

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

JUL 30 2 33 PM '93

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) American Ambulance Association Federal Political Action Committee	2. FEC IDENTIFICATION NUMBER 00168070
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1301 Connecticut Avenue, N.W.	3. <input type="checkbox"/> This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date).
CITY, STATE and ZIP CODE Washington, D.C. 20036	

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>1/1/93</u> through <u>6/30/93</u>		
6. (a) Cash on Hand January 1, 19 <u>93</u>		\$ 14,920.85
(b) Cash on Hand at Beginning of Reporting Period	\$ 14,920.85	
(c) Total Receipts (from Line 1B)	\$ 17,095.32	\$ 17,095.32
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 32,016.17	\$ 32,016.17
7. Total Disbursements (from Line 3D)	\$ 17,533.92	\$ 17,533.92
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 14,482.25	\$ 14,482.25
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-3530 Local 202-219-3420
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 7/26/93

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

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

(revised 1/1/91)

NAME OF COMMITTEE American Ambulance Association
Federal Political Action Committee

REPORT COVERING PERIOD
FROM 1/1/93 TO: 6/30/93

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)	16,133.32	16,133.32
ii. Unitemized	962.00	962.00
iii. Total (add i and ii) ▶	17,095.32	17,095.32
b. Political Party Committees	---	---
c. Other Political Committees (such as PACs)	---	---
d. Total Contributions (add a i, b and c) ▶	17,095.32	17,095.32
12. Transfers From Affiliated/Other Party Committees	---	---
13. All Loans Received	---	---
14. Loan Repayments Received	---	---
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	---	---
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	---	---
17. Other Federal Receipts (Dividends, Interest, etc.)	---	---
18. Transfers from Non-Federal Account for Joint Activity	---	---
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ▶	17,095.32	17,095.32
20. Total Federal Receipts (subtract line 18 from line 19) ▶	17,095.32	17,095.32

II. Disbursements

21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4):		
i. Federal Share	---	---
ii. Non-Federal Share	---	---
b. Other Federal Operating Expenditures	---	---
c. Total Operating Expenditures (add a i, a ii, and b) ▶	---	---
22. Transfers to Affiliated/Other Party Committees	---	---
23. Contributions to Federal Candidates/Committees and Other Political Committees	17,500.00	17,500.00
24. Independent Expenditures (use Schedule E)	---	---
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	---	---
26. Loan Repayments Made	---	---
27. Loans Made	---	---
28. Refunds of Contributions To:		
a. Individual Persons Other Than Political Committees	---	---
b. Political Party Committees	---	---
c. Other Political Committees (such as PACs)	---	---
d. Total Contribution Refunds (add a, b and c) ▶	---	---
29. Other Disbursements	33.92	33.92
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ▶	17,500.00	17,500.00
31. Total Federal Disbursements (subtract line 21 a, i from line 30) ▶	17,533.92	17,533.92

III. Net Contributions/Operating Expenditures

32. Total Contributions (other than loans)(from line 11d)	17,095.32	17,095.32
33. Total Contribution Refunds (from line 28c)	---	---
34. Net Contributions (other than loans)(subtract line 33 from line 32)	17,095.32	17,095.32
35. Total Federal Operating Expenditures (add 21 a i and 21 g) ▶	---	---
36. Offsets to Operating Expenditures (from line 15)	---	---
37. Net Operating Expenditures (subtract line 36 from line 35) ▶	---	---

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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 name and address of any political committee to solicit contributions from such committees.

