your report (pertinent portion(s) attached) discloses a contribution(s) which appears to exceed the limits set forth in the Act. 2 U.S.C. §441a(a) precludes a multicandidate committee and its affiliates from making a contribution to a candidate for federal office in excess of \$5,000 per election.

If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with clarifying information. If you have made an excessive contribution, you should notify the recipient and request a refund of the amount in excess of \$5,000 and/or notify the recipient in writing of your redesignation of the contribution. In the best interest of your committee, all refunds and redesignations should be made within sixty days of the treasurer's receipt of the contribution(s).

Please inform the Commission of your corrective action immediately in writing and provide a photocopy of the refund request sent to the recipient committee(s). In addition, any refunds should be disclosed on Schedule A supporting Line 16 of the report covering the period during which they are received. Any redesignations should be disclosed as memo entries on Schedule B supporting Line 23 of the report covering the period during which the redesignation is made. 11 CFR §110.1(b)

Although the Commission may take further legal action regarding the excessive contribution(s), your prompt action in obtaining a refund and/or redesignating the contribution(s) will be taken into consideration.

-Schedule B supporting Line 23 of your report discloses a contribution(s) to a candidate(s) for the primary election; however, the funds were disbursed after the election date(s) (pertinent portion(s) attached). Please note that contributions may not be designated for an election which has already occurred unless the funds are to be used to reduce a candidate committee's debts incurred during that election campaign. Please clarify the contribution(s) and disclose any redesignations or refunds as necessary on the appropriate schedules.

-Please amend Schedule B supporting Line 23 by providing the office sought (House or Senate), state, and congressional district, if applicable, for each contribution made. 11 CFR §104.3(b)(3)(ii) and (v)

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530 (at the prompt press 1, then press 2 to reach the Reports Analysis Division). My local number is (202) 694-1130.

Sincerely,



Antoinette Kitchen
Reports Analyst
Reports Analysis Division

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 1 OF 2
FOR LINE NUMBER
23

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

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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Contribution	Date (month, day, year)	Amount of Each Disbursement this Period
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):	01/12/2000	2,000.00
B. Full Name, Mailing Address and Zip Code 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):	02/15/2000	2,000.00
C. Full Name, Mailing Address and Zip Code 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):	02/15/2000	1,500.00
D. Full Name, Mailing Address and Zip Code 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):	02/15/2000	1,000.00
E. Full Name, Mailing Address and Zip Code Hoyer for Congress 7905 Malcolm Road, Suite 102 Cilton, MD 20735	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	02/15/2000	1,000.00
F. Full Name, Mailing Address and Zip Code 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):	02/15/2000	2,000.00
G. Full Name, Mailing Address and Zip Code 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):	02/22/2000	1,000.00
H. Full Name, Mailing Address and Zip Code Rod Grams for U S Senate 320 East Main St Anoka, MN 55303	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/09/2000	1,000.00
I. Full Name, Mailing Address and Zip Code 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):	03/09/2000	1,000.00

