

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

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

ADDRESS (number and street) Check if different than previously reported
1301 Connecticut Avenue, N.W.

CITY, STATE and ZIP CODE
Washington, DC 20036

2. FEC IDENTIFICATION NUMBER
C0016870

3. This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

FEC ID # C0016870
 RECEIVED
 OCT 11 2 39 PM '94

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

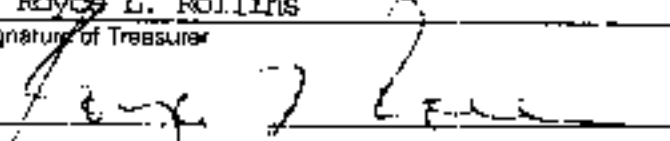
- Monthly Report Due On:
- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> 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>7/1/94</u> through <u>9/30/94</u>			
6. (a)	Cash on Hand January 1, 19 <u>94</u>		\$ 1,028.90
(b)	Cash on Hand at Beginning of Reporting Period	\$ 16,899.18	
(c)	Total Receipts (from Line 19)	\$ 12,100.00	\$ 62,242.70
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 28,999.18	\$ 63,271.60
7.	Total Disbursements (from Line 30)	\$ 22,073.84	\$ 56,346.26
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 6,925.34	\$ 6,925.34
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 20483 Toll Free 800-424-9530 Local 202-219-3420
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$	

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
October 6, 1994

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 7/1/94 TO 9/30/94

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)	11,725.00	60,417.70	11(a)(i)
ii. Unitemized	375.00	1,825.00	11(a)(ii)
iii. Total	12,100.00	62,242.70	11(a)(iii)
b. Political Party Committees	--	--	11(b)
c. Other Political Committees (such as PACs)	--	--	11(c)
d. Total Contributions	12,100.00	62,242.70	11(d)
12. Transfers From Affiliated/Other Party Committees	--	--	12
13. All Loans Received	--	--	13
14. Loan Repayments Received	--	--	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	--	--	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	--	--	16
17. Other Federal Receipts (Dividends, Interest, etc.)	--	--	17
18. Transfers from Nonfederal Account for Joint Activity	--	--	18
19. Total Receipts	12,100.00	62,242.70	19
20. Total Federal Receipts	12,100.00	62,242.70	20

II. Disbursements

21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	--	--	21(a)(i)
ii. Non-Federal Share	--	--	21(a)(ii)
b. Other Federal Operating Expenditures	1,073.84	1,042.52	21(b)
c. Total Operating Expenditures	1,073.84	1,042.52	21(c)
22. Transfers to Affiliated/Other Party Committees	--	--	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	21,000.00	51,250.00	23
24. Independent Expenditures (use Schedule E)	--	--	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	--	--	25
26. Loan Repayments Made	--	--	26
27. Loans Made	--	--	27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees	--	--	28(a)
b. Political Party Committees	--	--	28(b)
c. Other Political Committees (such as PACs)	--	--	28(c)
d. Total Contribution Refunds	--	--	28(d)
29. Other Disbursements	--	4,053.74	29
30. Total Disbursements	22,073.84	56,346.26	30
31. Total Federal Disbursements	22,073.84	56,346.26	31

III. Net Contributions/Operating Expenditures

32. Total Contributions (other than loans) (from line 11d)	12,100.00	62,242.70	32
33. Total Contribution Refunds (from line 28d)	--	--	33
34. Net Contributions (other than loans) (subtract line 33 from 32)	12,100.00	62,242.70	34
35. Total Federal Operating Expenditures	1,073.84	1,042.52	35
36. Offsets to Operating Expenditures (from line 15)	--	--	36
37. Net Operating Expenditures	1,073.84	1,042.52	37

