

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

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JAN 29 4 03 PM '98

1. NAME OF COMMITTEE (in full) American Ambulance Association Federal Political Action Committee	2. FEC IDENTIFICATION NUMBER C00168070
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1615 L Street, 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 IM)

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 <u>July 1, 1997</u> through <u>December 31, 1997</u>		
6. (a) Cash on Hand January 1, 19 <u>97</u>		10,833.76
(b) Cash on Hand at Beginning of Reporting Period.....	5,351.32	
(c) Total Receipts (from Line 19).....	35,694.96	49,754.96
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(b) and 6(c) for Column B).....	41,046.28	60,588.72
7. Total Disbursements (from Line 30).....	11,469.33	31,011.77
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))....	29,576.95	29,576.95
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	Royce L. Rollins
Signature of Treasurer	Date January 15, 1997

Note: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

**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: 7/31/97 TO: 12/31/97	
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).....		28,299.96	41,999.96
ii. Unitemized.....		7,395.00	7,755.00
iii. Total.....(add i and ii) >		35,694.96	49,754.96
b. Political Party Committees.....		.00	.00
c. Other Political Committees (such as PACs).....		.00	.00
d. Total Contributions.....(add a iii, b and c) >		35,694.96	49,754.96
12. Transfers from Affiliated/Other Party Committees.....		.00	.00
13. All Loans Received.....		.00	.00
14. Loan Repayments Received.....		.00	.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.).....		.00	.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....		.00	.00
17. Other Federal Receipts (Dividends, Interest, etc.).....		.00	.00
18. Transfers from Non-Federal Account for Joint Activity.....		.00	.00
19. Total Receipts.....(add 11d, 12, 13, 14, 15, 16, 17, and 18) >		35,694.96	49,754.96
20. Total Federal Receipts.....(subtract line 18 from line 19) >		35,694.96	49,754.96
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share.....		.00	.00
ii. Non-Federal Share.....		.00	.00
b. Other Federal Operating Expenditures.....		2,469.33	4,511.77
c. Total Operating Expenditures.....(add a i, a ii, and b) >		2,469.33	4,511.77
22. Transfers to Affiliated/Other Party Committees.....		.00	.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		9,000.00	26,500.00
24. Independent Expenditures (use Schedule E).....		.00	.00
25. Coordinated Expenditures Made by Party Committee (2 USC 441n(d))(use Schedule F)		.00	.00
26. Loan Repayments Made.....		.00	.00
27. Loans Made.....		.00	.00
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees.....		.00	.00
b. Political Party Committees.....		.00	.00
c. Other Political Committees (such as PACs).....		.00	.00
d. Total Contribution Refunds.....(add a, b and c) >		.00	.00
29. Other Disbursements.....		.00	.00
30. Total Disbursements.....(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		11,469.33	31,011.77
31. Total Federal Disbursements.....(subtract line 21a ii from line 30) >		11,469.33	31,011.77
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d).....		35,694.96	49,754.96
33. Total Contribution Refunds (from line 28d).....		.00	.00
34. Net Contributions (other than loans) (subtract line 33 from 32).....		35,694.96	49,754.96
35. Total Federal Operating Expenditures.....(add 21a i and 21b) >		2,469.33	4,511.77
36. Offsets to Operating Expenditures (from line 15).....		.00	.00
37. Net Operating Expenditures.....(subtract line 36 from 35) >		2,469.33	4,511.77

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 26
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 AMBLANCE ASSOCIATION FEDERAL POLITICAL ACTION COMMITTEE (AMBUPAC)

A. Full Name, Mailing Address and Zip Code Dan Dulton PO Box 1051 Bartlesville, OK 74005	Name of Employer Bartlesville Ambulance Occupation Owner/Operator	Date (month, day, year) 7/11/97	Amount of Each Receipt this Period 25.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 25.00		
B. Full Name, Mailing Address and Zip Code Joe C Huffman 2100 Village Green Garland, TX 75044	Name of Employer Dallas Ambulance Service Occupation President	Date (month, day, year) 7/11/97	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 > 1,000.00		
C. Full Name, Mailing Address and Zip Code Patrick Kelly PO Box 1838 Joplin, MO 64803	Name of Employer Newton County Ambulance District Occupation	Date (month, day, year) 7/18/97	Amount of Each Receipt this Period 80.00
Receipt for: <input checked="" 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 Dale Barry 2215 Hogback Rd Ann Arbor, MI 48105	Name of Employer Huron Valley Ambulance Occupation	Date (month, day, year) 7/18/97	Amount of Each Receipt this Period 83.33
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 599.98		
E. Full Name, Mailing Address and Zip Code David Miller Box 348 Harlan, LA 71537	Name of Employer Harlan Ambulance Service Occupation President	Date (month, day, year) 7/18/97	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		
F. Full Name, Mailing Address and Zip Code Trace Skeen 2309 NW Birdendone St Portland, OR 97229	Name of Employer AMR NorthWest Occupation	Date (month, day, year) 7/18/97	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 > 1,000.00		
G. Full Name, Mailing Address and Zip Code Martin Yenawine 116 Woodberry Ln Fayetteville, NY 13066	Name of Employer Rural/Metro Corp Occupation Executive	Date (month, day, year) 7/18/97	Amount of Each Receipt this Period 83.33
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 499.98		

