

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 OCT 13 A 10 38

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	
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

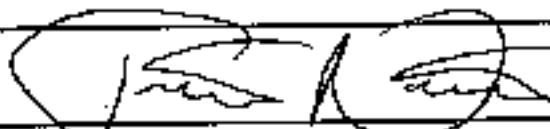
Twelfth day report preceding _____

(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 July 1, 2000 through Sept. 30, 2000		
6. (a) Cash on Hand January 1, 2000		30,322.37
(b) Cash on Hand at Beginning of Reporting Period	22,863.61	
(c) Total Receipts (from Line 19)	39,843.00	71,317.47
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	62,706.61	101,739.84
7. Total Disbursements (from Line 30)	47,888.03	86,821.26
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	14,818.58	14,818.58
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	Tristan North	
Signature of Treasurer		
	Date	October 6, 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 1, FEC FORM 3X**

NAME OF COMMITTEE AMERICAN AMBULANCE ASSOCIATION FEDERAL POLITICAL ACTION COMMITTEE		REPORT COVERING PERIOD FROM: 7/1/2000 TO: 9/30/2000	
		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).....	32,650.00	59,600.00	11 (a) 11
ii. Unitemized.....	7,193.00	11,717.47	11 (a) 11
iii. Total.....(add i and ii) >	39,843.00	71,317.47	11 (a) (15)
b. Political Party Committees.....	.00	.00	11 (a) 11
c. Other Political Committees (such as PACs).....	.00	.00	11 (a) 11
d. Total Contributions.....(add a iii, b and c) >	39,843.00	71,317.47	11 (a) 11
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) >	39,843.00	71,317.47	19
20. Total Federal Receipts.....(subtract line 18 from line 19) >	39,843.00	71,317.47	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share.....	.00	.00	21 (a) 21
ii. Non-Federal Share.....	.00	.00	21 (a) 21
b. Other Federal Operating Expenditures.....	888.03	3,321.26	21b
c. Total Operating Expenditures.....(add a i, a ii, and b) >	888.03	3,321.26	21c
22. Transfers to Affiliated/Other Party Committees.....	.00	.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	47,000.00	83,500.00	23
24. Independent Expenditures (use Schedule L).....	.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) >	47,888.03	86,821.26	30
31. Total Federal Disbursements.....(subtract line 21a ii from line 30) >	47,888.03	86,821.26	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d).....	39,843.00	71,317.47	32
33. Total Contribution Refunds (from line 28d).....	.00	.00	33
34. Net Contributions (other than loans) (subtract line 33 from 32).....	39,843.00	71,317.47	34
35. Total Federal Operating Expenditures.....(add 21a i and 21b) >	888.03	3,321.26	35
36. Offsets to Operating Expenditures (from line 15).....	.00	.00	36
37. Net Operating Expenditures.....(subtract line 36 from 35) >	888.03	3,321.26	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
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 B. Hill, III 395 West Lake Street Elmhurst, IL 60126	Superior Air-Ground Ambulance Services Occupation Owner/Operator	7/7/00	2,000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 2,000.00		
B. Full Name, Mailing Address and Zip Code Orlen Tschetter 1412 Pikes Peak Circle Sioux Falls, SD 57110	Name of Employer Rural/Meuro Corporation Occupation Owner/Operator	Date (month, day, year) 8/17/00	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		
C. Full Name, Mailing Address and Zip Code Dr. J. Peter McParfion 793 State Street Schenectady, NY 12307	Name of Employer Mohawk Ambulance Occupation Owner/Operator	Date (month, day, year) 8/17/00	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 > 1,000.00		
D. Full Name, Mailing Address and Zip Code James S. Johnson 1801 Mockingbird Lane Emid, OK 73703	Name of Employer Life EMS Occupation President	Date (month, day, year) 8/17/00	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 > 1,500.00		
E. Full Name, Mailing Address and Zip Code Paul Benjamin Hubbard 818 Carter Court Kure Beach, NC 28449	Name of Employer MTS Occupation Owner/Operator	Date (month, day, year) 8/17/00	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 > 1,000.00		
F. Full Name, Mailing Address and Zip Code Catherine A. Stuns 74 Dexter Street Medford, MA 02155	Name of Employer Professional Ambulance & Oxygen Service, Inc. Occupation Marketing Manager	Date (month, day, year) 8/17/00	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		
G. Full Name, Mailing Address and Zip Code Joseph A. Scialdone 8026 Vantage Drwa, Suite 228 San Antonio, TX 78230	Name of Employer Medix Healthcare, LLC Occupation Vice President	Date (month, day, year) 8/21/00	Amount of Each Receipt this Period 300.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 300.00		