SCHEDULE A

ITEMIZED RECEIPTS

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

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Ambulance Association Federal Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Conrad/Patricia Anderson 1596 St. Andrews Drive Redding, CA 96099	North Valley Ambulance Occupation: Owner/Operator	7/19/94	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Conrad/Patricia Anderson 1596 St. Andrews Drive Redding, CA 96099	North Valley Ambulance Occupation: Owner/Operator	7/19/94	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 750.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard/Roxanne Anderson 2511 Fawn Oak San Antonio, TX 78232	Anderson Ambulance Occupation: Owner/Operator	7/19/94	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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kim/Kathy Chapman 1608 Rapids Adel, IA 50003	Midwest Ambulance Occupation: Owner/Operator	7/19/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Harvey Hall 1001 21st St. Bakersfield, CA 93301	Hall Ambulance Service Occupation: Owner/Operator	7/19/94	275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 716.70		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ronald Myers 532 Marine Drive Akron, OH 44305	P & S Ambulance Occupation: Owner/Operator	7/19/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph Paolella 58 Middleton Ave. New Haven, CT 06513	AMR, Inc. Occupation: Owner/Operator	7/19/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		

SUBTOTAL of Receipts This Page (optional) 4,275.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 3
FOR LINE NUMBER 11a(i)

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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
Thomas Waggoner 2269 Bennington Dr. Mansfield, OH 44904	Medic Response Ambulance	7/19/94	\$ 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 Marcella Woehmann 15744 Lindskog Whittier, CA 90603	Name of Employer AME, Inc.	Date (month, day, year) 7/19/94	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > \$ 600.00	
C. Full Name, Mailing Address and ZIP Code Conrad/Patricia Anderson 1596 St. Andrews Drive Redding, CA 96003	Name of Employer North Valley Ambulance	Date (month, day, year) 9/13/94	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > \$ 1,000.00	
D. Full Name, Mailing Address and ZIP Code Russell/Gwen Bayer 8520 Navajo Trail Lincoln, NE	Name of Employer Eastern Ambulance	Date (month, day, year) 9/13/94	Amount of Each Receipt this Period 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 Gerald/Patricia Clark 262 Christiana St. North Tonawanda, NJ 14120	Name of Employer Twin City Ambulance	Date (month, day, year) 9/13/94	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code Karen Claus 1900 Sussex Rd. Blackburg, VA 24060	Name of Employer Lifeline Ambulance	Date (month, day, year) 9/13/94	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > \$ 1,000.00	
G. Full Name, Mailing Address and ZIP Code Kevin Lyons 38 Elm Danvers, MA	Name of Employer Lyons Ambulance	Date (month, day, year) 9/13/94	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > \$ 1,000.00	

SUBTOTAL of Receipts This Page (optional) **3,600.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 3
FOR LINE NUMBER 11a(i)

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NAME OF COMMITTEE (In Full)

American Ambulance Association Federal Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Brad/Sherri Reger P.O. Box 711 Susanville, CA 96130	Mountain EMS	9/13/94	\$ 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael/Barbara Rine 1350 Avenue O St. Carte Lake, PA 51510	Omaha Ambulance	9/13/94	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	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alex St. Clair Windswept Townhouses Tazwell, VA 24651	Appalachian Ambulance	9/13/94	150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > \$ 400.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marcella Wehrmann 15744 Lindskog Whittier, CA 90606	AME, Inc.	9/13/94	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > \$ 700.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James/Linda Wood P.O. Box 1157 Gardner, MA 01440	Wood's Ambulance	9/13/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > \$ 1,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert/Nancy Zambito 1 Bent Path Foxboro, MA 02035	Norfolk Bristol Ambulance	9/13/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > \$ 1,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marcella Wehrmann 15744 Lindskog Whittier, CA 90606	AME, Inc.	9/13/94	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > \$ 800.00	

SUBTOTAL of Receipts This Page (optional)

3,850.00

TOTAL This Period (last page this line number only)

\$ 11,725.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21b

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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 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
Fleishman-Hillard, Inc. 200 North Broadway St. Louis, MO 63102	Pins for distribution to AAA members	8/26/94	\$ 668.04
Fleishman-Hillard, Inc. 200 North Broadway St. Louis, MO 63102	Tele-marketing pre and post drop paper supplies, postage	9/23/94	405.80

