

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) C00168070 121094 p 252 ROYCE L ROLLINS AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC) 1301 CONNECTICUT AVENUE NW WASHINGTON DC 20036	2. FEC IDENTIFICATION NUMBER C00168070 3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
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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

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>11/29/94</u> through <u>12/31/94</u>		
6. (a) Cash on Hand January 1, 19 <u>94</u>		\$ 1,028.90
(b) Cash on Hand at Beginning of Reporting Period	\$ 1,850.34	
(c) Total Receipts (from Line 19)	\$ 3,950.00	\$ 66,217.70
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 5,800.34	\$ 67,246.60
7. Total Disbursements (from Line 30)	\$ 1,964.48	\$ 63,410.74
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 3,835.86	\$ 3,835.86
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 998 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-218-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$	

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 Date
 1/10/94

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §457g.

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/81)

NAME OF COMMITTEE American Ambulance Association Federal Political Action Committee		REPORT COVERING PERIOD	
		FROM 11/29/94	TO: 12/31/94
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11. Contributions (other than loan a) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	3,625.00	64,042.70	11(a)(i)
ii. Unitemized	325.00	2,175.00	11(a)(ii)
iii. Total	3,950.00	66,217.70	11(a)(iii)
b. Political Party Committees	--	--	11(b)
c. Other Political Committees (such as PACs)	--	--	11(c)
d. Total Contributions	3,950.00	66,217.70	11(d)
12. Transfers From Affiliated/Other Party Committees	--	--	12
13. All Loans Received	--	--	13
14. Loan Repayments Received	--	--	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	--	--	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	--	--	16
17. Other Federal Receipts (Dividends, Interest, etc.)	--	--	17
18. Transfers from Nonfederal Account for Joint Activity	--	--	18
19. Total Receipts	3,950.00	66,217.70	19
20. Total Federal Receipts	3,950.00	66,217.70	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	--	--	21(a)(i)
ii. Non-Federal Share	--	--	21(a)(ii)
b. Other Federal Operating Expenditures	1,464.48	2,507.00	21(b)
c. Total Operating Expenditures	1,464.48	2,507.00	21(c)
22. Transfers to Affiliated/Other Party Committees	--	--	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	500.00	500.00	23
24. Independent Expenditures (use Schedule E)	--	--	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) ..	--	--	25
26. Loan Repayments Made	--	--	26
27. Loans Made	--	--	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	--	--	28(a)
b. Political Party Committees	--	--	28(b)
c. Other Political Committees (such as PACs)	--	--	28(c)
d. Total Contribution Refunds	--	--	28(d)
29. Other Disbursements	--	4,053.74	29
30. Total Disbursements	1,964.48	63,410.74	30
31. Total Federal Disbursements	1,964.48	63,410.74	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	3,950.00	66,217.70	32
33. Total Contribution Refunds (from line 28d)	--	--	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	3,950.00	66,217.70	34
35. Total Federal Operating Expenditures	1,464.48	2,507.00	35
36. Offsets to Operating Expenditures (from line 15)	--	--	36
37. Net Operating Expenditures	1,464.48	2,507.00	37

SCHEDULE A

ITEMIZED RECEIPTS

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 names and addresses of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Ambulance Association Federal Political Action Committee

9503763301

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joyce Startare/Fred Sundquist 135 West 7th St. Eureka, CA 95501	City Ambulance of Eureka Occupation: Owner/Operator	12/2/94	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
Robert/Donna Synie 2717 Westlock Dr. Wilmington, DE 19808	MSC Ambulance Service Occupation: Owner/Operator	12/2/94	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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marcella Woehrmann 15744 Lindskog Whittier, CA 90603	AME, Inc. Occupation: Owner/Operator	12/2/94	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 900.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
H.L./Laurie Enloe P.O. Box 1969 Canatillo, TX 79835	Life Ambulance Service Occupation: Owner/Operator	12/2/94	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
Steven K. Puckett 2373 Bethany Ct. Powder Springs, GA 30073	Puckett Ambulance Occupation: Owner/Operator	12/2/94	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
Harvey Hall 1001 21st St. Bakersfield, CA 93301	Hall Ambulance Occupation: Owner/Operator	12/2/94	275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 991.70		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Cataldo 29 Alexander Road Lynnfield, MA 01940	Cataldo Ambulance Occupation: Owner/Operator	12/2/94	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		

SUBTOTAL of Receipts This Page (optional) 2,625.00

TOTAL This Period (last page; this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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

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NAME OF COMMITTEE (In Full)

American Ambulance Association Federal Political Action Committee

9503263300

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Catherine Concannon P.O. Box 466 Sparta, NJ 07871	Medical Alert Ambulance	12/2/94	\$ 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code	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) \$ 1,000.00

TOTAL This Period (last page) this line number only) \$ 3,625.00

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

2 5 0 3 9 6 3 3 0 1

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	Lapel pins for PAC members Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/9/94	\$ 1,464.48
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)	\$ 1,464.48
TOTAL This Period (last page this line number only)	\$ 1,464.48

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

9 3 0 3 X 6 4 3 0 3

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution 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
Mike Oxley for Congress P.O. Box 1994 Findlay, OH 45839		12/5/94	\$ 500.00
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)	\$ 500.00
TOTAL This Period (last page this line number only)	\$ 500.00

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

Hand Delivered

DATE OF RECEIPT

1-13-95

First Class Mail

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and Registration

DATE OF RECEIPT

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DATE OF RECEIPT

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AKB
PREPARER

1-17-95
DATE PREPARED

95037063008