SUBTOTAL of Receipts This Page (optional) _____

1,021.66

SCHEDULE A

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A. Full Name, Mailing Address and Zip Code David Baumgardner 2121 24th St W Billings, MT 59102 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer American Medical Response Occupation Dir of Operations Aggregate Year-to-Date > 200.00	Date (month, day, year) 7/31/97	Amount of Each Receipt this Period 200.00
B. Full Name, Mailing Address and Zip Code Charles A Hoag Sr PO Box 347 Johnson, VT 05656 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Lamaille Ambulance Occupation Owner/Operator Aggregate Year-to-Date > 500.00	Date (month, day, year) 7/31/97	Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and Zip Code Bud A Kopp 17411 76th Ave W Edmonds, WA 98026 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Shannon Ambulance Occupation President Aggregate Year-to-Date > 100.00	Date (month, day, year) 7/31/97	Amount of Each Receipt this Period 100.00
D. Full Name, Mailing Address and Zip Code James Prosten 6328 NE Laurelee St Hillsboro, OR 97124 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Metro West Ambulance Occupation	Date (month, day, year) 7/31/97	Amount of Each Receipt this Period 100.00
E. Full Name, Mailing Address and Zip Code Vincent Hannigan 61 Park Rd Stony Point, NY 10980 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Approved Ambulance Service Occupation Aggregate Year-to-Date > 1,000.00	Date (month, day, year) 7/31/97	Amount of Each Receipt this Period 1,000.00
F. Full Name, Mailing Address and Zip Code Lex Dale Owens Box 4051 Austin, TX 78765 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer AAA Air Ambulance Service Occupation Aggregate Year-to-Date > 100.00	Date (month, day, year) 7/31/97	Amount of Each Receipt this Period 100.00
G. Full Name, Mailing Address and Zip Code Leonard Poletti 335 San Benito St Hollister, CA 95023 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Stephens & Poletti Ambulance Occupation Owner/Operator Aggregate Year-to-Date > 200.00	Date (month, day, year) 7/31/97	Amount of Each Receipt this Period 200.00
SUBTOTAL of Receipts This Page (optional)			2,200.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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OF 26

FOR LINE NUMBER

11a (i)

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

<p>A. Full Name, Mailing Address and Zip Code Alunzo Rapisarda 3824 Fillmore Ave Brooklyn, Y 11234</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Midwood Ambulance</p> <p>Occupation</p> <p>Aggregate Year-to-Date > 1000.00</p>	<p>Date (month, day, year) 7/31/97</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>B. Full Name, Mailing Address and Zip Code Robert Bowers 430 E Pacific Coast Hwy Long Beach, CA 97470</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Flowers Companies</p> <p>Occupation Owner/Operator</p> <p>Aggregate Year-to-Date > 500.00</p>	<p>Date (month, day, year) 8/19/97</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>C. Full Name, Mailing Address and Zip Code Donald Crosby PO Box 189 Kirksville, MO 63501</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Adair County Ambulance</p> <p>Occupation</p> <p>Aggregate Year-to-Date > 100.00</p>	<p>Date (month, day, year) 8/19/97</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>D. Full Name, Mailing Address and Zip Code Richard Wilt 1290 NE Cedar Roseburg, OR 97470</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Wilt's Emergency Services and Transport</p> <p>Occupation Owner</p> <p>Aggregate Year-to-Date > 600.00</p>	<p>Date (month, day, year) 8/19/97</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>E. Full Name, Mailing Address and Zip Code Dale Berry 2215 Hogback Rd Ann Arbor, MI 48105</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Thuron Valley Ambulance</p> <p>Occupation</p> <p>Aggregate Year-to-Date ></p>	<p>Date (month, day, year) 8/19/97</p>	<p>Amount of Each Receipt this Period 83.33</p>
<p>F. Full Name, Mailing Address and Zip Code James Fuiren 6328 NE Laurelee St Hillsboro, OR 97124</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Metro West Ambulance</p> <p>Occupation</p> <p>Aggregate Year-to-Date ></p>	<p>Date (month, day, year) 8/19/97</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>G. Full Name, Mailing Address and Zip Code Patrick Kelly PO Box 3838 Joplin, MO 64803</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Newton County Ambulance</p> <p>Occupation Owner/Operator</p> <p>Aggregate Year-to-Date ></p>	<p>Date (month, day, year) 8/19/97</p>	<p>Amount of Each Receipt this Period 40.00</p>

SUBTOTAL of Receipts This Page (optional) -----> 2,323.33

SCHEDULE A

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11a(i)

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

<p>A. Full Name, Mailing Address and Zip Code R Gene Moffitt 1399 Chancellor Circle Salt Lake City, UT 84108</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Gold Cross Services</p> <p>Occupation Owner/Operator</p> <p>Aggregate Year-to-Date > 2000.00</p>	<p>Date (month, day, year) 8/19/97</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>B. Full Name, Mailing Address and Zip Code Martin Yenawine 116 Woodberry Lane Fayetteville, NY 13066</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Rural/Metro Corp</p> <p>Occupation</p> <p>Aggregate Year-to-Date ></p>	<p>Date (month, day, year) 8/19/97</p>	<p>Amount of Each Receipt this Period \$9.33</p>
<p>C. Full Name, Mailing Address and Zip Code Larry S Anderson 12 Lakeside Dr Battle Creek, MI 49015</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Life Care Ambulance Service</p> <p>Occupation Administrator/Consultant</p> <p>Aggregate Year-to-Date > 150.00</p>	<p>Date (month, day, year) 8/20/97</p>	<p>Amount of Each Receipt this Period 150.00</p>
<p>D. Full Name, Mailing Address and Zip Code Eileen Clemente 666 Yo-Poland Rd Strothers, OH</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Clemente-McKay Ambulance</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > 350.00</p>	<p>Date (month, day, year) 8/20/97</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>E. Full Name, Mailing Address and Zip Code Edward B Jobison 501 West Surf Rd Ocean City, NJ 08226</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > 100.00</p>	<p>Date (month, day, year) 8/20/97</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>F. Full Name, Mailing Address and Zip Code Pam McHeath 156 Kingston Rd Benton, LA 71006</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Balestine Ambulance Serv.</p> <p>Occupation CAO/Owner</p> <p>Aggregate Year-to-Date > 500.00</p>	<p>Date (month, day, year) 8/20/97</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>G. Full Name, Mailing Address and Zip Code Edward Patriarca 8807 Ranch Dr Chesterland, OH 44026</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Hillcrest Ambulance Serv</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > 75.00</p>	<p>Date (month, day, year) 8/20/97</p>	<p>Amount of Each Receipt this Period 75.00</p>