SUBTOTAL of Disbursements This Page (optional)

\$ 1,073.84

TOTAL This Period (last page this line number only)

\$ 1,073.84

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 3
FOR LINE NUMBER 23

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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
Democratic Congressional Campaign Committee 1301 Connecticut Ave., NW Washington, DC 20036	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/14/94	\$ 2,000.00
B. Full Name, Mailing Address and ZIP Code LaRocca for Congress Committee 555 New Jersey Ave., NW Washington, DC 20036	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/14/94	1,000.00
C. Full Name, Mailing Address and ZIP Code Committee to Reelect Jack Brooks 1762 Church St., NW Washington, DC 20035	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/14/94	500.00
D. Full Name, Mailing Address and ZIP Code Stokes for Congress Committee P.O. Box 66364 Washington, DC 20035	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/14/94	500.00
E. Full Name, Mailing Address and ZIP Code Ashcroft for Senate 7710 Carondelet Ave. Clayton, MO 63105	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/14/94	1,400.00
F. Full Name, Mailing Address and ZIP Code Friends of Alan Wheat 816 E St., SE Washington, DC 20003	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/14/94	1,000.00
G. Full Name, Mailing Address and ZIP Code Friends of Alan Wheat 816 E St., SE Washington, DC 20003	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/26/94	4,000.00
H. Full Name, Mailing Address and ZIP Code Friends of Dave McCurdy P.O. Box 523024 Springfield, VA 22152	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/25/94	1,000.00
I. Full Name, Mailing Address and ZIP Code Garden for Congress 1301 Connecticut Avenue, NW Washington, DC 20036	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/25/94	500.00

SUBTOTAL of Disbursements This Page (optional) 11,900.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 3
FOR LINE NUMBER 23

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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
Don Johnson for Congress 1301 Connecticut Ave., NW Washington, DC 20036	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/25/94	\$ 500.00
B. Full Name, Mailing Address and ZIP Code Mineta for Congress P.O. Box 65873 Washington, DC 20035	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/25/94	1,000.00
C. Full Name, Mailing Address and ZIP Code Friends of Jim McDermott 555 New Jersey Ave., NW Washington, DC 20001	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/25/94	1,000.00
D. Full Name, Mailing Address and ZIP Code Bonior for Congress P.O. Box 65873 Washington, DC 20035	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/25/94	1,000.00
E. Full Name, Mailing Address and ZIP Code Rangel for Congress Committee 1301 Connecticut Ave., NW Washington, DC 20036	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/25/94	1,000.00
F. Full Name, Mailing Address and ZIP Code Obey for Congress 1301 Connecticut Ave., NW Washington, DC 20036	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/25/94	1,000.00
G. Full Name, Mailing Address and ZIP Code Levin for Congress 1301 Connecticut Ave., NW Washington, DC 20036	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/25/94	100.00
H. Full Name, Mailing Address and ZIP Code Democratic Congressional Campaign Committee 1301 Connecticut Ave., NW Washington, DC 20036	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/2/94	1,000.00
I. Full Name, Mailing Address and ZIP Code Ashcroft for Senate 7710 Carondelet Clayton, MD 63105	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/21/94	1,500.00

SUBTOTAL of Disbursements This Page (optional) \$ 8,100.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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PAGE 3 OF 3
FOR LINE NUMBER 23

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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 Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Jim Sasser P.O. Box 24723 Nashville, TN 37202		8/8/94	\$ 1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) \$ 1,000.00

TOTAL This Period (last page this line number only) \$ 21,000.00

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.

Hand Delivered DATE OF RECEIPT
10/11/94

First Class Mail POSTMARKED

Registered/Certified Mail POSTMARKED

No Postmark

Postmark Illegible

Received from the House Office of Records and Registration DATE OF RECEIPT

Received from the Senate Office of Public Records DATE OF RECEIPT

Other (Specify): POSTMARKED
and/or DATE OF RECEIPT

E.S.
 *PREPARER

10/11/94
 DATE PREPARED

2
3
4
5
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7
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9