

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

RECEIVED
FEDERAL ELECTION
COMMISSION
JAN 20 1999

1. NAMES OF COMMITTEE (in full) American Ambulance Association Federal Political Action Committee	
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	

2. **FEC IDENTIFICATION NUMBER**
C00168070

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 Covering Period <u>November 1, 1998 through December 31, 1998</u>	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.....	2,342.54	
(c) Total Receipts (from Line 19).....	24,298.36	42,836.28
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	26,640.90	72,413.23
7. Total Disbursements (from Line 30).....	514.85	46,287.18
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))....	26,126.05	26,126.05
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 Frederic L. Rohlfing	
Signature of Treasurer 	Date January 20, 1999

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: 11/1/98 TO: 12/31/98	
I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A).....	14,413.36	32,921.28	11(a)(1)
ii. Unitemized.....	9,885.00	9,915.00	11(a)(2)
iii. Total.....(add i and ii) >	24,298.36	42,836.28	11(a)(3)
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) >	24,298.36	42,836.28	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) >	24,298.36	42,836.28	19
20. Total Federal Receipts.....(subtract line 18 from line 19) >	24,298.36	42,836.28	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share.....	.00	.00	21(a)(1)
ii. Non-Federal Share.....	.00	.00	21(a)(2)
b. Other Federal Operating Expenditures.....	514.85	1,164.21	21(b)
c. Total Operating Expenditures.....(add a i, a ii, and b) >	514.85	1,164.21	21(c)
22. Transfers to Affiliated/Other Party Committees.....	.00	.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	.00	45,109.59	23
24. Independent Expenditures (use Schedule F).....	.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. Individual/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	13.38	29
30. Total Disbursements.....(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	514.85	46,287.18	30
31. Total Federal Disbursements.....(subtract line 21a ii from line 30) >	.00	45,122.97	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d).....	24,298.36	42,836.28	32
33. Total Contribution Refunds (from line 28d).....	.00	.00	33
34. Net Contributions (other than loans) (subtract line 33 from 32).....	24,298.36	42,836.28	34
35. Total Federal Operating Expenditures.....(add 21a i and 21b) >	514.85	1,164.21	35
36. Offsets to Operating Expenditures (from line 15).....	.00	.00	36
37. Net Operating Expenditures.....(subtract line 36 from 35) >	514.85	1,164.21	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 3
FOR LINE NUMBER
11a (j)

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 Steve Murphy 9201 E. Mississippi Ave, Apt T-205 Denver, CO 80231 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer American Medical Response Occupation Owner/Operator Aggregate Year-to-Date > 1,250.00	Date (month, day, year) 12/11/98	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and Zip Code Dale Berry 2215 Hogback Rd Ann Arbor, MI 48105 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Huron Valley Ambulance Occupation Owner/Operator Aggregate Year-to-Date > 1,025.00	Date (month, day, year) 12/11/98	Amount of Each Receipt this Period 191.70
C. Full Name, Mailing Address and Zip Code Patrick Kelly 2917 Kansas Joplin, MO 64804 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Newton County Ambulance Occupation Owner/Operator Aggregate Year-to-Date > 1,000.00	Date (month, day, year) 12/11/98	Amount of Each Receipt this Period 200.00
D. Full Name, Mailing Address and Zip Code Brian Walker 357R3 Mound Rd Sterling Heights, MI 48310 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Universal-Macomb Ambulance Occupation Admin/Consultant Aggregate Year-to-Date > 1,116.63	Date (month, day, year) 12/11/98	Amount of Each Receipt this Period 366.66
E. Full Name, Mailing Address and Zip Code Harvey L. Hall 1001 21st St Bakersfield, CA 93301 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Hall Ambulance Service Occupation Owner/Operator Aggregate Year-to-Date > 1,800.00	Date (month, day, year) 12/21/98	Amount of Each Receipt this Period 800.00
F. Full Name, Mailing Address and Zip Code Jamie Rafford-Gersham PO Box 130 Hermitage, AR 71647 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Rafford Ambulance Occupation Vice President Aggregate Year-to-Date > 1,000.00	Date (month, day, year) 12/15/98	Amount of Each Receipt this Period 1,000.00
G. Full Name, Mailing Address and Zip Code R. Gene Moffitt 1717 S Redwood Rd Salt Lake City, UT 84104 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Gold Cross Ambulance Occupation Owner/Operator Aggregate Year-to-Date > 1,200.00	Date (month, day, year) 11/25/98	Amount of Each Receipt this Period 1,200.00
SUBTOTAL of Receipts This Page (optional) ----->			4,008.36
TOTAL This Period (last page this line number only) ----->			4,008.36