SUBTOTAL 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)
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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 Contribution	Date (month, day, year)	Amount of Each Disbursement this Period
Kerry for Senate 7602 Pacific St, Lower Level B Omaha, NE 68114	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/08/1999	1,000.00
J. Full Name, Mailing Address and Zip Code 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):	11/09/1999	1,000.00
C. Full Name, Mailing Address and Zip Code Lewis for Congress Committee PO Box 247 Redlands, CA 92373	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/16/1999	500.00
D. Full Name, Mailing Address and Zip Code Red Grams for U S Senate 320 East Main St Anoka, MN 55303	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/24/1999	2,500.00
E. Full Name, Mailing Address and Zip Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement this Period
F. Full Name, Mailing Address and Zip Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement this Period
G. Full Name, Mailing Address and Zip Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement this Period
H. Full Name, Mailing Address and Zip Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement this Period
I. Full Name, Mailing Address and Zip Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)	\$,000.00
TOTAL This Period (last page this line number only)	23,250.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary PagePAGE 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 Contribution	Date (month, day, year)	Amount of Each Disbursement this Period
Friends of Dick Durbin PO Box 1949 Springfield, IL 62705	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/22/1999	1,000.00
B. Full Name, Mailing Address and Zip Code Friends of Houghton PO Box 1107 Corning, NY 14830	Purpose of Disbursement Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 09/28/1999	Amount of Each Disbursement this Period 1,000.00
C. Full Name, Mailing Address and Zip Code Re-elect Nancy Johnson to Congress Committee PO Box 1986 New Britain, CT 06050	Purpose of Disbursement Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 10/06/1999	Amount of Each Disbursement this Period 1,000.00
D. Full Name, Mailing Address and Zip Code Stupak for Congress PO Box 143 Menominee, MI 49858	Purpose of Disbursement Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 10/06/1999	Amount of Each Disbursement this Period 1,000.00
E. Full Name, Mailing Address and Zip Code Hoyer for Congress 7905 Malcolm Road, Suite 102 Clinton, MD 20735	Purpose of Disbursement Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 10/19/1999	Amount of Each Disbursement this Period 1,000.00
F. Full Name, Mailing Address and Zip Code Levin for Congress 436 New Jersey Ave, SE Washington, DC 20003	Purpose of Disbursement Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 10/19/1999	Amount of Each Disbursement this Period 1,000.00
G. Full Name, Mailing Address and Zip Code Grans for Senore 507 Capitol Court, NE, Suite 100 Washington, DC 20002	Purpose of Disbursement Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 10/28/1999	Amount of Each Disbursement this Period 1,000.00
H. Full Name, Mailing Address and Zip Code Re-elect John Moakley Committee PO Box 1073 Boston, MA 02205-1073	Purpose of Disbursement Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 10/28/1999	Amount of Each Disbursement this Period 500.00
I. Full Name, Mailing Address and Zip Code Friends of Sherrill Brown PO Box 2884 Washington, DC 20013	Purpose of Disbursement Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 11/05/1999	Amount of Each Disbursement this Period 1,000.00

SUBTOTAL of Disbursements This Page (optional)

8,500.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary PagePAGE 1 OF 4
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
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):	02/02/1999	500.00
B. Full Name, Mailing Address and Zip Code Rod Grams for U S Senate Committee 2013 Second Ave North Anoka, MN 55303	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	02/02/1999	1,000.00
C. Full Name, Mailing Address and Zip Code Keep Our Majority PAC 6344 Cavalier Conidor Falls Church, VA 22044	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	02/10/1999	5,000.00
D. Full Name, Mailing Address and Zip Code Becerra for Congress PO Box 261060 Los Angeles, CA 90026	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/01/1999	500.00
E. Full Name, Mailing Address and Zip Code Re-Elect Nancy Johnson to Congress Cmte PO Box 1986 New Britain, CT 06050	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/02/1999	1,500.00
F. Full Name, Mailing Address and Zip Code Jeffords for Vermont 507 Capitol Court NE, Ste 100 Washington, DC 20002	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/03/1999	1,000.00
G. Full Name, Mailing Address and Zip Code 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):	03/10/1999	1,000.00
H. Full Name, Mailing Address and Zip Code Kennedy for Senate 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):	03/16/1999	1,000.00
I. Full Name, Mailing Address and Zip Code Doggert for U S Congress Committee PO Box 5843 Austin, TX 78763	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/23/1999	1,000.00

SUBTOTAL 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 (AA PAC)

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Contribution	Date (month, day, year)	Amount of Each Disbursement this Period
Friends of Sherrod Brown 2625 East Erie Ave Lorain, OH 44052	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): OH (P) was 3/7/00	03/09/2000	500.00
B. Full Name, Mailing Address and Zip Code Benoit for Congress 3270 Grandview Ct Shelby TWP, MI 48316	Purpose of Disbursement Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 03/21/2000	Amount of Each Disbursement this Period 1,000.00
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)	1,500.00
TOTAL This Period (last page this line number only)	14,000.00

