

**For Other Than An Authorized Committee
(Summary Page)**

RECEIVED
FEDERAL ELECTION
COMMISSION FILE #9001

JUL 15 3 48 PM '98

1. NAME OF COMMITTEE (in full) American Ambulance Association Federal Political Action Committee	2. FEC IDENTIFICATION NUMBER C60168070
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1301 Connecticut Ave., 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 _____ (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 Covering Period April 1, 1998 through June 30, 1998.....	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 1998.....		29,576.95
(b) Cash on Hand at Beginning of Reporting Period.....	25,446.65	
(c) Total Receipts (from Line 19).....	7,545.97	14,991.28
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	32,992.62	70,014.88
7. Total Disbursements (from Line 3D).....	9,767.51	21,343.12
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))....	23,225.11	23,225.11
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 990 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	\$.00	

I 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 July 9, 1998

Note: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

NAME OF COMMITTEE AMERICAN AMBULANCE ASSOCIATION FEDERAL POLITICAL ACTION COMMITTEE		REPORT COVERING PERIOD		
		FROM: 4/1/98	TO: 6/30/98	
		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).....	7,545.97	22,953.92	11(a)(i)
	ii. Unitemized.....	.00	.00	11(a)(ii)
	iii. Total.....(add i and ii) >	7,545.97	22,953.92	11(a)(iii)
	b. Political Party Committees.....	.00	.00	11(b)
	c. Other Political Committees (such as PACs).....	.00	.00	11(c)
	d. Total Contributions.....(add a iii, b and c) >	7,545.97	22,953.92	11(d)
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) >	7,545.97	22,953.92	19
20.	Total Federal Receipts.....(subtract line 18 from line 19) >	7,545.97	22,953.92	20
II. Disbursements				
21.	Operating Expenditures:			
	a. Shared Federal/Non-Federal Activity (from Schedule H4)			
	i. Federal Share.....	.00	.00	21(a)(i)
	ii. Non-Federal Share.....	.00	.00	21(a)(ii)
	b. Other Federal Operating Expenditures.....	267.51	524.43	21(b)
	c. Total Operating Expenditures.....(add a i, a ii, and b) >	267.51	524.43	21(c)
22.	Transfers to Affiliated/Other Party Committees.....	.00	.00	22
23.	Contributions to Federal Candidates/Committees and Other Political Committees.....	9,500.00	30,359.59	23
24.	Independent Expenditures (use Schedule G).....	.00	.00	24
25.	Coordinated Expenditures Made by Party Committees (2 USC 441u(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 PAC's).....	.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) >	9,767.51	30,359.59	30
31.	Total Federal Disbursements.....(subtract line 21a ii from line 30) >	9,767.51	30,359.59	31
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans) (from line 11d).....	7,545.97	22,953.92	32
33.	Total Contribution Refunds (from line 28d).....	.00	.00	33
34.	Net Contributions (other than loans) (subtract line 33 from 32).....	7,545.97	22,953.92	34
35.	Total Federal Operating Expenditures.....(add 21a i and 21b) >	267.51	524.43	35
36.	Offsets to Operating Expenditures (from line 15).....	.00	.00	36
37.	Net Operating Expenditures.....(subtract line 36 from 35) >	267.51	524.43	37

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1	OF 5
	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 Robert H McAdoo PO Box 277 Ukiah, CA 95482-0277	Name of Employer Ukiah Ambulance	Date (month, day, year) 4/14/98	Amount of Each Receipt this Period 83.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > 415.00	
B. Full Name, Mailing Address and Zip Code Steve Murphy 9201 E Mississippi Ave, Apt T-205 Denver, CO 80231	Name of Employer American Medical Response	Date (month, day, year) 4/14/98	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 > 500.00	
C. Full Name, Mailing Address and Zip Code Dale Berry 2215 Hogback Rd Ann Arbor, MI 48105	Name of Employer Huron Valley Ambulance	Date (month, day, year) 4/14/98	Amount of Each Receipt this Period 83.33
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > 333.32	
D. Full Name, Mailing Address and Zip Code Martin Yenawine 116 Woodberry Ln Fayetteville, NY 13066	Name of Employer Rural/Metro Corp	Date (month, day, year) 4/14/98	Amount of Each Receipt this Period 83.33
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date > 333.32	
E. Full Name, Mailing Address and Zip Code Patrick Kelly 2917 Kansas Joplin, MO 64804	Name of Employer Newton County Ambulance	Date (month, day, year) 4/14/98	Amount of Each Receipt this Period 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	
F. Full Name, Mailing Address and Zip Code Brian Walker 35783 Mound Rd Sterling Hghts, MI 48310	Name of Employer Universal-Macomb Ambulance	Date (month, day, year) 4/14/98	Amount of Each Receipt this Period 83.33
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Admin/Consultant	Aggregate Year-to-Date > 249.99	
G. Full Name, Mailing Address and Zip Code Harvey L Hall 1001 21st St Bakersfield, CA 93301	Name of Employer Hall Ambulance Service	Date (month, day, year) 4/16/98	Amount of Each Receipt this Period 150.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > 300.00	

