



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

NAME OF COMMITTEE AMERICAN AMBULANCE ASSOCIATION FEDERAL POLITICAL ACTION COMMITTEE		REPORT COVERING PERIOD FROM: 4/1/2000 TO: 6/30/2000	
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A).....		24,000.00	26,950.00
ii. Unitemized.....		3,969.47	4,524.47
iii. Total.....(add i and ii) >		27,969.47	31,474.47
b. Political Party Committees.....		.00	.00
c. Other Political Committees (such as PACs).....		.00	.00
d. Total Contributions.....(add a iii, b and c) >		27,969.47	31,474.47
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, 17, 13, 14, 15, 16, 17, and 18) >		27,969.47	31,474.47
20. Total Federal Receipts.....(subtract line 18 from line 19) >		27,969.47	31,474.47
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.....		2,291.00	2,433.23
c. Total Operating Expenditures.....(add a i, a ii, and b) >		2,291.00	2,433.23
22. Transfers to Affiliated/Other Party Committees.....		.00	.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		22,500.00	36,500.00
24. Independent Expenditures (use Schedule I).....		.00	.00
25. Coordinated Expenditures Made by Party Committees (2 USC 441a(d))(use Schedule F)		.00	.00
26. Loan Repayments Made.....		.00	.00
27. Loans Made.....		.00	.00
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees.....		.00	.00
b. Political Party Committees.....		.00	.00
c. Other Political Committees (such as PACs).....		.00	.00
d. Total Contributions 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) >		24,791.00	38,933.23
31. Total Federal Disbursements.....(subtract line 21a ii from line 30) >		24,791.00	38,933.23
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d).....		27,969.47	31,474.47
33. Total Contributions Refunds (from line 28d).....		.00	.00
34. Net Contributions (other than loans) (subtract line 33 from 32).....		27,969.47	31,474.47
35. Total Federal Operating Expenditures.....(add 21a i and 21b) >		2,291.00	2,433.23
36. Offsets to Operating Expenditures (from line 15).....		.00	.00
37. Net Operating Expenditures.....(subtract line 36 from 35) >		2,291.00	2,433.23

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 9  
FOR LINE NUMBER  
11a (i)

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jerry Zapolski 2215 Hugback Road Ann Arbor, MI 48105	Fluron Valley Ambulance	5/25/00	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > 250.00	
<b>B. Full Name, Mailing Address and Zip Code</b>	<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
Greg Guzman 2821 S Parker Rd Aurora, CO 80014	American Medical Response	4/18/00	
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>C. Full Name, Mailing Address and Zip Code</b>	<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
Raymond Hayes 1305 Chestain Rd, Ste 400 Kennesaw, GA 30144	American Medical Response	4/18/00	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner	Aggregate Year-to-Date > 500.00	
<b>D. Full Name, Mailing Address and Zip Code</b>	<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
Stephen Madison 7575 Southfront Rd Livermore, CA 94550	American Medical Response	4/18/00	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > 500.00	
<b>E. Full Name, Mailing Address and Zip Code</b>	<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
Louis Meyer 7575 Southfront Rd Livermore, CA 94550	American Medical Response	4/18/00	
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>F. Full Name, Mailing Address and Zip Code</b>	<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
R. Gene Moffitt 1399 Chancellor Circle Salt Lake City, UT 84108	Gold Cross Services	4/1/00	1.
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > 1000.00	
<b>G. Full Name, Mailing Address and Zip Code</b>	<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
Steven Murphy 2821 S Parker Rd Aurora, CO 80014	American Medical Response	4/18/00	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President	Aggregate Year-to-Date > 500.00	
<b>SUBTOTAL</b> of Receipts This Page (optional).....			2.
<b>TOTAL</b> This Period (last page this line number only).....			