SUBTOTAL of Receipts This Page (optional) 1,658.33

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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
Monte Pistorosi 1816 Howard R #3 Madera, CA 93637	Pistorosi Ambulance	8/20/97	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 Fred Sundquist Jr 5913 Christopher Eureka, CA 95503	Name of Employer City Ambulance of Eureka	Date (month, day, year) 8/20/97	Amount of Each Receipt this Period 250.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > 500.00	
C. Full Name, Mailing Address and Zip Code Joyce M Starrare 2300 Norman Court Eureka, CA 95503	Name of Employer City Ambulance of Eureka	Date (month, day, year) 8/20/97	Amount of Each Receipt this Period 250.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Secretary	Aggregate Year-to-Date > 500.00	
D. Full Name, Mailing Address and Zip Code Scott Ballard 1028 N Wenatchee Ave Wenatchee, WA 98801	Name of Employer Ballard Services, Inc	Date (month, day, year) 9/15/97	Amount of Each Receipt this Period 50.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 50.00	
E. 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) 9/15/97	Amount of Each Receipt this Period 83.33
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 H Robert Coulter 2906 Country Lane Ellicott City, MD 21042	Name of Employer RJM Medical Service	Date (month, day, year) 9/15/97	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	Aggregate Year-to-Date >1,100.00	
G. Full Name, Mailing Address and Zip Code Jerry Donahue 303 S Main Ave Scranton, PA 18504	Name of Employer Rura/Metro Corp	Date (month, day, year) 9/15/97	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 >1,100.00	

SUBTOTAL of Receipts This Page (optional) -----> 3,133.33

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A. Full Name, Mailing Address and Zip Code James Fuiteh 6328 NE Laurelee St Hillsboro, OR 97124 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Metro West Ambulance Occupation Aggregate Year-to-Date >	Date (month, day, year) 9/15/97	Amount of Each Receipt this Period 100.00
B. Full Name, Mailing Address and Zip Code Patrick Kelly PO Box 3838 Joplin, MO 64803 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Newton County Ambulance Occupation Aggregate Year-to-Date >	Date (month, day, year) 9/15/97	Amount of Each Receipt this Period 40.00
C. Full Name, Mailing Address and Zip Code Kevin Lyons 38 Elm St Danvers, MA 01923 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer C R Lyons & Sons Occupation Aggregate Year-to-Date > 1,500.00	Date (month, day, year) 9/15/97	Amount of Each Receipt this Period 1,500.00
D. Full Name, Mailing Address and Zip Code Trave Skeen 2309 NWBirkenelene Portland, OR 97229 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer AMR Northwest Occupation Aggregate Year-to-Date >	Date (month, day, year) 9/15/97	Amount of Each Receipt this Period 750.00
E. Full Name, Mailing Address and Zip Code Martin Yonawite 116Woodberry Ln Fayetteville, NY 13066 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Rural/Metro Corp Occupation Aggregate Year-to-Date >	Date (month, day, year) 9/15/97	Amount of Each Receipt this Period 83.33
F. Full Name, Mailing Address and Zip Code Robert D Cataldo 29 Hammersmith Dr Saugus, MA 01906 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Cataldo Ambulance Occupation Owner Aggregate Year-to-Date >	Date (month, day, year) 9/16/97	Amount of Each Receipt this Period 1,000.00
G. Full Name, Mailing Address and Zip Code Edward & MaryLou Cotton 11009 State Route 644 Kensington, OH 44427 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Maple-Cotton Ambulance Occupation Owner/Operator Aggregate Year-to-Date > 50.00	Date (month, day, year) 9/16/97	Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) -----> 3,523.33

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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 H L Enloe PO Box 1969 Cuartillo, TX 79835	Name of Employer Occupation	Date (month, day, year) 9/16/97	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 > 1,100.00		
B. Full Name, Mailing Address and Zip Code Joe C Huffman 2110 Village Green Garland, TX 75044	Name of Employer Dallas Ambulance Service Occupation	Date (month, day, year) 9/16/97	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 >		
C. Full Name, Mailing Address and Zip Code James Johnson PO Box 801 Enid, OK 73702	Name of Employer Life EMS Occupation Owner	Date (month, day, year) 9/16/97	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 Debora Gault-Overton 4011 Kensington Ave Richmond, VA 23221	Name of Employer American Medical Response Occupation	Date (month, day, year) 9/16/97	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		
E. Full Name, Mailing Address and Zip Code Dale Berry 2215 Hugback Rd Ann Arbor, MI 48105	Name of Employer Huron Valley Ambulance Occupation	Date (month, day, year) 10/20/97	Amount of Each Receipt this Period 83.33
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date >		
F. Full Name, Mailing Address and Zip Code James Fuitza 6328 NE Laurelee St Hillsboro, OR 97124	Name of Employer Metro West Ambulance Occupation	Date (month, day, year) 10/20/97	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 >		
G. Full Name, Mailing Address and Zip Code Patrick Kelly PO Box 3838 Joplin, MO 64803	Name of Employer Newton County Ambulance Occupation	Date (month, day, year) 10/20/97	Amount of Each Receipt this Period 40.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date >		

SUBTOTAL of Receipts This Page (optional) -----> 2,073.33

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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 Martin Yeawine 116 Woodberry Ln Fayetteville, NY 13066	Name of Employer Rural/Metro Corp Occupation	Date (month, day, year) 10/20/97	Amount of Each Receipt this Period 83.33
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date >		
B. Full Name, Mailing Address and Zip Code Robert Cataldo 29 Hammersmith Dr Saugus, MA 01906	Name of Employer Cataldo Ambulance Occupation	Date (month, day, year) 11/26/97	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 > 1,100.00		
C. Full Name, Mailing Address and Zip Code Vincent J Cisael 5860 S Greenwood Littleton, CO 80120	Name of Employer Occupation	Date (month, day, year) 11/26/97	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		
D. Full Name, Mailing Address and Zip Code Eileen Clemente 666 Youngstown Poland Rd Struthers, OH 44471	Name of Employer Clemente-McKay Ambulance Occupation	Date (month, day, year) 11/26/97	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 > 350.00		
E. Full Name, Mailing Address and Zip Code Arthur Enos 24 Washington Ave Burlington, MA 01803	Name of Employer Occupation	Date (month, day, year) 11/26/97	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		
F. Full Name, Mailing Address and Zip Code Dave Hill III 395 West Lake Elmhurst, IL 60126	Name of Employer Superior Air-Ground Ambul Occupation	Date (month, day, year) 11/26/97	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 > 1,200.00		
G. Full Name, Mailing Address and Zip Code Ben Hinson 675 Sioux Dr Macon, GA 31210	Name of Employer Mid Georgia Ambulance Occupation Driver	Date (month, day, year) 11/26/97	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 > 1,500.00		

