

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) <input type="checkbox"/> Check if different than previously reported 1301 Connecticut Ave., N.W.	2. FEC IDENTIFICATION NUMBER C00168070
CITY, STATE and ZIP CODE Washington, DC 20036	3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

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>1/1/95</u> through <u>6/30/95</u>		
6. (a) Cash on Hand January 1, 19 <u>95</u>		\$ 3,835.86
(b) Cash on Hand at Beginning of Reporting Period	\$ 3,835.86	
(c) Total Receipts (from Line 19)	\$ 18,100.00	\$ 18,100.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 21,935.86	\$ 21,935.86
7. Total Disbursements (from Line 20)	\$ 18,600.22	\$ 18,600.22
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 3,335.64	\$ 3,335.64
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 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 Joyce L. Rollins	
Signature of Treasurer 	Date 7/11/95

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

--	--	--	--	--	--	--	--	--	--

FEC FORM 3X
(revised 9/93)

9 5 0 3 9 3 7 1 5 9 7

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE American Ambulance Association	Federal Political Action Committee	REPORT COVERING PERIOD FROM 1/1/95 TO 6/30/95	
		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)		17,900.00	17,900.00
ii. Unitemized		200.00	200.00
iii. Total (add i and ii) >		18,100.00	18,100.00
b. Political Party Committees		00	00
c. Other Political Committees (such as PACs)		00	00
d. Total Contributions (add a iii, b and c) >		18,100.00	18,100.00
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 Nonfederal Account for Joint Activity		00	00
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		18,100.00	18,100.00
20. Total Federal Receipts (subtract line 18 from line 19) >		18,100.00	18,100.00
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		10,600.22	10,600.22
c. Total Operating Expenditures (add a i, a ii, and b) >		10,600.22	10,600.22
22. Transfers to Affiliated/Other Party Committees		00	00
23. Contributions to Federal Candidates/Committees and Other Political Committees		8,000.00	8,000.00
24. Independent Expenditures (use Schedule E)		00	00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 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 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) >		18,600.22	18,600.22
31. Total Federal Disbursements (subtract line 27 a ii from line 30) >		18,600.22	18,600.22
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)		18,100.00	18,100.00
33. Total Contribution Refunds (from line 28d)		00	00
34. Net Contributions (other than loans)(subtract line 33 from 32)		18,100.00	18,100.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		10,600.22	10,600.22
36. Offsets to Operating Expenditures (from line 15)		00	00
37. Net Operating Expenditures (subtract line 36 from 35) >		10,600.22	10,600.22

2003071508

SCHEDULE A

ITEMIZED RECEIPTS

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

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
Eileen Clemente 700 5th St. Struthers, OH 44471	Clemente-McKay	1/26/95	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Owner/Operator Aggregate Year-to-Date > \$ 400.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Hess 11282 E. Del Timbre Scottsdale, AZ 85259	Rural/Metro Ambulance	1/26/95	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Owner/Operator Aggregate Year-to-Date > \$ 1,000.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Hill 395 W. Lake St. Elmhurst, IL 60126	Superior Air/Ground Ambulance	1/26/95	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		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ben Hinson 2025 Vineville Ave. Macon, GA 31203	Mid Georgia Ambulance	1/26/95	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Owner/Operator Aggregate Year-to-Date > \$1,000.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Darryl & Andrea Quigley 1810 Country Club Circle Garland, TX 75043	Central Ambulance	1/26/95	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
Larry & Harriet May 8002 Ivy Lane Baltimore, MD 21208	May Ambulance	1/26/95	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
Allan Reichle 560 Williams Road Palm Springs, CA 92262	Springs Ambulance	1/26/96	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)	6,400.00
TOTAL This Period (last page this line number only)	

9 5 0 3 9 6 7 1 5 9 9

SCHEDULE A

ITEMIZED RECEIPTS

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

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
Leonard & Ruth Roberts 1206 Flower Lane Wantagh, NY 11793	Country Ambulance	1/26/95	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
Mary Sheehan & Mark Meijer P.O. Box 2284 Grand Rapids, MI 49501	Life EMS	1/26/95	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Owner/Operator Aggregate Year-to-Date > \$ 1,000.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marcella Wehrman 15744 Lindskog Whittier, CA 90603	AME, Inc.	1/26/95	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Owner/Operator Aggregate Year-to-Date > \$ 100.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Billie Jane Morris 180 E. Wylie Washington, PA 15301	Ambulance & Chair Service	3/24/95	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Owner/Operator Aggregate Year-to-Date > \$ 500.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph Paoletta 58 Middleton Ave. New Haven, CT 06613	American Medical Response	3/24/95	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
H. Mickey McCabe 14 E. 41st Bayonne, NJ 07002	McCabe Ambulance	3/24/95	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
Roland Dugas 400 Oakleaf Dr. Lafayette, LA 70508	Acadian Ambulance	3/10/95	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Owner/Operator Aggregate Year-to-Date > \$ 500.00		

SUBTOTAL of Receipts This Page (optional)	5,100.00
TOTAL This Period (last page this line number only)	5,100.00