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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PAGE 2 OF 9

FOR LINE NUMBER

11a(i)

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NAME OF COMMITTEE (in full) **AMERICAN AMBULANCE ASSOCIATION FEDERAL POLITICAL ACTION COMMITTEE (AMBUPACT)**

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stanley Portman 26C Carnation Circle Reading, MA 01867	Action Ambulance Service, Inc	4/18/00	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President/CEO 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
Stanley Portman 26C Carnation Circle Reading, MA 01867	Action Ambulance Service, Inc	5/24/00	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner 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
Patrick Kelly 2917 Kansas Ave Joplin, MO 64804	Newton County Ambulance Serv	4/1/00	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator Aggregate Year-to-Date > 300.00		
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Carolyn Peterson 1938 East 10300 South Sandy, UT 84092-6107	Gold Cross Services	4/1/00	1,000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive Aggregate Year-to-Date > 1000.00		
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael S. Moffitt 2331 South 1800 East Salt Lake City, UT 84106-4130	Gold Cross Services	4/1/00	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 > 1000.00		
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Leslie Jenwig-Warkles 129 South First Street Blythe, CA 92225	Blythe Ambulance Service	4/1/00	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President Aggregate Year-to-Date > 500.00		
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Catherine A. Stone 74 Dexter Street Medford, MA 02155	Professional Ambulance & Oxygen Service, Inc.	4/1/00	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Marketing Manager Aggregate Year-to-Date > 250.00		
<b>SUBTOTAL of Receipts This Page (optional)</b>			<b>3</b>
<b>TOTAL This Period (last page; this line number only)</b>			

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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PAGE 3 OF 9  
FOR LINE NUMBER  
11a (i)

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David & Catherine Nevins 331 Diamond Oaks Road Roseville, CA 95678	Executive Management Services	4/1/00	
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 James S. Johnson 1801 Mockingbird Lane Enid, OK 73703	Name of Employer Life EMS	Date (month, day, year) 4/1/00	Amount of Each Receipt this Period
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 David Baumgardner Route 1, Box 28L Maud, TX 75567	Name of Employer LifeNet, Inc.	Date (month, day, year) 4/1/00	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator Aggregate Year-to-Date > 250.00		
D. Full Name, Mailing Address and Zip Code Paul Henriann Hubbard 818 Carter Court Kure Beach, NC 28449	Name of Employer MTS	Date (month, day, year) 4/1/00	Amount of Each Receipt this Period
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 Craig Riggs 1005 Rambler Road Merced, CA 95348	Name of Employer Riggs Ambulance Service	Date (month, day, year) 4/1/00	Amount of Each Receipt this Period 1,
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Driver Aggregate Year-to-Date > 1000.00		
F. Full Name, Mailing Address and Zip Code Eileen L. Clemente 37 Greyson Poland, OH 44514	Name of Employer Clemente McKay Ambulance, Inc.	Date (month, day, year) 4/1/00	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator Aggregate Year-to-Date > 200.00		
G. Full Name, Mailing Address and Zip Code Mark D. Mejer 1275 Cedar Street, Northeast Grand Rapids, MI 49503	Name of Employer Life EMS	Date (month, day, year) 4/1/00	Amount of Each Receipt this Period 1,
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator Aggregate Year-to-Date > 1000.00		
<b>TOTAL</b> of Receipts This Page (optional) ----->			3
<b>TOTAL</b> This Period (last page this line number only) ----->			

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PAGE 4 OF 9  
FOR LINE NUMBER  
11a(i)