NAME OF COMMITTEE (in Full)
American Ambulance Association Federal Political Action Committee

<p>A. Full Name, Mailing Address and ZIP Code Thomas Little 5724 S.W. Arrowhead Topeka, KS 66614</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Medevac Medical Services</p> <p>Date (month, day, year) 1/4/93</p> <p>Occupation Owner/Operator</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Amount of Each Receipt this Period \$ 1,000.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Conrad Anderson 1596 St. Andrews Dr. Redding, CA 96003</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer North Valley Ambulance</p> <p>Date (month, day, year) 2/2/93</p> <p>Occupation Owner/Operator</p> <p>Aggregate Year-to-Date > \$ 1,500.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>C. Full Name, Mailing Address and ZIP Code James Decker 234 E. Badillo Covina, CA 91723</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Crippen Ambulance</p> <p>Date (month, day, year) 2/2/93</p> <p>Occupation Owner/Operator</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Richard Doherty 201 Elm Hopkinton, MA 01748</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Chaulk Services</p> <p>Date (month, day, year) 2/2/93</p> <p>Occupation Owner/Operator</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Roland Dugan 400 Oakleaf Lafayette, LA 70503</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Acadian Ambulance</p> <p>Date (month, day, year) 2/2/93</p> <p>Occupation Owner/Operator</p> <p>Aggregate Year-to-Date > \$ 750.00</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Harvey Hall 1001 21st St. Bakersfield, CA 93301</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Hall Ambulance</p> <p>Date (month, day, year) 2/2/93</p> <p>Occupation Owner/Operator</p> <p>Aggregate Year-to-Date > \$ 333.32</p>	<p>Amount of Each Receipt this Period 83.33</p>
<p>G. Full Name, Mailing Address and ZIP Code George Heisel 177 University Rochester, NY 14605</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer National Ambulance</p> <p>Date (month, day, year) 2/2/93</p> <p>Occupation Owner/Operator</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$ 5,333.33</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>

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SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full)

American Ambulance Association Federal Political Action Committee

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Hill 395 W. Lake Elmhurst, IL 60126	Superior Air Ground	2/2/93	\$ 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
Joseph Paoletta 58 Middletown New Haven, CT 06513	New Haven Ambulance	2/2/93	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
Fred Zeeb, Jr. 1000 N. 31st Bismark, ND 58501	Metro Area Ambulance	2/2/93	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	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Todd Porter 704 6th Ave., N.E. Mandan, ND 58554	Metro Area Ambulance	2/2/93	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	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Zushlag 500 Rue Chavaniac Lafayette, LA 70508	Acadian Ambulance	2/2/93	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
Harvey Hall 1001 21st Bakersfield, CA 93301	Hall Ambulance	4/19/93	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	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Frank Kelton 851 Robin Arroyo Grande, CA 93420	San Luis Ambulance	4/19/93	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	

SUBTOTAL of Receipts This Page (optional)	\$ 4,333.33
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

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NAME OF COMMITTEE (in Full)
American Ambulance Association Federal Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
Gary Miller 242 N. Griffith Griffith, IN 46319	Fagen-Miller, Inc.	4/19/93	\$ 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		
B. Full Name, Mailing Address and ZIP Code Marcella Wehrmann 15744 Lindshog Whittier, CA 90603	AME, Inc.	4/19/93	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		
C. Full Name, Mailing Address and ZIP Code Conrad Anderson 1596 St. Andrews Redding, CA 96003	North Valley Ambulance	6/15/93	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		
D. Full Name, Mailing Address and ZIP Code Scott Brady 517 S. Division Grand Rapids, MI 49503	Mercy Ambulance	6/15/93	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		
E. Full Name, Mailing Address and ZIP Code Roland Dugas 400 Oakleaf Lafayette, LA 70503	Acadian Ambulance	6/15/93	500.00
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 Harvey Hall 1001 21st Bakersfield, CA 93301	Hall Ambulance	6/15/93	166.66
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Owner/Operator Aggregate Year-to-Date > \$ 333.32		
G. Full Name, Mailing Address and ZIP Code Ben Hinson P.O. Box 2710 Macon, GA 31203	Mid Georgia Ambulance	6/15/93	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		

SUBTOTAL of Receipts This Page (optional)	\$ 3,166.66
TOTAL This Period (last page this line number only)	

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SCHEDULE A

ITEMIZED RECEIPTS

See Form 1041 for instructions for each category of the Detailed Schedule Page

Form 1041
 Super LINE EDITION
 11a(1)