SUBTOTAL of Receipts This Page (optional) -----> 832.99

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 2	OF 5
	FOR LINE NUMBER 11a (i)	

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

A. Full Name, Mailing Address and Zip Code Dale Berry 2215 Hogback Rd Ann Arbor, MI 48105	Name of Employer Huron Valley Ambulance	Date (month, day, year) 5/11/98	Amount of Each Receipt this Period 83.33
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > 416.65	
B. Full Name, Mailing Address and Zip Code Martin Yeawine 116 Woodberry Ln Fayetteville, NY 13066	Name of Employer Rural/Metro Corp	Date (month, day, year) 5/11/98	Amount of Each Receipt this Period 83.33
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date > 416.65	
C. Full Name, Mailing Address and Zip Code Patrick Kelly 2917 Kansas Joplin, MO 64804	Name of Employer Newton County Ambulance	Date (month, day, year) 5/11/98	Amount of Each Receipt this Period 100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Oper	Aggregate Year-to-Date > 300.00	
D. Full Name, Mailing Address and Zip Code Brian Walker 35783 Mound Rd Sterling Hgts, MI 48310	Name of Employer Universal-Macomb Ambulance	Date (month, day, year) 5/11/98	Amount of Each Receipt this Period 83.33
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Admin/Consultant	Aggregate Year-to-Date > 416.65	
E. Full Name, Mailing Address and Zip Code Harvey L Hall 1001 21st St Bakersfield, CA 93301	Name of Employer Hall Ambulance Service	Date (month, day, year) 5/13/98	Amount of Each Receipt this Period 150.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > 450.00	
F. Full Name, Mailing Address and Zip Code Robert H McAdoo PO Box 277 Ukiah, CA 95482-0277	Name of Employer Ukiah Ambulance	Date (month, day, year) 6/5/98	Amount of Each Receipt this Period 83.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > 498.00	
G. Full Name, Mailing Address and Zip Code Yvonne Larsen Island Drive Muskego, WI 53150	Name of Employer Meda-Care Ambulance	Date (month, day, year) 6/5/98	Amount of Each Receipt this Period 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) 982.99

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 3	OF 5
	FOR LINE NUMBER 11a (i)	

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NAME OF COMMITTEE (In Full) AMERICAN AMBULANCE ASSOCIATION FEDERAL POLITICAL ACTION COMMITTEE (AMRUPAC)

A. Full Name, Mailing Address and Zip Code Joseph R Paolciti 58 Middletown Ave New Haven, CT 05613	Name of Employer American Medical Response	Date (month, day, year) 6/5/98	Amount of Each Receipt this Period 1,000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > 1,000.00	
B. Full Name, Mailing Address and Zip Code James Friten 22930 NW Dogwood St Hillsboro, OR 97124	Name of Employer Metro West Ambulance	Date (month, day, year) 6/8/98	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 > 1,500.00	
C. Full Name, Mailing Address and Zip Code Dale Berry 2215 Hogback Rd Ann Arbor, MI 48105	Name of Employer Huron Valley Ambulance	Date (month, day, year) 6/8/98	Amount of Each Receipt this Period 83.33
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > 499.98	
D. Full Name, Mailing Address and Zip Code Martin Yenawine 116 Woodberry Ln Fayetteville, NY 13066	Name of Employer Rural/Metro Corp	Date (month, day, year) 6/8/98	Amount of Each Receipt this Period 83.33
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date > 499.98	
E. Full Name, Mailing Address and Zip Code Joseph Haran 1549 Quaint Rd Falconer, NY 14733	Name of Employer WCA Services Corp	Date (month, day, year) 6/8/98	Amount of Each Receipt this Period 30.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > 60.00	
F. Full Name, Mailing Address and Zip Code Brenda Staffan 6313 Enchanted Key Gate Clarksville, MD 21029	Name of Employer Rural Metro Corp	Date (month, day, year) 6/8/98	Amount of Each Receipt this Period 100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > 100.00	
G. Full Name, Mailing Address and Zip Code Patrick Kelly 2917 Kansas Joplin, MO 64804	Name of Employer Newton County Ambulance	Date (month, day, year) 6/8/98	Amount of Each Receipt this Period 100.00
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) -----> 2,396.66

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 4	OF 5
	FOR LINE NUMBER 11a (i)	