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<p><b>A. Full Name, Mailing Address and Zip Code</b> Doug Boileau Chris Husher 220 F Street Arcata, CA 95521</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Arcata-Med River Ambulance</p> <p>Occupation Owner/Operator</p> <p>Aggregate Year-to-Date &gt; 500.00</p>	<p>Date (month, day, year) 4/1/00</p>	<p>Amount of Each Receipt this Period</p>
<p><b>B. Full Name, Mailing Address and Zip Code</b> Tyron Picard 2005 West Saint Mary Blvd. Lafayette, LA 70506</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Acadian Ambulance Co.</p> <p>Occupation Executive Vice President</p> <p>Aggregate Year-to-Date &gt; 1000.00</p>	<p>Date (month, day, year) 4/1/00</p>	<p>Amount of Each Receipt this Period</p>
<p><b>C. Full Name, Mailing Address and Zip Code</b> Frederick &amp; Gayle Metzger 278 Hill Avenue Montgomery, NY 12549</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Mobile Life Support Services</p> <p>Occupation Owner/Operator</p> <p>Aggregate Year-to-Date &gt; 250.00</p>	<p>Date (month, day, year) 4/1/00</p>	<p>Amount of Each Receipt this Period</p>
<p><b>D. Full Name, Mailing Address and Zip Code</b> Walter &amp; Ruth Reissner 305 North 8th Street Olean, NY 14760</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Trans Am Ambulance Service</p> <p>Occupation Owner/Operator</p> <p>Aggregate Year-to-Date &gt; 250.00</p>	<p>Date (month, day, year) 4/1/00</p>	<p>Amount of Each Receipt this Period</p>
<p><b>E. Full Name, Mailing Address and Zip Code</b> James A. Finger 275 Stratton Road Rutland, VT 05703</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Regional Ambulance Service</p> <p>Occupation Owner/Operator</p> <p>Aggregate Year-to-Date &gt; 250.00</p>	<p>Date (month, day, year) 4/1/00</p>	<p>Amount of Each Receipt this Period</p>
<p><b>F. Full Name, Mailing Address and Zip Code</b> Michael S. Wilkowski 149 A Main Street Canastota, NY 10954</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Ranklind Mobile Care, Inc.</p> <p>Occupation Director of Business &amp; Marketing</p> <p>Aggregate Year-to-Date &gt; 250.00</p>	<p>Date (month, day, year) 4/1/00</p>	<p>Amount of Each Receipt this Period</p>
<p><b>G. Full Name, Mailing Address and Zip Code</b> Frank J. Kelton 6801 Nevada Valley Blvd. Lucerne, CA 95458</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer San Luis Ambulance Service</p> <p>Occupation Owner/Operator</p> <p>Aggregate Year-to-Date &gt; 2000.00</p>	<p>Date (month, day, year) 4/1/00</p>	<p>Amount of Each Receipt this Period</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional) -----&gt;</p>			<p>4</p>
<p><b>TOTAL</b> This Period (last page this line number only) -----&gt;</p>			<p></p>

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

PAGE 5 OF 9  
FOR LINE NUMBER  
11a(i)

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

<b>A. Full Name, Mailing Address and Zip Code</b> Howard Toloe 7007 Commerce Avenue El Paso, TX 79915	Name of Employer Life Ambulance Service, Inc.  Occupation Owner/Operator	Date (month, day, year) 4/1/00	Amount of Each Receipt this Period 1.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 1000.00		
<b>B. Full Name, Mailing Address and Zip Code</b> Earl J. Field 9815 West Lawrence Avenue Schiller Park, IL 60176	Name of Employer Paramedic Services of IL, Inc.  Occupation Owner/Operator	Date (month, day, year) 4/1/00	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 500.00		
<b>C. Full Name, Mailing Address and Zip Code</b> Byron Parsons 4171 Rio Bravo Drive Chico, CA 95973	Name of Employer First Responder E.M.S., Inc.  Occupation Owner/Operator	Date (month, day, year) 4/1/00	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 500.00		
<b>D. Full Name, Mailing Address and Zip Code</b> Bob Hester 331 Bridge Street, 3rd Floor New Cumberland, PA 17070	Name of Employer Cornerstone AdminSystems  Occupation Owner/Operator	Date (month, day, year) 4/1/00	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 250.00		
<b>E. Full Name, Mailing Address and Zip Code</b> James D. Puckett 22930 NW Dogwood Street Hillsboro, OR 97124	Name of Employer West West Ambulance  Occupation Owner/Operator	Date (month, day, year) 4/1/00	Amount of Each Receipt this Period 1.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 1000.00		
<b>F. Full Name, Mailing Address and Zip Code</b> Russell Ferrell 1 East Margaret Terre Haute, IN 47802	Name of Employer Trans-Care, Inc.  Occupation Owner/Operator	Date (month, day, year) 4/5/00	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 250.00		
<b>G. Full Name, Mailing Address and Zip Code</b> Scott Vandenberg 18500 South Northstar Court Tinley Park, IL 60477	Name of Employer TRAC: Ambulance, Inc.  Occupation Owner/Operator	Date (month, day, year) 4/25/00	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 1000.00		