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

1,433.33

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ITEMIZED RECEIPTS

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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 Hoffman 2110 Village Green Garland, TX 75041 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Dallas Ambulance Serv Occupation	Date (month, day, year) 11/26/97 Aggregate Year-to-Date >	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and Zip Code Jamie Pafford-Gresham PO Box 130 Hermitage, AR 71647 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer Pafford Ambulance Occupation	Date (month, day, year) 11/26/97 Aggregate Year-to-Date > 1,000.00	Amount of Each Receipt this Period 1,000.00
C. Full Name, Mailing Address and Zip Code James Johnson PO Box 801 Enid, OK 73702 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer LifeCare Occupation	Date (month, day, year) 11/26/97 Aggregate Year-to-Date > 1,000.00	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and Zip Code Bruce Latta PO Box 575 Coos Bay, OR 97420 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer Bay Cities Ambulance Occupation President	Date (month, day, year) 11/26/97 Aggregate Year-to-Date > 100.00	Amount of Each Receipt this Period 100.00
E. Full Name, Mailing Address and Zip Code Kenneth McColly 517 Grand Ave Ardmore, OK 73401 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer Occupation	Date (month, day, year) 11/26/97 Aggregate Year-to-Date > 25.00	Amount of Each Receipt this Period 25.00
F. Full Name, Mailing Address and Zip Code R Gene Moffitt 1399 Chancellor Circle Salt Lake City, UT 84108-2800 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer Gold Coast Services Occupation President/CEO	Date (month, day, year) 11/26/97 Aggregate Year-to-Date >	Amount of Each Receipt this Period 1,000.00
G. Full Name, Mailing Address and Zip Code Michael O'Neil PO Box 902 Salem, MA 01970 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer Northshore Ambulance Occupation President	Date (month, day, year) 11/26/97 Aggregate Year-to-Date > 100.00	Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)

2,975.00

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

A. Full Name, Mailing Address and Zip Code Debby Overton 4011 Kensington Ave Richmond, VA 23221 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer American Medical Response Occupation	Date (month, day, year) 11/26/97 Aggregate Year-to-Date >	Amount of Each Receipt this Period 200.00
B. Full Name, Mailing Address and Zip Code James Overton 1305 Sherwood Ave Richmond, VA 23220 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Richmond Ambu. Authority Occupation	Date (month, day, year) 11/26/97 Aggregate Year-to-Date > 100.00	Amount of Each Receipt this Period 100.00
C. Full Name, Mailing Address and Zip Code Sue Tolliver 1718 N Sterling Peoria, IL 61604 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Advanced Medical Transport Occupation	Date (month, day, year) 11/26/97 Aggregate Year-to-Date > 100.00	Amount of Each Receipt this Period 100.00
D. Full Name, Mailing Address and Zip Code Jim Weaver 11402th Ave Seattle, WA 98122 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer American Medical Response Occupation CLO	Date (month, day, year) 11/26/97 Aggregate Year-to-Date > 100.00	Amount of Each Receipt this Period 100.00
E. Full Name, Mailing Address and Zip Code James A Wood Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	Date (month, day, year) 11/26/97 Aggregate Year-to-Date > 100.00	Amount of Each Receipt this Period 100.00
F. Full Name, Mailing Address and Zip Code Matt Zavadsky 296 Cimarron Place Martinez, GA 30909 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer RLRAI/Metro Ambulance Occupation Regional Manager	Date (month, day, year) 11/26/97 Aggregate Year-to-Date > 100.00	Amount of Each Receipt this Period 100.00
G. Full Name, Mailing Address and Zip Code Fred Zeeb Box 595 Mandan, ND 58554 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Metro Area Ambulance Serv Occupation Owner	Date (month, day, year) 11/26/97 Aggregate Year-to-Date > 500.00	Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) -----> 1,200.00

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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 Bob Berschauer 1140 12th Ave Seattle, WA 98122 Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period 100.00
	Occupation	Aggregate Year-to-Date > 100.00	
B. Full Name, Mailing Address and Zip Code Jan Boatright 2649 Centaur St Harvey, LA 70658 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period 100.00
	Occupation	Aggregate Year-to-Date > 100.00	
C. Full Name, Mailing Address and Zip Code Konrad Bolowich 1140 12th Ave Seattle, WA 98122 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period 25.00
	Occupation	Aggregate Year-to-Date > 25.00	
D. Full Name, Mailing Address and Zip Code Mike Brown Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period 25.00
	Occupation	Aggregate Year-to-Date > 25.00	
E. Full Name, Mailing Address and Zip Code Russ Bullock 22435 SE 240th St #D305 Maple Valley, WA 98038 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period 25.00
	Occupation	Aggregate Year-to-Date > 25.00	
F. Full Name, Mailing Address and Zip Code William Cumpion Jr 15 W Dover St Waterbury, CT 06706 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period 100.00
	Occupation	Aggregate Year-to-Date > 100.00	
G. Full Name, Mailing Address and Zip Code H. Robert Coulter 2906 Country Lane Elliott City, MD 21042 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period 100.00
	Occupation	Aggregate Year-to-Date >	

SUBTOTAL of Receipts This Page (optional) 475.00

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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 William Crowell 8401 E Indian School Rd Scottsdale, AZ 85251	Name of Employer Occupation	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period 100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 100.00		
B. Full Name, Mailing Address and Zip Code Gilberto Cruz 2175 Windish Dr Galesburg, IL 61401	Name of Employer Occupation	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period 25.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 25.00		
C. Full Name, Mailing Address and Zip Code Ken Cummings 309 Grand River Ave Port Huron, MI 41060	Name of Employer Occupation	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period 100.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 100.00		
D. Full Name, Mailing Address and Zip Code Darlene Denison 1001 21st St Bakerfield, CA 93301	Name of Employer Occupation	Date (month, day, year) 11/26/97	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 > 100.00		
E. Full Name, Mailing Address and Zip Code H. L. Enloe PO Box 1969 Canutilo, TX 79835	Name of Employer Occupation	Date (month, day, year) 11/26/97	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 >		
F. Full Name, Mailing Address and Zip Code Bob Garner 7255 NW 19th St Miami, FL 33126	Name of Employer Occupation	Date (month, day, year) 11/26/97	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 > 100.00		
G. Full Name, Mailing Address and Zip Code Michael Grant 22093 Kimble Ave Port Charlotte, FL 33952	Name of Employer Occupation	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period 25.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 25.00		
SUBTOTAL of Receipts This Page (optional)			550.00