SUBTOTAL of Receipts This Page (optional) -----> 5,310.00

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 11
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
Tom Scott 13038 Creek Park Drive Pomona, CA 92064-5764	Scott Consulting	8/21/00	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 Tim L. Sisor 1101 Frisco Clinton, OK 73601	Name of Employer Sisor Emergency Medical Services, Inc.	Date (month, day, year) 8/21/00	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		
C. Full Name, Mailing Address and Zip Code Trace Skren 4185 Paradise Road, #1159 Las Vegas, NV 89109	Name of Employer American Medical Response	Date (month, day, year) 8/21/00	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 > 1,168.00		
D. Full Name, Mailing Address and Zip Code Richard Will 1290 Northeast Cedar Street Roseburg, OR 97470	Name of Employer Will's Emergency Services	Date (month, day, year) 8/21/00	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 > 1000.00		
E. Full Name, Mailing Address and Zip Code Matthew S. Zavadsky 3124 Bridgford Drive Orlando, FL 32812	Name of Employer East Central Florida Regional Health Council	Date (month, day, year) 8/21/00	Amount of Each Receipt this Period 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 Kenneth T. Weinberg 366 Pinetown Road Pittstown, NJ 08867	Name of Employer Eagle Medical Transport, Inc.	Date (month, day, year) 8/21/00	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/Operator Aggregate Year-to-Date > 200.00		
G. Full Name, Mailing Address and Zip Code Charles Sargent 1109 Moia Pleasanton, TX 78064	Name of Employer Quatly Ambulance Service	Date (month, day, year) 8/21/00	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/Operator Aggregate Year-to-Date > 200.00		
SUBTOTAL of Receipts This Page (optional)			4,400.00
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 11
FOR LINE NUMBER
114(i)

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
C. Michael Rimp 1350 Avenue O Carter Lake, IA 51510-1121	Omaha Ambulance Service, Inc.	8/21/00	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 Stanley J. Portman 26C Carleton Circle Reading, MA 01867	Name of Employer Action Ambulance Service, Inc.	Date (month, day, year) 8/21/00	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 > 1,750.00		
C. Full Name, Mailing Address and Zip Code H. Mickey McCabe 14 East 41st Street Bayonne, NJ 07002	Name of Employer McCabe Ambulance	Date (month, day, year) 8/21/00	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		
D. Full Name, Mailing Address and Zip Code Kevin Lyons 135 Maple Street Dunvers, MA 01923	Name of Employer Lyons Ambulance Service	Date (month, day, year) 8/21/00	Amount of Each Receipt this Period 1,500.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator Aggregate Year-to-Date > 1,500.00		
E. Full Name, Mailing Address and Zip Code Charles Hickerson 1463 Woodbrook Drive Fayetteville, AR 72703	Name of Employer Central EMS, Inc.	Date (month, day, year) 8/21/00	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		
F. Full Name, Mailing Address and Zip Code Rachel B. Harackaigh 8020 Demipha Carrollton, TX 79835	Name of Employer Life Ambulance	Date (month, day, year) 8/21/00	Amount of Each Receipt this Period 300.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator Aggregate Year-to-Date > 550.00		
G. Full Name, Mailing Address and Zip Code Barbara Hankle 6893 NY #66 East Nassau, NY 12062	Mohawk Ambulance Service	Date (month, day, year) 8/21/00	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		

SUBTOTAL of Receipts This Page (optional)	5,550.00
TOTAL This Period (last page only line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 11
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
Darrel J. Christead 555 - 13th Street, NW Washington, DC 20004	Hogan & Hartson	8/21/00	200.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > 200.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James A. Finger 275 Stratton Road Rutland, VT 05701	Regional Ambulance Service	8/21/00	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
H.L. Euloe 103 Palma Mesa Road Anthony, NM 88021	Life Ambulance Service	8/21/00	1,500.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > 2,500.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lex Dale Owens 1803 East 40 Austin, TX 78722	AAA - Air Ambulance America	8/21/00	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	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James P. Atkins 3601 Pennington Drive Conyers, GA 31013	National EMS, Inc.	8/21/00	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	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James D. Porter 9240 NW Groveland Road Hillsboro, OR 97124	Micro West Ambulance	8/23/00	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 > 2,000.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Brad Regier 694 702 Ridgeway Drive Susanville, CA 96130	Mountain EMS, Inc.	8/23/00	400.00
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) 3,700.00

