

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

Oct 23 4 52 PM '96

1. NAME OF COMMITTEE (in full) American Ambulance Association Federal Political Action Committee	2. FEC IDENTIFICATION NUMBER C00168070
ADDRESS (number and street) <input type="checkbox"/> 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 General election
(Type of Election)
on November 5, 1996 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 <u>October 1, 1996 through October 16, 1996</u>		
6. (a) Cash on Hand January 1, 1996		\$ 3,360.64
(b) Cash on Hand at Beginning of Reporting Period	\$ 14,484.21	
(c) Total Receipts (from Line 19)	.00	48,439.97
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	14,484.21	51,800.61
7. Total Disbursements (from Line 30)	2,444.43	39,760.83
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	12,039.78	12,039.78
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$.00	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemized all on Schedule C and/or Schedule D)	\$.00	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Royce L. Rollins

Signature of Treasurer

Royce L. Rollins

Date
October 18, 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		REPORT COVERING PERIOD	
AMERICAN AMBULANCE ASSOCIATION FEDERAL POLITICAL ACTION COMMITTEE		FROM: 10/1/96	TO: 10/16/96
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).....		.00	47,414.97
ii. Unitemized.....		.00	1,025.00
iii. Total.....(add i and ii) >		.00	48,439.97
b. Political Party Committees.....		.00	.00
c. Other Political Committees (such as PACs).....		.00	.00
d. Total Contributions.....(add a iii, b and c) >		.00	48,439.97
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) >		.00	48,439.97
20. Total Federal Receipts.....(subtract line 18 from line 19) >		.00	48,439.97
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.....		444.43	6,760.83
c. Total Operating Expenditures.....(add a i, a ii, and b) >		444.43	6,760.83
22. Transfers to Affiliated/Other Party Committees.....		.00	.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		2,000.00	33,000.00
24. Independent Expenditures (use Schedule E).....		.00	.00
25. Coordinated Expenditures Made by Party Committees (2 USC 441a(f))(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) >		2,444.43	39,760.83
31. Total Federal Disbursements.....(subtract line 21a ii from line 30) >		2,444.43	39,760.83
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d).....		.00	48,439.97
33. Total Contribution Refunds (from line 28d).....		.00	.00
34. Net Contributions (other than loans) (subtract line 33 from 32).....		.00	48,439.97
35. Total Federal Operating Expenditures.....(add 21a i and 21b) >		444.43	6,760.83
36. Offsets to Operating Expenditures (from line 15).....		.00	.00
37. Net Operating Expenditures.....(subtract line 36 from 35) >		444.43	6,760.83

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	PRINTING, PHOTOCOPY AND MODEM CHARGES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/96	444.43
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
SUBTOTAL of Disbursements This Page (optional)>			444.43
TOTAL This Period (last page this line number only)>			444.43

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1	OF 1
FOR LINE NUMBER 23	

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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
FAZIO 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)	10/4/96	1,000.00
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
JOHN T. DOOLITTLE FOR CONGRESS 4220 ROCKLIN ROAD, SUITE 5A ROCKLIN, CA 95677	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/14/96	500.00
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
GLEND D. JOHNSON FOR CONGRESS 323 W. BROADWAY MUSKOGEE, OK 74401	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/16/96	500.00
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).....>			2,000.00
TOTAL This Period (last page this line number only).....>			2,000.00

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.

Hand Delivered

DATE OF RECEIPT

10-23-96

First Class Mail

POSTMARKED

Registered/Certified Mail

POSTMARKED

No Postmark

Postmark Illegible

Received from the House Office of Records
and Registration

DATE OF RECEIPT

Received from the Senate Office of Public
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

PREPARED

TF

DATE PREPARED

10-24-96