9 0 0 3 9 7 1 6 0 0

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 4
FORM I FILE 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
Richard Zuschlag 500 rue Chavaniac Lafayette, LA 70508 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Acadian Ambulance Occupation: <u>Owner/Operator</u> Aggregate Year-to-Date > \$ 500.00	3/10/95	500.00
Marcella Woehrmann 15744 Lindskog Whittier, CA 90603 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	AVE, Inc. Occupation: <u>Owner/Operator</u> Aggregate Year-to-Date > \$ 300.00	3/10/95	200.00
Nancy Howell 1131 Donaire Pacific Palisades, CA 90272 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Goodnow Ambulance Occupation: <u>Owner/Operator</u> Aggregate Year-to-Date > \$ 1,000.00	3/10/95	1,000.00
David Lewis P.O. Box 69 Magnolia, AR 71753 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Pro-Med Ambulance Occupation: <u>Owner/Operator</u> Aggregate Year-to-Date > \$ 1,000.00	3/10/95	1,000.00
Joe Huffman 2110 Village Green Garland, TX 75044 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Dallas Ambulance Occupation: <u>Owner/Operator</u> Aggregate Year-to-Date > \$ 250.00	3/10/95	250.00
Frank Kelton 851 Robin Circle Arroyo Grande, CA 93420 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	San Luis Ambulance Occupation: <u>Owner/Operator</u> Aggregate Year-to-Date > \$ 1,000.00	3/10/95	1,000.00
Marcella Woehrmann 15744 Lindskog Whittier, CA 92270 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	AME, Inc. Occupation: <u>Owner/Operator</u> Aggregate Year-to-Date > \$ 400.00	4/4/95	100.00

SUBTOTAL of Receipts This Page (optional)	4,050.00
TOTAL This Period (last page this line number only)	4,050.00

1673009

SCHEDULE A

ITEMIZED RECEIPTS

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

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
Joe Huffman 2110 Village Green Garland, TX 75044	Dallas Ambulance Occupation: Owner/Operator	5/26/95	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
Mark Meijer P.O. Box 2884 Grand Rapids, MI 49501	Life EMS Occupation: Owner/Operator	5/26/95	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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Carol Myers 1499 Eagle Valley Greenwood, IN 46143	Myers Ambulance Occupation: Owner/Operator	5/26/95	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		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marcella Wehrmann 9 Regency Dr. Rancho Mirage, CA 92270	AME, Inc. Occupation: Owner/Operator	5/26/95	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

2
6
7
8
9
0
3
4
5
6
7
8
9

SUBTOTAL of Receipts This Page (optional)	2,350.00
TOTAL This Period (Use page this line number only)	17,900.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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

95039071603

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	Printing of AAA mailing; photocopies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/13/95	10,600.22
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)	10,600.22
TOTAL This Period (last page this line number only)	10,600.22

SCHEDULE B

ITEMIZED DISBURSEMENTS

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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Larry Pressler 425 2nd St., SE Washington, DC 20002	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/26/95	1,000.00
B. Full Name, Mailing Address and ZIP Code Democratic Congressional Campaign Committee 430 South Capitol Washington, DC 20003	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/26/95	1,000.00
C. Full Name, Mailing Address and ZIP Code Rangel for Congress Committee 2030 Allen Place, N.W. Washington, DC 20009	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/7/95	500.00
D. Full Name, Mailing Address and ZIP Code Friends of Ron Packard 44195 Chatham Way Ashburn, VA 22011	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/13/95	500.00
E. Full Name, Mailing Address and ZIP Code Larry Pressler for Senate 1301 Connecticut Ave., N.W. Washington, DC 20036	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/13/95	1,000.00
F. Full Name, Mailing Address and ZIP Code Friends of Jennifer Dunn 1212 N. Vernon Arlington, VA 22201	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/13/95	500.00
G. Full Name, Mailing Address and ZIP Code Dave Hobson for Congress 1212 N. Vernon Arlington, VA 22201	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/13/95	250.00
H. Full Name, Mailing Address and ZIP Code Friends of Clay Shaw 4451 Brookfield Corporate Dr. Chantilly, VA 22201	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/13/95	500.00
I. Full Name, Mailing Address and ZIP Code Dick Arney for Congress 1301 Connecticut Ave., N.W. Washington, DC 20036	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/13/95	750.00

SUBTOTAL of Disbursements This Page (optional):	6,000.00
TOTAL This Period (last page this line number only):	

95039571604

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2
FOR LINE NUMBER 23

Any information copied from such Reports and Statements may not be so 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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Gephardt for Congress 507 Capital Court, N.E. Washington, DC 20002	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/25/95	1,000.00
B. Full Name, Mailing Address and ZIP Code Herger for Congress 1301 Connecticut Ave., N.W. Washington, DC 20036	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/25/95	500.00
C. Full Name, Mailing Address and ZIP Code Feingold for Senate P.O. Box 620062 Middleton, WI 53562	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/25/95	500.00
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 (actions) 2,000.00

TOTAL This Period (last page this line number only) 8,000.00

95039071605

**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
7-25-95

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

JES
PREPARER

7-25-95
DATE PREPARED

95069971606