SUBTOTAL of Receipts This Page (optional) \_\_\_\_\_

4

TOTAL This Period (last page this line number only) \_\_\_\_\_

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 6 OF 9  
FOUR LINE NUMBER  
11a(i)

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Per
Rachel H. Harracksingh 7007 Commerce Avenue El Paso, TX 79935	Life Ambulance Service, Inc.  Occupation Owner/Operator	5/25/00	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 250.00		
B. Full Name, Mailing Address and Zip Code Robert McAdoo 1481 Carrigan Lane Ukiah, CA 95482	Ukiah Ambulance  Occupation Owner/Operator	4/1/00	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 250.00		
C. Full Name, Mailing Address and Zip Code Fred A. Sundquist, Jr. 135 West 7th Street Eureka, CA 95501	City Ambulance of Eureka, Inc.  Occupation Owner/Operator	4/1/00	
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 Joyce M. Startarc 135 West 7th Street Eureka, CA 95501	City Ambulance of Eureka, Inc.  Occupation Owner/Operator	4/1/00	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 250.00		
E. Full Name, Mailing Address and Zip Code Tricum North 2605 O Street, NW, #2 Washington, DC 20007	Huck & Associates, Inc.  Occupation Director of Gov't Relations	5/25/00	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 250.00		
F. Full Name, Mailing Address and Zip Code James McPartlan 793 State Street Schenectady, NY 12307	Mobiawk Ambulance Service  Occupation Owner/Operator	4/1/00	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 250.00		
G. Full Name, Mailing Address and Zip Code James McPartlan 793 State Street Schenectady, NY 12307	Mobiawk Ambulance Service  Occupation Owner/Operator	6/23/00	
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) ----->

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

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**ITEMIZED RECEIPTS**

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PAGE 7 OF 9  
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**NAME OF COMMITTEE (in Full)** AMERICAN AMBULANCE ASSOCIATION FEDERAL POLITICAL ACTION COMMITTEE (AMBUPAC)

<b>A. Full Name, Mailing Address and Zip Code</b> David Miller 1220 Cyclone Avenue Harlan, IA 51537	Name of Employer Medivac Ambulance Corp.  Occupation Owner/Operator	Date (month, day, year) 4/1/00	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 250.00		
<b>B. Full Name, Mailing Address and Zip Code</b> David Miller 1220 Cyclone Avenue Harlan, IA 51537	Name of Employer Medivac Ambulance Corp.  Occupation Owner/Operator	Date (month, day, year) 6/23/00	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 500.00		
<b>C. Full Name, Mailing Address and Zip Code</b> Debora M. Gault 5502 Northwest Highway Waterford, WI 53185	Name of Employer American Medical Response  Occupation Owner/Operator	Date (month, day, year) 4/1/00	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 250.00		
<b>D. Full Name, Mailing Address and Zip Code</b> Debora M. Gault 5502 Northwest Highway Waterford, WI 53185	Name of Employer American Medical Response  Occupation Owner/Operator	Date (month, day, year) 6/23/00	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 500.00		
<b>E. Full Name, Mailing Address and Zip Code</b> Larry S. Anderson 330 Hamblin Avenue Battle Creek, MI 49015	Name of Employer Life Care Ambulance Service  Occupation Owner/Operator	Date (month, day, year) 4/1/00	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 100.00		
<b>F. Full Name, Mailing Address and Zip Code</b> Larry S. Anderson 330 Hamblin Avenue Battle Creek, MI 49015	Name of Employer Life Care Ambulance Service  Occupation Owner/Operator	Date (month, day, year) 6/23/00	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 200.00		
<b>G. Full Name, Mailing Address and Zip Code</b> Tronda Staffin 8611 Larkin Road, Suite 200 Savage, MD 20763	Name of Employer Rural/Metro  Occupation Owner/Operator	Date (month, day, year) 4/1/00	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 250.00		