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NAME OF COMMITTEE (in Full)

American Ambulance Association Federal Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Austin Leibowitz 24 Split Rock Kings Point, NY 11024	Harbor Ambulance	6/15/93	\$ 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		
Phillip Paolella 253 Norton Road Woodbridge, NJ 08525	New Haven Ambulance	6/15/93	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		
John Rector P.O. Box 1862 Gulfport, MS 39502	Mobile Mobile Ambulance	6/15/93	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		
Anthony Urwin 4995 E. Grant Englewood, CO 80110	Ambulance Service	6/15/93	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		
Marcella Weckmann 15744 Lindsay Whittier, CA 90603	ME, Inc.	6/15/93	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Owner/Operator Aggregate Year-to-Date > \$ 400.00		
Richard Zushlag 500 Rue Chevanelac Lafayette, LA 70508	Acadian Ambulance	6/15/93	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Owner/Operator Aggregate Year-to-Date > \$ 750.00		
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 > \$	

93038521473

SUBTOTAL of Receipts This Page (optional) \$ 3,300.00

TOTAL This Period (fill in page the line number only) \$ 16,133.32

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)

American Ambulance Association Federal Political Action Committee

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A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Democratic Congressional Campaign Committee 430 S. Capitol Washington, DC 20003	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/15/93	\$ 3,500.00
B. Full Name, Mailing Address and ZIP Code Democratic Special Election Fund P.O. Box 2884 Washington, DC 20013	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/2/93	5,000.00
C. Full Name, Mailing Address and ZIP Code The Burns Committee P.O. Box 3311 Billings, MT 59103	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/2/93	1,000.00
D. Full Name, Mailing Address and ZIP Code The Moynihan Committee 21 E. 40th New York, NY 10016	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/2/93	1,000.00
E. Full Name, Mailing Address and ZIP Code Pete Stark Reelection Committee P.O. Box 44665 Washington, DC 20003	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/2/93	1,000.00
F. Full Name, Mailing Address and ZIP Code The Maine Democratic Party P.O. Box 525B Augusta, Maine 04552-525B	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/13/93	1,000.00
G. Full Name, Mailing Address and ZIP Code Hall for Congress P.O. Box 711 Rockwall, TX 75087	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/2/93	500.00
H. Full Name, Mailing Address and ZIP Code Wheat for Congress 108 N. Alfred Alexandria, VA 22314	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/2/93	500.00
I. Full Name, Mailing Address and ZIP Code Lewis for Congress 801 Pennsylvania Ave, N.W. Washington, DC 20004	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/2/93	500.00

SUBTOTAL of Disbursements This Page (optional) \$ 14,000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
American Ambulance Association Federal Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Wyden for Congress P.O. Box 12473 Portland, OR 97212	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/2/93	\$ 500.00
B. Full Name, Mailing Address and ZIP Code The Lautenberg Committee One Gateway Newark, NJ 07112	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/2/93	1,000.00
C. Full Name, Mailing Address and ZIP Code Gephardt in Congress Committee 507 Capitol, N.E. Washington, DC 20002	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/8/93	1,000.00
D. Full Name, Mailing Address and ZIP Code Bill Thomas Campaign Committee P.O. Box 23175 Washington, DC 20026	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/8/93	500.00
E. Full Name, Mailing Address and ZIP Code Friends of Clay Shaw P.O. Box 2188 Fort Lauderdale, FL 33303	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/8/93	500.00
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)	\$ 3,500.00
TOTAL This Period (last page this line number only)	\$ 17,500.00

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SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

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NAME OF COMMITTEE (in Full)

American Ambulance Association Federal Political Action Committee

7303852476

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Printing charges for AMBUPAC mock-ups 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
Gumpy Copy Center 2711 Jefferson Davis Hwy Arlington, VA 22202		5/10/93	\$ 33.92
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)	\$ 33.92
TOTAL This Period (last page this line number only)	\$ 33.92

**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.

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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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