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 3
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 Joe C Huffman 2110 Village Green Garland, TX 75044 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer Dallas Ambulance Occupation President Aggregate Year-to-Date > 300.00	Date (month, day, year) 11/25/98	Amount of Each Receipt this Period 300.00
B. Full Name, Mailing Address and Zip Code Ben Hinson PO Box 2710 Macon, GA 31203 Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Mid-Georgia Ambulance Occupation President/CEO Aggregate Year-to-Date > 1,200.00	Date (month, day, year) 11/25/98	Amount of Each Receipt this Period 1,200.00
C. Full Name, Mailing Address and Zip Code Trace Skeen 15E 2nd Ave Portland, OR 97214 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 > 1,500.00	Date (month, day, year) 12/11/98	Amount of Each Receipt this Period 1,500.00
D. Full Name, Mailing Address and Zip Code Lou Meyer 41300 Christy St Fremont, CA 94538 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer American Medical Response Occupation Owner/Operator Aggregate Year-to-Date > 1,000.00	Date (month, day, year) 12/11/98	Amount of Each Receipt this Period 1,000.00
E. Full Name, Mailing Address and Zip Code George DeHuff 1207 E Jesse Ct Highlands 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/Operator Aggregate Year-to-Date > 1,900.00	Date (month, day, year) 12/11/98	Amount of Each Receipt this Period 900.00
F. 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/Operator Aggregate Year-to-Date > 750.00	Date (month, day, year) 12/11/98	Amount of Each Receipt this Period 250.00
G. Full Name, Mailing Address and Zip Code Howard Enloe PO Box 1969 Canutilo, TX 79835 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Life Ambulance Occupation Owner/Operator Aggregate Year-to-Date > 1,000.00	Date (month, day, year) 12/11/98	Amount of Each Receipt this Period 1,000.00

SUBTOTAL of Receipts This Page (optional) -----> **6,150.00**

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 3 OF 3
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
Stanley Portman 26C Carnation Circle Reading, MA 01867	Action Ambulance Service	12/11/98	250.00
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 Thomas Scott 13038 Creek Park Dr Poway, CA 92064	Name of Employer Scott Consulting	Date (month, day, year) 12/11/98	Amount of Each Receipt this Period 125.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > 425.00	
C. Full Name, Mailing Address and Zip Code Francis Carson 10 Medical Service Dr Morrilton, AR 72110	Name of Employer Med-Leub EMS	Date (month, day, year) 12/11/98	Amount of Each Receipt this Period 500.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date > 500.00	
D. Full Name, Mailing Address and Zip Code Kevin Lyons 38 Elm St Danvers, MA 01923	Name of Employer Lyons Ambulance Service	Date (month, day, year) 12/11/98	Amount of Each Receipt this Period 1,200.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > 1,200.00	
E. Full Name, Mailing Address and Zip Code Robert McAdoo 1481 Carrigan Ln Ukiah, CA 95482	Name of Employer Ukiah Ambulance	Date (month, day, year) 12/11/98	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 > 250.00	
F. Full Name, Mailing Address and Zip Code Catherine A Nevins 333 Diamond Oaks Rd Roseville, CA 95678	Name of Employer Not given	Date (month, day, year) 11/25/98	Amount of Each Receipt this Period 430.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 430.00	
G. Full Name, Mailing Address and Zip Code Mark D Meijer 1275 Cedar St NE Grand Rapids, MI 49503	Name of Employer Life EMS Inc	Date (month, day, year) 11/25/98	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 President	Aggregate Year-to-Date > 1,500.00	
SUBTOTAL of Receipts This Page (optional)----->			4,255.00
TOTAL This Period (last page this line number only)----->			14,413.36

SCHEDULE B

ITEMIZED DISBURSEMENTS

Operating Expenditures

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 (AMBUPAC)

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Print Media Plus 1808 Tribute Rd Ste B Sacramento, CA 95815-4312	2000 AMBUPAC tickets for drawing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/18/98	142.50
B. Full Name, Mailing Address and Zip Code NationsBank One NationsBank Plaza St Louis, MO 63101	Purpose of Disbursement Bankcard Processing Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 11/5/98	Amount of Each Disbursement this Period 31.43
C. Full Name, Mailing Address and Zip Code NationsBank One NationsBank Plaza St Louis, MO 63101	Purpose of Disbursement Bankcard Processing Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 12/5/98	Amount of Each Disbursement this Period 341.32
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) -----> 514.85

TOTAL This Period (last page this line number only) -----> 514.85

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	1/28/99	Date of Receipt
<input type="checkbox"/> First Class Mail		POSTMARKED
<input type="checkbox"/> Registered/Certified Mail		POSTMARKED
<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		
AM		1/28/99
PREPARER		DATE PREPARED