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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
Lols Griggs 1890 W Main St Newark, OH 43055		11/26/97	25.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 25.00	
B. Full Name, Mailing Address and Zip Code Darrel Griinstead 555 13th St NW Washington, DC 20004		11/26/97	45.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 45.00	
C. Full Name, Mailing Address and Zip Code Cheryl Hampton-Smith 915 Hinman St Prescott, AZ 86301		11/26/97	40.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 40.00	
D. Full Name, Mailing Address and Zip Code Howard Handler 7800 College Blvd #203 Overland Park, KS 66282-2070		11/26/97	100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 100.00	
E. Full Name, Mailing Address and Zip Code Rachel Harrahsingh 10629 Sombra Verde El Paso, TX 79935		11/26/97	100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 100.00	
F. Full Name, Mailing Address and Zip Code Nancy Heim 208 SW Stark #205 Portland, OR 97204		11/26/97	50.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 50.00	
G. Full Name, Mailing Address and Zip Code Dr George Hevesy 530 NB Glen Oak Ave Peoria, IL 61637		11/26/97	25.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 25.00	
SUBTOTAL of Receipts This Page (optional)			385.00

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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
Tony Hickerson 645 S School Ave Fayetteville, AR 72701		11/26/97	25.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > 25.00
B. Full Name, Mailing Address and Zip Code Carlos Hill 304 S Minker New Athens, IL 62264		11/26/97	50.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > 50.00
C. Full Name, Mailing Address and Zip Code Paul Hubbard 818 Curtor Ct Kure Beach, NC 28449		11/26/97	25.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > 25.00
D. Full Name, Mailing Address and Zip Code Martin Janco 555 N Lane #6100 Conshohocken, PA 19428		11/26/97	25.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > 25.00
E. Full Name, Mailing Address and Zip Code Rick Keller 303 Marshall Rd, Box 170 Platte City, MO 64079		11/26/97	25.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > 25.00
F. Full Name, Mailing Address and Zip Code Charles Kelley PO Box 372 Sparta, IL 62286		11/26/97	100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > 100.00
G. Full Name, Mailing Address and Zip Code Patrick Kelly 2917 Kansas Joplin, MO 64804		11/26/97	50.00
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) 300.00

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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)
Yvonne Larsen 2515 W Vliet St Milwaukee, WI 53205		11/26/97	100.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > 100.00		
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
Mike Layman 2 Oakridge Dr Franklin, MA 02038		11/26/97	25.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > 25.00		
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
David Lewis 1801 Col 25 Magnolia, AR 71753		11/26/97	100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	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)
Richard Mariucci 4025 Fair Ridge Dr Fairfax, VA 22033-2868		11/26/97	25.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > 25.00		
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
Robert McAdoo 135 W Gobbi Ukiah, CA 95482		11/26/97	100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > 100.00		
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
Jack Metz 151 Discovery Dr #114 Colmar, PA 18915		11/26/97	50.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > 50.00		
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
Roger Morgan 7 S Monroe Rockford, MI 49341		11/26/97	50.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > 50.00		

SUBTOTAL of Receipts This Page (optional) 450.00

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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 Bob Nelson 561 S Elm Newungo, MI 49337	Name of Employer Occupation	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period 25.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 25.00		
B. Full Name, Mailing Address and Zip Code David Nevins 333 Diamond Oaks Rd Roseville, CA 95678	Name of Employer Occupation	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period 85.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 85.00		
C. Full Name, Mailing Address and Zip Code Jim O'Connor 2848 Heubercrest Dr Yorktown, NY 10598	Name of Employer Occupation	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period 25.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 25.00		
D. Full Name, Mailing Address and Zip Code Bill Pahl 2821 S Parker Rd 10th Fl Aurora, CO 80014	Name of Employer Occupation	Date (month, day, year) 11/26/97	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 > 100.00		
E. Full Name, Mailing Address and Zip Code Joe Paoletta 58 Middletown Ave New Haven, CT 06513	Name of Employer Occupation	Date (month, day, year) 11/26/97	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 > 100.00		
F. Full Name, Mailing Address and Zip Code Cliff Petit 132 E Sibley Blvd Dalton, IL 60419	Name of Employer Occupation	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period 25.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 25.00		
G. Full Name, Mailing Address and Zip Code Stanley Portman 26C Carnation Circle Reading, MA 01867	Name of Employer Occupation	Date (month, day, year) 11/26/97	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 > 1,100.00		
SUBTOTAL of Receipts This Page (optional)			460.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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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 Paul Seemann PO Box J Beckley, WV 25802	Name of Employer Occupation	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period 25.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 25.00		
B. Full Name, Mailing Address and Zip Code Kim Shank 39 N 7th St #B Indiana, PA 15701	Name of Employer Occupation	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period 50.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 50.00		
C. Full Name, Mailing Address and Zip Code Ann Singer 1417 Lansing Ave Tulsa, OK 74103	Name of Employer Occupation	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period 25.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 25.00		
D. Full Name, Mailing Address and Zip Code Janet Smith 5109 Hawley Blvd San Diego, CA 92116	Name of Employer Occupation	Date (month, day, year) 11/26/97	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 > 100.00		
E. Full Name, Mailing Address and Zip Code Brent Snavely 36880 Woodward, Ste 200 Bloomfield Hills, MI 48304	Name of Employer Occupation	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period 50.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 50.00		
F. Full Name, Mailing Address and Zip Code Hobby Joe Spearman PO Box 1009 Mt Pleasant, TX 75456-1009	Name of Employer Occupation	Date (month, day, year) 11/26/97	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 > 100.00		
G. Full Name, Mailing Address and Zip Code Scott Stevens 6123 Pebble Garden Ct Austin, TX 78739	Name of Employer Occupation	Date (month, day, year) 11/26/97	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 > 100.00		