**SUBTOTAL** of Receipts (this Page (optional)) \_\_\_\_\_

**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 8 OF 9  
FOR LINE NUMBER  
11a (i)

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

<b>A. Full Name, Mailing Address and Zip Code</b> Brenda Staffan 8611 Larkin Road, Suite 200 Savage, MD 20763	<b>Name of Employer</b> Rural/Metro  <b>Occupation</b> Owner/Operator	<b>Date (month, day, year)</b> 6/23/00	<b>Amount of Each Receipt this Period</b> _____
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	<b>Aggregate Year-to-Date &gt;</b> 500.00		
<b>B. Full Name, Mailing Address and Zip Code</b> Patrick Kelly 2917 Kansas Ave Joplin, MO 64804	<b>Name of Employer</b> Newton County Ambulance District  <b>Occupation</b> Owner/Operator	<b>Date (month, day, year)</b> 4/24/00	<b>Amount of Each Receipt this Period</b> _____
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	<b>Aggregate Year-to-Date &gt;</b> 400.00		
<b>C. Full Name, Mailing Address and Zip Code</b> Patrick Kelly 2917 Kansas Ave Joplin, MO 64804	<b>Name of Employer</b> Newton County Ambulance District  <b>Occupation</b> Owner/Operator	<b>Date (month, day, year)</b> 5/24/00	<b>Amount of Each Receipt this Period</b> _____
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	<b>Aggregate Year-to-Date &gt;</b> 500.00		
<b>D. Full Name, Mailing Address and Zip Code</b> Patrick Kelly 2917 Kansas Ave Joplin, MO 64804	<b>Name of Employer</b> Newton County Ambulance District  <b>Occupation</b> Owner/Operator	<b>Date (month, day, year)</b> 6/24/00	<b>Amount of Each Receipt this Period</b> _____
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	<b>Aggregate Year-to-Date &gt;</b> 600.00		
<b>E. Full Name, Mailing Address and Zip Code</b> Harvey L. Hall 1001 21st Street Bakersfield, CA 93301	<b>Name of Employer</b> Hall Ambulance Service  <b>Occupation</b> Owner/Operator	<b>Date (month, day, year)</b> 4/1/00	<b>Amount of Each Receipt this Period</b> _____
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	<b>Aggregate Year-to-Date &gt;</b> 300.00		
<b>F. Full Name, Mailing Address and Zip Code</b> Harvey L. Hall 1001 21st Street Bakersfield, CA 93301	<b>Name of Employer</b> Hall Ambulance Service  <b>Occupation</b> Owner/Operator	<b>Date (month, day, year)</b> 4/3/00	<b>Amount of Each Receipt this Period</b> _____
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	<b>Aggregate Year-to-Date &gt;</b> 250.00		
<b>G. Full Name, Mailing Address and Zip Code</b> Harvey L. Hall 1001 21st Street Bakersfield, CA 93301	<b>Name of Employer</b> Hall Ambulance Service  <b>Occupation</b> Owner/Operator	<b>Date (month, day, year)</b> 5/1/00	<b>Amount of Each Receipt this Period</b> _____
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	<b>Aggregate Year-to-Date &gt;</b> 1000.00		
<b>SUBTOTAL of Receipts This Page (optional)</b> _____			1.
<b>TOTAL This Period (last page this line number only)</b> _____			

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 9 OF 9  
FOR LINE NUMBER  
11a(i)