TOTAL this Period (last page this line number only)

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PAGE 5 OF 11
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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
David Baumgardner Route 1, Box 28L Maud, TX 75567	LifeNet, Inc.	8/24/00	200.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > 450.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard R. Brandt 2 Mallards Landing, South Whiteford, NY 12188	Mohawk Ambulance Service	8/24/00	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	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Douglas Wolfberg Stephen Wirth 5002 Lenker Street Mechanicsburg, PA 17055	Page, Wolfberg & Wirth, LLC	8/24/00	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
Byron Parsons 4171 Rio Bravo Drive Chicago, CA 95973	First Responder E.M.S., Inc.	8/24/00	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 > 1,500.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jack Brucker 8401 East Indian School Road Scottsdale, AZ 85259	Rural/Metro Corporation	8/30/00	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
Sherman C. Hodkenbury 420 Belgravia Court, #3 Louisville, KY 40208	Yellow Ambulance Service	9/22/00	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	
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ronald Staggall 16827 East C Avenue Augusta, MI 49012	LifeCare Ambulance	9/22/00	200.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > 200.00	

SUBTOTAL of Receipts This Page (optional) ----->	2,900.00
TOTAL This Period (last page this line number only) ----->	

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 6 OF 11
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
Michael A. Suber 8401 East Indian School Road Scottsdale, AZ 85252	Rural/Metro Corporation	9/22/00	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
James Pafford 2905 West 16th Hope, AR 71801	Pafford Ambulance	9/22/00	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 > 1,000.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Greg Pafford 1440 Hazel Street Arcadia, LA 71001	Pafford Ambulance	9/22/00	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 > 1,000.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Janie Pafford-Gresham 3317 West 16th Hope, AR 71801	Pafford Ambulance	7/24/00	100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > 500.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Janie Pafford-Gresham 3317 West 16th Hope, AR 71801	Pafford Ambulance	8/23/00	100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > 600.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Janie Pafford-Gresham 3317 West 16th Hope, AR 71801	Pafford Ambulance	9/22/00	1,100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > 1,700.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James McParton 793 State Street Schenectady, NY 12307	Mohawk Ambulance Service	9/22/00	250.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > 750.00	
SUBTOTAL of Receipts This Page (optional)----->			4,050.00
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 11
FORM 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 David Miller 1220 Cyclone Avenue Harlan, IA 51537	Name of Employer Medivac Ambulance Corp. Occupation Owner/Operator	Date (month, day, year) 9/22/00	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 > 150.00		
B. Full Name, Mailing Address and Zip Code Chris Graff 2408 Lincolnway East Goshen, IN 46526	Name of Employer Marque, Inc. Occupation Driver/Operator	Date (month, day, year) 9/22/00	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		
C. Full Name, Mailing Address and Zip Code Debra M. Gault 5502 Northwest Highway Waterford, WI 53185	Name of Employer American Medical Response Occupation Owner/Operator	Date (month, day, year) 8/21/00	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 > 1,000.00		
D. Full Name, Mailing Address and Zip Code Robert & Diana Casallo 29 Hammonsville Drive Saugus, MA 01906	Name of Employer Casallo Ambulance Service Occupation Owner/Operator	Date (month, day, year) 9/22/00	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 > 1,000.00		
E. Full Name, Mailing Address and Zip Code Larry S. Anderson 330 Hamblin Avenue Butler Creek, MD 49015	Name of Employer Life Care Ambulance Service Occupation Owner/Operator	Date (month, day, year) 9/22/00	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 > 300.00		
F. Full Name, Mailing Address and Zip Code Michael Seidel 5052 Chapman Road Allentown, PA 18104	Name of Employer Occupation Owner/Operator	Date (month, day, year) 9/22/00	Amount of Each Receipt this Period 200.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 200.00		
G. Full Name, Mailing Address and Zip Code Brendan Staffan 8611 Larkin Road, Suite 200 Savage, MD 20763	Name of Employer Rural/Metro Occupation Owner/Operator	Date (month, day, year) 9/22/00	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		
SUBTOTAL of Receipts This Page (optional)			2,550.00
TOTAL This Period (Just page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 8 OF 11
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
Fred A. Sundquist, Jr. 135 West 7th Street Eureka, CA 95501	City Ambulance of Eureka, Inc.	8/17/00	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	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Patrick Kelly 2917 Kansas Ave Joplin, MO 64804	Newton County Ambulance District	7/24/00	100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > 700.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Patrick Kelly 2917 Kansas Ave Joplin, MO 64804	Newton County Ambulance District	8/23/00	100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > 800.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Patrick Kelly 2917 Kansas Ave Joplin, MO 64804	Newton County Ambulance District	9/22/00	100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > 900.00	
E. 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	8/17/00	500.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > 1,750.00	
F. 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	9/22/00	250.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > 2,000.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joyce M. Starnes 136 West 7th Street Eureka, CA 95502	City Ambulance of Eureka, Inc.	8/17/00	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	

