

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

RECEIVED  
FEDERAL ELECTION  
COMMISSION

DEC 3 4 06 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 1301 Connecticut Ave., N.W.	3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
CITY, STATE AND ZIP CODE Washington, DC 20036	

**4. TYPE OF REPORT**

- (a)  April 15 Quarterly Report  
 July 15 Quarterly Report  
 October 15 Quarterly Report  
 January 31 Year End Report  
 July 31 Mid Year Report (Non-Election Year Only)  
 Termination Report

Monthly Report Due On:

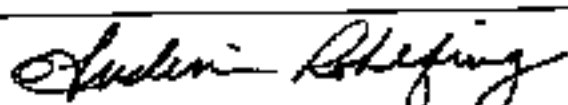
- February 20     June 20     October 20  
 March 20     July 20     November 20  
 April 20     August 20     December 20  
 May 20     September 20     January 31

Twelfth day report preceding \_\_\_\_\_ (Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_  
 Thirtieth day report following the General Election on  
11/3/98 in the State of District of Columbia

(b) Is this Report an Amendment? YES  NO

5. SUMMARY Covering Period <u>October 1, 1998 through October 31, 1998</u>	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 19 <u>98</u>		29,576.93
(b) Cash on Hand at Beginning of Reporting Period	7,970.76	
(c) Total Receipts (from Line 19)	666.66	18,537.92
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	8,637.42	48,114.87
7. Total Disbursements (from Line 30)	6,294.88	45,772.33
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2,342.54	2,342.54
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 909 F. Street, NW Washington, DC 20463 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)	\$ .00	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Frederic L. Rohlfing	Date November 20, 1998
Signature of Treasurer 	

Note: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 3437g.

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

NAME OF COMMITTEE		REPORT COVERING PERIOD	
AMERICAN AMBULANCE ASSOCIATION FEDERAL POLITICAL ACTION COMMITTEE		FROM: 10/1/98	TO: 10/31/98
1. 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).....	666.66	18,507.92
ii.	Unitemized.....	.00	30.00
iii.	Total.....(add i and ii) >	666.66	18,537.92
b.	Political Party Committees.....	.00	.00
c.	Other Political Committees (such as PACs).....	.00	.00
d.	Total Contributions.....(add a iii, b and c) >	666.66	18,537.92
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) >	666.66	18,537.92
20.	Total Federal Receipts.....(subtract line 18 from line 19) >	666.66	18,537.92
II. Disbursements			
21.	Operating Expenditures:		
a.	Shared Federal/Non-Federal Activity (from Schedule TI-4)		
i.	Federal Share.....	.00	.00
ii.	Non-Federal Share.....	.00	.00
b.	Other Federal Operating Expenditures.....	31.50	649.36
c.	Total Operating Expenditures.....(add a i, a ii, and b) >	31.50	649.36
22.	Transfers to Affiliated/Other Party Committees.....	.00	.00
23.	Contributions to Federal Candidates/Committees and Other Political Committees.....	6,250.00	45,109.59
24.	Independent Expenditures (use Schedule E).....	.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.	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.....	13.38	13.38
30.	Total Disbursements.....(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	6,294.88	45,772.33
31.	Total Federal Disbursements.....(subtract line 21a ii from line 30) >	6,263.38	45,122.97
III. Net Contributions/Operating Expenditures			
32.	Total Contributions (other than loans) (from line 11d).....	666.66	18,537.92
33.	Total Contribution Refunds (from line 28d).....	.00	.00
34.	Net Contributions (other than loans) (subtract line 33 from 32).....	666.66	18,537.92
35.	Total Federal Operating Expenditures.....(add 21a i and 21b) >	31.50	649.36
36.	Offsets to Operating Expenditures (from line 15).....	.00	.00
37.	Net Operating Expenditures.....(subtract line 36 from 35) >	31.50	649.36

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
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 (AMBUPAC)