SUBTOTAL of Receipts This Page (optional) 450.00

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ITEMIZED RECEIPTS

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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 Mike Taigman 5711 Hermann Oakland, CA 94609	Name of Employer Occupation	Date (month, day, year) 11/26/97	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 > 100.00		
B. Full Name, Mailing Address and Zip Code Roger Talbot Sr 134 E Center St Manchester, CT 06040	Name of Employer Occupation	Date (month, day, year) 11/26/97	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 > 100.00		
C. Full Name, Mailing Address and Zip Code John Tweed 1587 Country Club Lane Toms River, NJ 08753-2789	Name of Employer Occupation	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period 25.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 25.00		
D. Full Name, Mailing Address and Zip Code Peter Varga PO Box 667 Niwot, CO 80544	Name of Employer Occupation	Date (month, day, year) 11/26/97	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 > 100.00		
E. Full Name, Mailing Address and Zip Code Roger Vartanian PO Box 636 Bronckhillsville, PA 18322	Name of Employer Occupation	Date (month, day, year) 11/26/97	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 > 100.00		
F. Full Name, Mailing Address and Zip Code Kurt Williams 1616 Collins Rd Burlingame, CA 94011	Name of Employer Occupation	Date (month, day, year) 11/26/97	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 > 100.00		
G. Full Name, Mailing Address and Zip Code Richard Wilc 1290 NE Cedar Roseburg, OR 97470	Name of Employer Occupation	Date (month, day, year) 11/26/97	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 >		

SUBTOTAL of Receipts This Page (optional) -----> 625.00

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Use separate schedule(s)
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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 Bob Wyatt 917 Clinton St Clair, MI 48060	Name of Employer Occupation	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period 25.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 25.00		
B. Full Name, Mailing Address and Zip Code Lyon Zimmerman PO Box 980 Ada, MI 49301	Name of Employer Occupation	Date (month, day, year) 11/26/97	Amount of Each Receipt this Period 25.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 25.00		
C. Full Name, Mailing Address and Zip Code Dale Berry 2215 Hogback Rd Ann Arbor, MI 48105	Name of Employer Huron Valley Ambulance Occupation	Date (month, day, year) 12/16/97	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 >		
D. Full Name, Mailing Address and Zip Code Ralph Deswick 801 Hospital Rd Silvis, IL 61282	Name of Employer Ulm Hospital Ambulance Occupation	Date (month, day, year) 12/16/97	Amount of Each Receipt this Period 25.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 25.00		
E. Full Name, Mailing Address and Zip Code Wanda Blankenship 7110 Grearwood Glen Ct Sugar Land, TX 77479	Name of Employer Texas EMS Corp Occupation	Date (month, day, year) 12/16/97	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		
F. Full Name, Mailing Address and Zip Code Judith Bolsenga 2215 Hogback Rd Ann Arbor, MI 48105	Name of Employer Huron Valley Ambulance Occupation	Date (month, day, year) 12/16/97	Amount of Each Receipt this Period 50.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 50.00		
G. Full Name, Mailing Address and Zip Code Jim Buchler 8391 Bencash Rd Cincinnati, OH 45236	Name of Employer Medic One Occupation	Date (month, day, year) 12/16/97	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 > 100.00		

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

1,325.00

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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 committee.

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

A. Full Name, Mailing Address and Zip Code Brant Butte	Name of Employer Occupation	Date (month, day, year) 12/16/97	Amount of Each Receipt this Period 50.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 50.00		
B. Full Name, Mailing Address and Zip Code Jerry Donahue 302 S Main Ave Scranton, OH 18504	Name of Employer Rural/Metro Corp Occupation	Date (month, day, year) 12/16/97	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 >		
C. Full Name, Mailing Address and Zip Code Cindy Gilbert 3610 N 44th St #250 Phoenix, AZ 85018	Name of Employer Cindy Gilbert Insurance Occupation	Date (month, day, year) 12/16/97	Amount of Each Receipt this Period 25.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 25.00		
D. Full Name, Mailing Address and Zip Code James Finger 12 Easterly Ave Rutland, VT 05701	Name of Employer Regional Ambulance Service Occupation	Date (month, day, year) 12/16/97	Amount of Each Receipt this Period 25.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 25.00		
E. Full Name, Mailing Address and Zip Code Jack Fisher Jr 635 E Napier Benton Harbor, MI 49023	Name of Employer Medic One Occupation	Date (month, day, year) 12/16/97	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 > 100.00		
F. Full Name, Mailing Address and Zip Code William Bebbard 157 Downey Dr Benton Harbor, MI 49022	Name of Employer Mobile Health Services Occupation	Date (month, day, year) 12/16/97	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 > 100.00		
G. Full Name, Mailing Address and Zip Code Doug Greenfield 3939 Broadway Allentown, PA 18104	Name of Employer Cetronis Ambulance Corps Occupation	Date (month, day, year) 12/16/97	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 > 100.00		

SUBTOTAL of Receipts This Page (optional) ----- 500.00

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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 Gregory Gukles 35 Diablo View Ct Danville, CA 94506	Name of Employer American Medical Response Occupation	Date (month, day, year) 12/16/97	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 > 100.00		
B. Full Name, Mailing Address and Zip Code Mike Harmon 106 E Sixth St #900 Austin, TX 78701	Name of Employer Bioquest Diagnostics Occupation	Date (month, day, year) 12/16/97	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 > 100.00		
C. Full Name, Mailing Address and Zip Code Robert Hess 840 E Indian School Rd Scottsdale, AZ 85251	Name of Employer Rural/Metro Corp Occupation	Date (month, day, year) 12/16/97	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 > 100.00		
D. Full Name, Mailing Address and Zip Code Paul Hubbard 10947 Weaver S El Monte, CA 91733	Name of Employer Medical Transportation Specialists Occupation	Date (month, day, year) 12/16/97	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 > 100.00		
E. Full Name, Mailing Address and Zip Code Terry Key 807 E Franklin Grausville, TN 47711	Name of Employer American Medical Response Occupation	Date (month, day, year) 12/16/97	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 > 100.00		
F. Full Name, Mailing Address and Zip Code Kurt Krumpelman 488 W Onondaga st Syracuse, NY 13201	Name of Employer Rural/Metro Corp Occupation	Date (month, day, year) 12/16/97	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 > 100.00		
G. Full Name, Mailing Address and Zip Code Raymond Little 5311 Kasonoyer Bay City, MI 48706	Name of Employer Mobile Medical Response Occupation	Date (month, day, year) 12/16/97	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 > 100.00		