SUBTOTAL of Receipts This Page (optional) -----> 1,550.00

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 11
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 Larry Wiersch 4846 Five Point Road New Tripoli, PA 18066	Name of Employer Coconia Ambulance Corp. Occupation Owner/Operator	Date (month, day, year) 8/21/00	Amount of Each Receipt this Period 200.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 312.50		
B. Full Name, Mailing Address and Zip Code Tristan North 2605 O Street, NW, #2 Washington, DC 20007	Name of Employer Haack & Associates, Inc. Occupation Director of Gov't Relations	Date (month, day, year) 8/24/00	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 Stephen R. Hamoznak 2948 Chasel Lane Venus, VA 22181	Name of Employer Haack & Associates, Inc. Occupation Executive Vice President	Date (month, day, year) 9/22/00	Amount of Each Receipt this Period 125.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 250.00		
D. Full Name, Mailing Address and Zip Code P.A. Ferguson 1010 2nd Avenue, Suite 300 San Diego, CA 92101	Name of Employer Rural/Metro Corporation Occupation Owner/Operator	Date (month, day, year) 9/22/00	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 > 200.00		
E. Full Name, Mailing Address and Zip Code Dale J. Berry 2215 Hugback Road Ann Arbor, MI 48105	Name of Employer Huron Valley Ambulance Occupation Owner/Operator	Date (month, day, year) 7/24/00	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		
F. Full Name, Mailing Address and Zip Code Dale J. Berry 2215 Hugback Road Ann Arbor, MI 48105	Name of Employer Huron Valley Ambulance Occupation Owner/Operator	Date (month, day, year) 8/23/00	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		
G. Full Name, Mailing Address and Zip Code Dale J. Berry 2215 Hugback Road Ann Arbor, MI 48105	Name of Employer Huron Valley Ambulance Occupation Owner/Operator	Date (month, day, year) 9/22/00	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 > 700.00		
SUBTOTAL of Receipts This Page (optional) ----->			975.00
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 10 OF 11
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
Gregory Gackes 2821 South Parker Road, 10th Floor Aurora, Co 80014	American Medical Response	7/5/00	250.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator Aggregate Year-to-Date > 750.00		
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rymond Hayes 1305 Chastain Road, Bldg. 100, Suite 400 Kennesaw, GA 30144	American Medical Response	7/5/00	250.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator Aggregate Year-to-Date > 750.00		
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephen Madson 7575 Southfront Road Livermore, CA 94550	American Medical Response	7/5/00	250.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator Aggregate Year-to-Date > 750.00		
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lou Meyer 7575 Southfront Road Livermore, CA 94550	American Medical Response	7/5/00	250.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator Aggregate Year-to-Date > 750.00		
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephen Murphy 2821 South Parker Road, 10th Floor Aurora, CA 80014	American Medical Response	7/5/00	250.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator Aggregate Year-to-Date > 750.00		
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert McAdeo 130 Ford Street Ukiah, CA 95482	Ukiah Ambulance	8/21/00	150.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator Aggregate Year-to-Date > 400.00		
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gerry Hart 72-248 Desert Drive Rancho Mirage, CA 9220	American Medical Response	8/21/00	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		