<b>A. Full Name, Mailing Address and Zip Code</b> Steve Murphy 9201 E. Mississippi Ave, Apt T-205 Denver, CO 80231	<b>Name of Employer</b> American Medical Response	<b>Date (month, day, year)</b> 10/7/98	<b>Amount of Each Receipt this Period</b> 250.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> Owner/Operator	<b>Aggregate Year-to-Date &gt;</b> 1,000.00	
<b>B. Full Name, Mailing Address and Zip Code</b> Dale Berry 2215 Hogback Rd Ann Arbor, MI 48105	<b>Name of Employer</b> Huron Valley Ambulance	<b>Date (month, day, year)</b> 10/7/98	<b>Amount of Each Receipt this Period</b> 83.33
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> Owner/Operator	<b>Aggregate Year-to-Date &gt;</b> 833.30	
<b>C. Full Name, Mailing Address and Zip Code</b> Patrick Kelly 2917 Kansas Joplin, MO 64804	<b>Name of Employer</b> Newton County Ambulance	<b>Date (month, day, year)</b> 10/7/98	<b>Amount of Each Receipt this Period</b> 100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> Owner/Operator	<b>Aggregate Year-to-Date &gt;</b> 400.00	
<b>D. Full Name, Mailing Address and Zip Code</b> Brian Walker 35783 Mound Rd Sterling Hghts, MI 48310	<b>Name of Employer</b> Universal-Macomb Ambulance	<b>Date (month, day, year)</b> 10/7/98	<b>Amount of Each Receipt this Period</b> 83.33
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> Admin/Consultant	<b>Aggregate Year-to-Date &gt;</b> 749.97	
<b>E. Full Name, Mailing Address and Zip Code</b> Hurvey L Hall 1001 21st St Bakersfield, CA 93301	<b>Name of Employer</b> Hall Ambulance Service	<b>Date (month, day, year)</b> 10/13/98	<b>Amount of Each Receipt this Period</b> 150.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> Owner/Operator	<b>Aggregate Year-to-Date &gt;</b> 1,000.00	
<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>
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b>	<b>Aggregate Year-to-Date &gt;</b>	
<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>
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b>	<b>Aggregate Year-to-Date &gt;</b>	

**SUBTOTAL** of Receipts This Page (optional) -----> 666.66

**TOTAL** This Period (last page this line number only) -----> 666.66

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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Fleishman-Hillard, Inc. 200 North Broadway St. Louis, MO 63102	Overnight shipments and photocopy charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/26/98	12.45
B. Full Name, Mailing Address and Zip Code NationsBank One NationsBank Plaza St Louis, MO 63101	Purpose of Disbursement Bankcard Processing Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/5/98	19.05
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

<b>SUBTOTAL</b> of Disbursements This Page (optional) ----->	31.50
<b>TOTAL</b> This Period (last page this line number only) ----->	31.50

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
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	Date (month, day, year)	Amount of Each Disbursement this Period
Muzkowski 98 PO Box 240468 Anchorage, AK 99524	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/1/98	1,000.00
B. Full Name, Mailing Address and Zip Code Friends of Newt Gingrich PO Box 1399 Roswell, GA 30077	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/1/98	1,000.00
C. Full Name, Mailing Address and Zip Code Re-Elect Nancy Johnson to Congress 1232 Corbin Ave New Britain, CT 06053	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/8/98	2,500.00
D. Full Name, Mailing Address and Zip Code Citizens for Bunning 1717 Dixie Hwy, Ste 180 El Wright, KY 41011 Washington, DC 20002	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/14/98	500.00
E. Full Name, Mailing Address and Zip Code Spirit of America 505 Capitol Court, NE, Ste 100 Washington, DC 20002	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/19/98	500.00
F. Full Name, Mailing Address and Zip Code Citizens Committee for Ernest F Hollings 1722 Main St, Ste 230 Columbia, SC 29201	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/28/98	250.00
G. Full Name, Mailing Address and Zip Code Luther for Congress 1399 Geneva Ave, #202 Oakdale, MN 55128	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/29/98	500.00
H. Full Name, Mailing Address and Zip Code	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
I. Full Name, Mailing Address and Zip Code	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

<b>SUBTOTAL</b> of Disbursements This Page (optional)	6,250.00
<b>TOTAL</b> This Period (last page this line number only)	6,250.00

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 <i>12/3/98</i>
<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	
<i>dc</i> PREPARER	<i>12/3/98</i> DATE PREPARED