SUBTOTAL of Receipts This Page (optional).....>

1,600.00

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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
Brian Lovellette 701 Britton Ave Lansing, MI 48910	Association Services of Michigan Occupation	12/16/97	50.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 50.00		
B. Full Name, Mailing Address and Zip Code Amanda Lyons 135 Maple Danvers, MA 01923	Name of Employer Lyons Ambulance Occupation	Date (month, day, year) 12/16/97	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 > 100.00		
C. Full Name, Mailing Address and Zip Code Chris Maloney 11070 Sorrento Valley Rd San Diego, CA 92123	Name of Employer American TriTech Occupation	Date (month, day, year) 12/16/97	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 > 100.00		
D. Full Name, Mailing Address and Zip Code Michael Terry Marsh 6310 SF Jennings Ave Milwaukee, OR 97267	Name of Employer American Medical Response Occupation	Date (month, day, year) 12/16/97	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 > 100.00		
E. Full Name, Mailing Address and Zip Code Sean McEwen 11070 Sorrento Valley Rd San Diego, CA 92123	Name of Employer American TriTech Occupation	Date (month, day, year) 12/16/97	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 > 100.00		
F. Full Name, Mailing Address and Zip Code Harlan Menkin 6875 Maury Dr San Diego, CA 92119	Name of Employer Menkin HealthCare Strategies Occupation	Date (month, day, year) 12/16/97	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 > 100.00		
G. Full Name, Mailing Address and Zip Code Louis Meyer 41300 Christy Fremont, CA 94538	Name of Employer American Medical Response Occupation	Date (month, day, year) 12/16/97	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		

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

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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 (AMBUFAC)

A. Full Name, Mailing Address and Zip Code Ken Morris 3456 Kissing Rock SR Lowell, MI 49331	Name of Employer Life EMS Inc Occupation	Date (month, day, year) 12/16/97	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 > 100.00	
B. Full Name, Mailing Address and Zip Code Steve Murphy 9201 E Mississippi #205 Denver, CO 80231	Name of Employer American Medical Response Occupation	Date (month, day, year) 12/16/97	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	
C. Full Name, Mailing Address and Zip Code Todd Porter 704 6th Ave NE Mandan, ND 58554	Name of Employer Metro-Area Ambulance Occupation	Date (month, day, year) 12/18/97	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 > 500.00	
D. Full Name, Mailing Address and Zip Code Faye Rainey Thomas 5415 Gosworth Dr Kary, TX 77449	Name of Employer Texas EMS Corp Occupation	Date (month, day, year) 12/18/97	Amount of Each Receipt this Period 25.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > 25.00	
E. Full Name, Mailing Address and Zip Code Larry Reeves AC3 Box 512R Payson, AZ 85541	Name of Employer Texas EMS Corp Occupation	Date (month, day, year) 12/18/97	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 > 100.00	
F. Full Name, Mailing Address and Zip Code Kenig Riggs 1005 Rambler Rd Merced, CA 95348	Name of Employer Riggs Ambulance Service Occupation	Date (month, day, year) 12/18/97	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 C Michael Rive 1350 Ave O Carter Lake, IA 51510	Name of Employer Omaha Ambulance Service Occupation	Date (month, day, year) 12/18/97	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 > 500.00	
SUBTOTAL of Receipts This Page (optional)			2,425.00

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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 (AMBLPAC)

A. Full Name, Mailing Address and Zip Code Ed Rose 20101 Hamilton Ave 300 Torrance, CA 90502 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer American Medical Response	Date (month, day, year) 12/18/97	Amount of Each Receipt this Period 1,000.00
	Occupation Aggregate Year-to-Date > 1,000.00		
B. Full Name, Mailing Address and Zip Code Wendy Ruhlin 1615 L St NW, Ste 1000 Washington, DC 20036 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer Fleishman-Hillard, Inc	Date (month, day, year) 12/18/97	Amount of Each Receipt this Period 100.00
	Occupation Aggregate Year-to-Date > 100.00		
C. Full Name, Mailing Address and Zip Code Matthew Ryan PO Box 88 Vicksburg, MI 49097 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer South County EMS	Date (month, day, year) 12/18/97	Amount of Each Receipt this Period 100.00
	Occupation Aggregate Year-to-Date > 100.00		
D. 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	Date (month, day, year) 12/18/97	Amount of Each Receipt this Period 100.00
	Occupation Aggregate Year-to-Date > 100.00		
E. Full Name, Mailing Address and Zip Code Ronald Slagell 16827 East C Ave August, MI 49012 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer LifeCare Ambulance	Date (month, day, year) 12/18/97	Amount of Each Receipt this Period 100.00
	Occupation Aggregate Year-to-Date > 100.00		
F. Full Name, Mailing Address and Zip Code Clark Staffan 1 E Chase St #405 Baltimore, MD 21202 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Rural/Metro Corp	Date (month, day, year) 12/18/97	Amount of Each Receipt this Period 100.00
	Occupation Aggregate Year-to-Date > 100.00		
G. Full Name, Mailing Address and Zip Code Brenda Staffan 6707 Whitesome Rd Baltimore, MD 21207 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Rural/Metro Corp	Date (month, day, year) 12/18/97	Amount of Each Receipt this Period 100.00
	Occupation Aggregate Year-to-Date > 100.00		