SUBTOTAL of Receipts This Page (optional) -----> 1,650.00

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 11 OF 11
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 my 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 Kurt Krumpertan 488 West Owendaga Street Syracuse, NY 13202	Name of Employer Rural/Metro Medical Services	Date (month, day, year) 9/22/00	Amount of Each Receipt this Period 25.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > 200.00	
B. 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 >	
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)----->			25.00
TOTAL This Period (Last page this line number only)----->			32,650.00

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
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):	7/1-9/30/2000	70.60
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
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):	7/1-9/30/2000	17.50
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
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):	7/1-9/30/2000	799.93
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)			888.03
TOTAL This Period (last page this line number only)			888.03

SCHEDULE B ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 5
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
Honior For congress (D-10-MI) 237 Southbound Gradient Mt. Clemens, MI 48043	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	7/12/00	1,000.00
H. Full Name, Mailing Address and Zip Code Bob Matsui For Congress Committee (D-5-CA) 555 Capitol Mall, Suite 1425 Sacramento, CA 95814	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	7/12/00	1,000.00
C. Full Name, Mailing Address and Zip Code William Roth for Senate Committee (R-DE) PO Box 105 Wilmington, DE 19806	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	7/12/00	1,000.00
D. Full Name, Mailing Address and Zip Code Grassley Committee (R-IA) P.O. Box 1000 Des Moines, IA 50304	Purpose of Disbursement Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	7/12/00	1,000.00
E. Full Name, Mailing Address and Zip Code Kyle for Senate (R-AZ) 4250 East Camelback Road, Suite K-135 Phoenix, AZ 85018	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	7/14/00	1,000.00
F. Full Name, Mailing Address and Zip Code Diana DeGette for US Congress (D-1-CO) 770 Grant Street, #238 Denver, CO 80202	Purpose of Disbursement Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	7/26/00	1,000.00
G. Full Name, Mailing Address and Zip Code Beetta for Congress (D-30-CA) P.O. Box 261060 Los Angeles, CA 90026	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	7/26/00	1,000.00
H. Full Name, Mailing Address and Zip Code McCrary for Congress (R-4-LA) P.O. Box 4650 Shreveport, LA 71134	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	7/26/00	1,000.00
I. Full Name, Mailing Address and Zip Code Lrinc for Congress (R-8-IL) P.O. Box 8534 Rolling Hills, IL 60008	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	7/26/00	1,000.00

SUBTOTAL of Disbursements This Page (optional) -----> 9,000.00

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules
for each category of the
Detailed Summary Page

PAGE 2 OF 5
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
Friends of Sam Johnson (R-3-TX) P.O. Box 860096 Plano, TX 75086	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	7/26/00	1,000.00
B. Full Name, Mailing Address and Zip Code Dave Camp for Congress (R-4-MI) P.O. Box 423 Midland, MI 48640	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	7/26/00	1,000.00
C. Full Name, Mailing Address and Zip Code People for English (R-21-PA) 1208 Polo Alto Pittsburgh, PA 15212	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	7/26/00	1,000.00
D. Full Name, Mailing Address and Zip Code Jim Ranstad Volunteer Committee (R-3-MN) 8100 Pennsylvania Avenue, South, Suite 104 Blountington, MN 55431	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	7/26/00	1,000.00
E. Full Name, Mailing Address and Zip Code Friends of Jim McDermott (D-7-WA) P.O. Box 21786 Seattle, WA 98111	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	7/26/00	1,000.00
F. Full Name, Mailing Address and Zip Code Brian Riffe for Congress (R-49-CA) 970 Seacrest Drive, Suite 7 Imperial Beach, CA 91932	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	7/26/00	1,000.00
G. Full Name, Mailing Address and Zip Code Thurman for Congress (D-5-FL) P.O. Box 5058 Inverness, FL 34450	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	7/31/00	1,000.00
H. Full Name, Mailing Address and Zip Code Utah Election Committee (R-UT) 265 East 200 South, Suite 950 Salt Lake City, UT 84111	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	7/31/00	2,000.00
I. Full Name, Mailing Address and Zip Code Republican Majority Fund 1155 21st Street, NW, Suite 300 Washington, DC 20036	Contribution Leadership PAC of Sen. Don Nickles (R-OK) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	8/7/00	1,000.00