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

<p><b>A. Full Name, Mailing Address and Zip Code</b> Harvey L. Hall 1001 21st Street Makersfield, CA. 93301</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Hall Ambulance Service</p> <p>Occupation Owner/Operator</p> <p>Aggregate Year-to-Date &gt; 1250.00</p>	<p>Date (month, day, year) 4/2/00</p>	<p>Amount of Each Receipt this Period</p>
<p><b>B. Full Name, Mailing Address and Zip Code</b> Jamie Pafford Greenham 3317 West 16th Hope, AR. 71801</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Pafford Ambulance</p> <p>Occupation Owner/Operator</p> <p>Aggregate Year-to-Date &gt; 200.00</p>	<p>Date (month, day, year) 4/24/00</p>	<p>Amount of Each Receipt this Period</p>
<p><b>C. Full Name, Mailing Address and Zip Code</b> Jamie Pafford Greenham 3317 West 16th Hope, AR. 71801</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Pafford Ambulance</p> <p>Occupation Owner/Operator</p> <p>Aggregate Year-to-Date &gt; 300.00</p>	<p>Date (month, day, year) 5/24/00</p>	<p>Amount of Each Receipt this Period</p>
<p><b>D. Full Name, Mailing Address and Zip Code</b> Janole Pafford Greenham 3317 West 16th Hope, AR. 71801</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Pafford Ambulance</p> <p>Occupation Owner/Operator</p> <p>Aggregate Year-to-Date &gt; 400.00</p>	<p>Date (month, day, year) 6/23/00</p>	<p>Amount of Each Receipt this Period</p>
<p><b>E. Full Name, Mailing Address and Zip Code</b> Dale J. Berry 2215 Hogback Road 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 Huron Valley Ambulance</p> <p>Occupation Owner/Operator</p> <p>Aggregate Year-to-Date &gt; 200.00</p>	<p>Date (month, day, year) 4/24/00</p>	<p>Amount of Each Receipt this Period</p>
<p><b>F. Full Name, Mailing Address and Zip Code</b> Dale J. Berry 2215 Hogback Road 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 Huron Valley Ambulance</p> <p>Occupation Owner/Operator</p> <p>Aggregate Year-to-Date &gt; 300.00</p>	<p>Date (month, day, year) 5/24/00</p>	<p>Amount of Each Receipt this Period</p>
<p><b>G. Full Name, Mailing Address and Zip Code</b> Dale J. Berry 2215 Hogback Road 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 Huron Valley Ambulance</p> <p>Occupation Owner/Operator</p> <p>Aggregate Year-to-Date &gt; 400.00</p>	<p>Date (month, day, year) 6/23/00</p>	<p>Amount of Each Receipt this Period</p>
<p><b>SUBTOTAL of Receipts This Page (optional)</b> -----&gt;</p>			
<p><b>TOTAL This Period (last page this line number only)</b> -----&gt;</p>			<p>24</p>

**SCHEDULE B**  
*Operating Expenditures*

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER  
21b

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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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this
Bank of America 8th & Market Streets St Louis, MO 63101	Service Charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	4/1-6/30/2000	_____
CardService International PO Box 2310 Anacora Hills, CA 91376-2310	Service Charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	4/1-6/30/2000	_____
First Union National Bank P.O. Box 13327 Roanoke, VA 24040-7314	Service Charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	4/1-6/30/2000	_____
First Union National Bank First Union National Bank c/o Nova Information Systems, Inc. 7300 Chapman Highway Knoxville, TN 37920	Service Charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	4/1-6/30/2000	_____
American Express P.O. Box 33852 Phoenix, AZ 85077-3852	Service Charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	4/1-6/30/2000	_____
Hawk & Associates, Inc 1255 Twenty-Third Street, NW Washington, DC 20037	Operating Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	4/1-6/30/2000	_____ 1
Nova Information Systems 200 Hannover Park Road Atlanta, GA 30350	Credit Card Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	4/1-6/30/2000	_____
Rapidtrans 301 Grove Road Thomas, NJ 07086-0400	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	4/1-6/30/2000	_____
J & J Printing, Inc 5540 Port Royal Road Springfield, VA 22151	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	4/1-6/30/2000	_____