SUBTOTAL of Receipts This Page (optional) 1,600.00

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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 Jack Stout 760 Crandell Rd West River, MD 20778	Name of Employer Priority Mobile Health Occupation	Date (month, day, year) 12/18/97	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 > 100.00	
B. Full Name, Mailing Address and Zip Code Randy Strozik 352 S Glenwood Tyler, TX 75710	Name of Employer ETMC RMS Occupation	Date (month, day, year) 12/18/97	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 > 100.00	
C. Full Name, Mailing Address and Zip Code David Stumph 1926 Waukegan Rd, Ste 1 Glenview, IL 60025	Name of Employer CAAS Occupation	Date (month, day, year) 12/18/97	Amount of Each Receipt this Period 25.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > 25.00	
D. Full Name, Mailing Address and Zip Code Michael Turray 915 West Sharp Spokane, WA 99201	Name of Employer American Medical Response Occupation	Date (month, day, year) 12/18/97	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	
E. Full Name, Mailing Address and Zip Code Mike Wheeler	Name of Employer Self-employed Occupation	Date (month, day, year) 12/18/97	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	
F. Full Name, Mailing Address and Zip Code Gerald Zapolink 2215 Hogback Rd Ann Arbor, MI 48105	Name of Employer Huron Valley Ambulance Occupation	Date (month, day, year) 12/18/97	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 > 100.00	
G. Full Name, Mailing Address and Zip Code R A Zehetner 549 E Wilson St Milwaukee, WI 53207	Name of Employer Bell Ambulance Occupation	Date (month, day, year) 12/18/97	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) 925.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 26 OF 26
FOR LINE NUMBER
11a (i)

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

A. Full Name, Mailing Address and Zip Code Dale Berry 2215 Hugback Rd Ann Arbor, MI 48105 Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Huron Valley Ambulance Occupation Aggregate Year-to-Date >	Date (month, day, year) 12/18/97	Amount of Each Receipt this Period 166.66
B. Full Name, Mailing Address and Zip Code James Fruiten 6328 NE Laureles St Hillsboro, OR 97124 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Metro West Ambulance Occupation Aggregate Year-to-Date >	Date (month, day, year) 12/18/97	Amount of Each Receipt this Period 200.00
C. Full Name, Mailing Address and Zip Code Marlia Yenawine 116 Woodberry Ln Fayetteville, NY 13066 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Rural/Metro Ambulance Occupation Aggregate Year-to-Date >	Date (month, day, year) 12/18/97	Amount of Each Receipt this Period 166.66
D. Full Name, Mailing Address and Zip Code Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date >	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and Zip Code Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date >	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and Zip Code Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date >	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and Zip Code Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date >	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) -----> 533.32

SCHEDULE B
Operating Expenditures

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2
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
Nations Bank One Nations Bank Plaza St. Louis, MO 63101	Monthly bank service charges	7/3/97	34.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	7/31/97	78.66
Nations Bank One Nations Bank Plaza St. Louis, MO 63101	Monthly bank service charges	8/4/97	18.40
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	8/31/97	141.34
Fleishman-Hillard, Inc. 200 North Broadway St. Louis, MO 63102	Overnight shipment; photocopy and facsimile charges	9/2/97	101.96
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
Nations Bank One Nations Bank Plaza St. Louis, MO 63101	Monthly bank service charges	9/4/97	16.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	9/30/97	119.16
Fleishman-Hillard, Inc. 200 North Broadway St. Louis, MO 63102	Postage and photocopy charges	9/24/97	12.82
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
Nations Bank One Nations Bank Plaza St. Louis, MO 63101	Monthly bank service charges	10/3/97	16.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/31/97	7.66
Fleishman-Hillard, Inc. 200 North Broadway St. Louis, MO 63102	Modem, overnight shipment; lapel pins; Postage and photocopy charges	10/20/97	939.03
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
Fleishman-Hillard, Inc. 200 North Broadway St. Louis, MO 63102	Modem, overnight shipment; letterhead; envelopes, postage, photocopy charges	10/23/97	626.32
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
Nations Bank One Nations Bank Plaza St. Louis, MO 63101	Monthly bank service charges	11/3/97	17.34
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/6/97	10.00

SUBTOTAL of Disbursements This Page (optional)

2,138.69

SCHEDULE B
Operating Expenditures

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2
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 Fleishman-Hillard, Inc. 200 North Broadway St. Louis, MO 63102	Purpose of Disbursement Overnight, photocopy and facsimile charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 12/15/97	Amount of Each Disbursement this Period 32.93
B. Full Name, Mailing Address and Zip Code Nations Bank One Nations Bank Plaza St. Louis, MO 63101	Purpose of Disbursement Monthly bank service charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 12/4/97 12/31/97	Amount of Each Disbursement this Period 37.50 260.21
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) ----->

330.64

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

2,469.33

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1	OF 2
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
Rangel for the 106th Congress Committee c/o John E. Johnson 530 7th St, SE, 2nd Floor Washington, DC 20003	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	7/14/97	1,000.00
B. Full Name, Mailing Address and Zip Code Citizens for Arlen Specter 900 Second St, NE #306 Washington, DC 20002	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	7/28/97	1,000.00
C. Full Name, Mailing Address and Zip Code Kennedy for Senate 426 C Street, NE Rear Bldg Washington, DC 20002	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	7/29/97	1,000.00
D. Full Name, Mailing Address and Zip Code Bill Thomas Campaign Committee Box 395 Bakersfield, CA 93302	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	8/26/97	1,000.00
E. Full Name, Mailing Address and Zip Code Re-Elect Nancy Johnson Committee 4451 Brookfield Corporate Dr Suite 200 Chantilly, VA 20151-1652	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	8/26/97	1,500.00
F. Full Name, Mailing Address and Zip Code Hoyer for Congress 7905 Malcolm Rd, #102 Clinton, MD 20735	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/7/97	500.00
G. Full Name, Mailing Address and Zip Code Friends of Connie Mack P.O. Box 23264 Tampa, FL 33623-3264	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/15/97	1,000.00
H. Full Name, Mailing Address and Zip Code Friends of Sherrod Brown 111 Edgefield Dr Elyria, OH 44035	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/22/97	500.00
I. Full Name, Mailing Address and Zip Code A Lot of People Supporting Tom Daschle The Daschle Committee 424 C Street, NE, 1st Floor Washington, DC 20002	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/9/97	1,000.00

SUBTOTAL of Disbursements This Page (optional) -----> 8,500.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

PAGE 2 OF 2
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
Armando Falcon for Congress P.O. Box 101018 San Antonio, TX 78201-9018	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/17/97	500.00
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	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)----->

9,000.00

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 1-29-98
<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	
MVD	1-30-98
PREPARER	DATE PREPARED