SUBTOTAL of Disbursements This Page (optional)	10,000.00
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 3 OF 5
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
Congressional Majority Committee 555 13th Street, NW, #500 West Washington, DC 20004	Leadership PAC of Rep. Bill Thomas (R-21-CA) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	8/10/00	1,000.00
B. Full Name, Mailing Address and Zip Code Dooley for Congress (D-20-CA) 300 North Lee Street, Suite 500 Alexandria, VA 22314	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	8/10/00	500.00
C. Full Name, Mailing Address and Zip Code Grana 2000 (R-MN) 320 East Main Street Anoka, MN 55303	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	8/23/00	1,000.00
D. Full Name, Mailing Address and Zip Code Roth Senate Committee (R-DE) 2814B Lancaster Avenue Wilmington, DE 19805	Purpose of Disbursement Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	8/23/00	3,000.00
E. Full Name, Mailing Address and Zip Code Luther for Congress Volunteer Committee (D-6-MN) 1399 Geneva Avenue, North, Suite 202 Oakdale, MN 55128	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	8/23/00	500.00
F. Full Name, Mailing Address and Zip Code Rod Gruns for U.S. Senate (R-MN) 2013 Second Avenue, Suite B2 Anoka, MN 55303	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	9/8/00	1,000.00
G. Full Name, Mailing Address and Zip Code Friends of Senator Nickles (R-OK) P.O. Box 1549 Ponca City, OK 74602	Purpose of Disbursement Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	9/8/00	1,000.00
H. Full Name, Mailing Address and Zip Code Friends of Clay Shaw (R-22-FL) P.O. Box 2188 Fort Lauderdale, FL 33303-2188	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	9/8/00	1,000.00
I. Full Name, Mailing Address and Zip Code Jeffords for Vermont (R-VT) P.O. Box 246 Montpelier, VT 05601	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	9/8/00	1,000.00

SUBTOTAL of Disbursements This Page (optional)	10,000.00
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 4 OF 5
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
Rod Grams for U.S. Senate (R-MN) 2013 Second Avenue, Suite B2 Anoka, MN 55303	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	9/8/00	1,000.00
B. Full Name, Mailing Address and Zip Code Friends of Sam Johnson (R-TX) P.O. Box 860096 Plano, TX 75086	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	9/8/00	1,000.00
C. Full Name, Mailing Address and Zip Code Doggett for U.S. Congress Committee (D-TX) P.O. Box 5843 Austin, TX 78763	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	9/8/00	1,000.00
D. Full Name, Mailing Address and Zip Code Bill Thomas Campaign Committee (R-CA) P.O. Box 395 Bakersfield, CA 93302	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	9/8/00	4,000.00
E. Full Name, Mailing Address and Zip Code Andrews for Congress Committee (D-NJ) 215 Fourth Avenue, Suite 200 Haddon Heights, NJ 08035	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	9/21/00	500.00
F. Full Name, Mailing Address and Zip Code Friends of Houghton (R-NY) P.O. Box 1107 Corning, NY 14830	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	9/21/00	1,000.00
G. Full Name, Mailing Address and Zip Code Upton for All of Us (R-MI) P.O. Box 490 St. Joseph, MI 49085	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	9/21/00	2,500.00
H. Full Name, Mailing Address and Zip Code Wes Watkins for Congress (R-OK) P.O. Box WW Stillwater, OK 74076	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	9/21/00	1,000.00
I. Full Name, Mailing Address and Zip Code Barrett for Congress (D-WI) 5030 West Washington Blvd. Milwaukee, WI 53208	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	9/25/00	500.00

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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PAGE 3 OF 5
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 Max Baucus (D-MT) 203 C Street, NE Washington, DC 20002	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	9/25/00	2,000.00
B. Full Name, Mailing Address and Zip Code Friends of Kent Conrad (D-ND) 420 C Street, NE, Lower Level Washington, DC 20002	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	9/25/00	1,000.00
C. Full Name, Mailing Address and Zip Code Phil Crane Campaign Committee (R-R-IL) P.O. Box 2776 Arlington, VA 22202	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	9/25/00	1,000.00
D. Full Name, Mailing Address and Zip Code DeGetta for Congress (D-I-CO) P.O. Box 75214 Washington, DC 20013-5214	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	9/25/00	1,000.00
E. Full Name, Mailing Address and Zip Code People for English (R-21-PA) P.O. Box 1940 Lima, PA 16507	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	9/25/00	500.00
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

SUBTOTAL of Disbursements This Page (optional)----->	5,500.00
TOTAL This Period (last page this line number only)----->	47,000.00

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
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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
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<input type="checkbox"/> Electronic Filing	

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