**SUBTOTAL** of Disbursements This Page (optional) ----->

**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 1 OF 3  
FORM 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 year
AMERIPAC 1580 K Street, NW, Suite 850 Washington, DC 20006	Leadership PAC Rep. Eloyer (D-3-MD) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	4/5/00	1
B. Full Name, Mailing Address and Zip Code Luther for Congress Volunteer Committee (D-6-MN) 1399 Geneva Ave, #202 Oakdale, MN 55128	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	4/11/00	1
C. Full Name, Mailing Address and Zip Code Pete Stark Re-Election Committee (D-13-CA) PO Box 8331 Fremont, CA 94537	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	4/11/00	1
D. Full Name, Mailing Address and Zip Code Robb for Senate (D-VA) P.O. Box 1279 McLean, VA 22101	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	4/27/00	3
E. Full Name, Mailing Address and Zip Code Rungel for Congress 2000 (D-15-NY) P.O. Box 5577 Manhattanville Station New York, NY 10127	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	4/27/00	2
F. Full Name, Mailing Address and Zip Code John Dingell for Congress Committee (D-16-MI) 607 14th Street, NW Washington, DC 20005	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	5/3/00	1
G. Full Name, Mailing Address and Zip Code Billy Tauzin Congressional Committee (R-3-LA) 550 South Van Houma, LA 70361	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	5/3/00	1
H. Full Name, Mailing Address and Zip Code Bill Thomas Campaign Committee (R-21-CA) P.O. Box 395 Bakersfield, CA 93312	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	5/12/00	1
I. Full Name, Mailing Address and Zip Code Democratic Leader's Victory Fund 2000 7435 Watson Road, Suite 107 St. Louis, MO 63119	Purpose of Disbursement Contribution Leadership PAC Rep. Gephardt (D-3-MO) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	5/12/00	1

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

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 (AMBUPAC)

A. Full Name, Mailing Address and Zip Code Upton for All of Us (R-ME) P.O. Box 490 St. Joseph, ME 49025	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 6/6/00	Amount of Each Disbursement this 1,
B. Full Name, Mailing Address and Zip Code Berkeley for Congress (D-NV) 349 Keating Street Henderson, NV 89014-5986	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 6/6/00	Amount of Each Disbursement this
C. Full Name, Mailing Address and Zip Code Shodegg for Congress (R-AZ) 2016 Mt. Vernon Avenue, 3rd Floor Alexandria, VA 22301	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 6/6/00	Amount of Each Disbursement this 1,
D. Full Name, Mailing Address and Zip Code Friends of Chris Dodd 2004 (D-CT) P.O. Box 270701 West Hartford, CT 06127	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 6/6/00	Amount of Each Disbursement this 1,
E. Full Name, Mailing Address and Zip Code Jeffords for Vermont (R-VT) P.O. Box 246 Montpelier, VT 05601	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 6/14/00	Amount of Each Disbursement this 2,
F. Full Name, Mailing Address and Zip Code Grans for Senate (R-MN) 320 East Main Street Anoka, MN 55303	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 6/14/00	Amount of Each Disbursement this 1
G. Full Name, Mailing Address and Zip Code Easign for Senate (R-NV) P.O. Box 20098 Reno, NV 89515	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 6/14/00	Amount of Each Disbursement this 1
H. Full Name, Mailing Address and Zip Code Friends of Houghton (R-NY) 4451 Brookfield Corporate Drive, #200 Chantilly, VA 20151	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 6/20/00	Amount of Each Disbursement this
I. Full Name, Mailing Address and Zip Code Easign for Senate (R-NV) P.O. Box 26568 Las Vegas, NV 89176	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 6/20/00	Amount of Each Disbursement this

**SUBTOTAL** of Disbursements This Page (optional) ----->

**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 3 OF 3  
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 Harvey Frank for Congress Committee (D-4-MA) P.O. Box 260 Newtonville, MA 02160	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 6/28/00	Amount of Each Disbursement this 1,
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
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
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
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
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement this
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
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
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

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

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

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 type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) 7/14/00
<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	

*J.A.Q.*  
PREPARER

7/12/00  
DATE PREPARED