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

A. Full Name, Mailing Address and Zip Code Stanley Portman 26C Carnation Circle Reading, MA 01867 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Action Ambulance Service Occupation President/CEO Aggregate Year-to-Date > 500.00	Date (month, day, year) 6/8/98	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and Zip Code Thomas Scott 13038 Creek Park Dr Poway, CA 92064 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Scott Consulting Occupation Owner/Operator Aggregate Year-to-Date > 200.00	Date (month, day, year) 6/8/98	Amount of Each Receipt this Period 100.00
C. Full Name, Mailing Address and Zip Code Brian Walker 35783 Mound Rd Sterling Hghts, MI 48310 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer Universal-Macomb Ambul Occupation Administrator/Consultant Aggregate Year-to-Date > 416.65	Date (month, day, year) 6/8/98	Amount of Each Receipt this Period 83.33
D. Full Name, Mailing Address and Zip Code Louis Meyer 10644 Oakwilde Ave Stockton, CA 95212 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer American Medical Response Occupation Owner/Oper Aggregate Year-to-Date > 1,000.00	Date (month, day, year) 6/8/98	Amount of Each Receipt this Period 1,000.00
E. Full Name, Mailing Address and Zip Code George Delluff 1207 E Jesse Ct Highland Ranch, CO 83126 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer American Medical Response Occupation Owner/Oper Aggregate Year-to-Date > 500.00	Date (month, day, year) 6/8/98	Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and Zip Code Michael Grant 119 Creak Dr Port Charlotte, FL 33952 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Grant Medical Transp, Inc Occupation Owner/Oper Aggregate Year-to-Date > 500.00	Date (month, day, year) 6/15/98	Amount of Each Receipt this Period 500.00
G. Full Name, Mailing Address and Zip Code Stephen Madison 595 Armstrong Marietta, GA 30060 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer American Medical Response Occupation Owner/Oper Aggregate Year-to-Date > 250.00	Date (month, day, year) 6/15/98	Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) -----> 2,683.33

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 5	OF 5
	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 Harvey L Hall 1001 21st St Bakersfield, CA 93301	Name of Employer Hall Ambulance Service	Date (month, day, year) 6/10/98	Amount of Each Receipt this Period 150.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > 600.00	
B. Full Name, Mailing Address and Zip Code Debra M Gault-Overton 4011 Kensington Ave Richmond, VA 23221	Name of Employer American Medical Response	Date (month, day, year) 6/17/98	Amount of Each Receipt this Period 500.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President	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
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) -----> 650.00

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

7,545.97

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

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

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	Overnight shipments and photocopy charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	4/13/98	11.50
Fleishman-Hillard Inc 200 North Broadway St Louis, MO 63102	Overnight shipments and photocopy charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	6/10/98	12.15
Fleishman-Hillard Inc 300 North Broadway St Louis, MO 63102	Overnight shipments Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	6/22/98	17.25
NationsBank One NationsBank Plaza St Louis, MO 63101	Bankcard Processing Fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	4/6/98 4/14/98	19.70 131.92
NationsBank One NationsBank Plaza St Louis, MO 63101	Bankcard Processing Fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	5/4/98 5/11/98	21.96 9.05
NationsBank One NationsBank Plaza St Louis, MO 63101	Bankcard Processing Fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	6/3/98 6/15/98	28.43 15.55
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)

267.51

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

267.54

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 (AMBUPAC)

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Contribution	Date (month, day, year)	Amount of Each Disbursement this Period
Democratic Leader's Victory Fund 1998 7435 Watson Rd St Louis, MO 63119	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	4/29/98	5,000.00
B. Full Name, Mailing Address and Zip Code Friends of Rosa DeLauro 49 Huntington St New Haven, CT 06511-1332	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 5/12/98	Amount of Each Disbursement this Period 500.00
C. Full Name, Mailing Address and Zip Code Mike Bilirakis for Congress PO Box 1077 Turpon Springs, FL 34688	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 5/13/98	Amount of Each Disbursement this Period 1,000.00
D. Full Name, Mailing Address and Zip Code Victory in 1998 The Daschle Committee 424 C St NE 1st Floor Washington, DC 20002	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 6/3/98	Amount of Each Disbursement this Period 1,000.00
E. Full Name, Mailing Address and Zip Code Friends for Houghton PO Box 1107 Corning, NY 14830	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 6/22/98	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 type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 6/22/98	Amount of Each Disbursement this Period 1,000.00
G. 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
H. 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
I. 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

SUBTOTAL of Disbursements This Page (optional) _____

9,500.00

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

\$ 9,500.00

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.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>7/15/98</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>E.S.</i> PREPARER	<i>7/15/98</i> DATE PREPARED