

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

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

1. NAME OF COMMITTEE (in full) American Ambulance Association Federal Political Action Committee	2. ^{753 150} FEC IDENTIFICATION NUMBER CD0168070
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1301 Connecticut Ave., N.W.	
CITY, STATE AND ZIP CODE Washington, DC 20036	
3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 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:

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

- Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____
 Thirtieth day report following the General Election on _____ in the State of _____

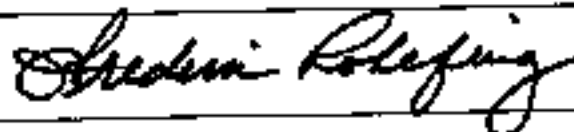
(b) Is this Report an Amendment? YES NO

5. SUMMARY Covering Period January 1, 2000 through March 31, 2000.....	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2000.....		30,322.37
(b) Cash on Hand at Beginning of Reporting Period.....	30,322.37	
(c) Total Receipts (from Line 19).....	3,505.00	3,505.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	33,827.37	33,827.37
7. Total Disbursements (from Line 30).....	14,142.23	14,142.23
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))....	19,685.14	19,685.14
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	\$.00	For further information contact: Federal Election Commission 999 F Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemized all on Schedule C and/or Schedule D).....	\$.00	

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

Type or Print Name of Treasurer **Frederic L. Rohlfing**

Signature of Treasurer



Date

April 17, 2000

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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FEC FORM 3X
(computer reproduction)

**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: 1/1/2000 TO: 3/31/2000	
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).....	2,950.00	2,940.00
ii.	Unitemized.....	555.00	555.00
iii.	Total.....(add i and ii) >	3,505.00	3,505.00
b.	Political Party Committees.....	.00	.00
c.	Other Political Committees (such as PACs).....	.00	.00
d.	Total Contributions.....(add a iii, b and c) >	3,505.00	3,505.00
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 Non-Federal Account for Joint Activity.....	.00	.00
19.	Total Receipts.....(add 11d, 12, 13, 14, 15, 16, 17, and 18) >	3,505.00	3,505.00
20.	Total Federal Receipts.....(subtract line 18 from line 19) >	3,505.00	3,505.00
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.....	142.23	142.23
c.	Total Operating Expenditures.....(add a i, a ii, and b) >	142.23	142.23
22.	Transfers to Affiliated/Other Party Committees.....	.00	.00
23.	Contributions to Federal Candidates/Committees and Other Political Committees.....	14,000.00	14,000.00
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.....	.00	.00
30.	Total Disbursements.....(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	14,142.23	14,142.23
31.	Total Federal Disbursements.....(subtract line 21a ii from line 30) >	14,142.23	14,142.23
III. Net Contributions/Operating Expenditures			
32.	Total Contributions (other than loans) (from line 11d).....	3,505.00	3,505.00
33.	Total Contribution Refunds (from line 28d).....	.00	.00
34.	Net Contributions (other than loans) (subtract line 33 from 32).....	3,505.00	3,505.00
35.	Total Federal Operating Expenditures.....(add 21a i and 21b) >	142.23	142.23
36.	Offsets to Operating Expenditures (from line 15).....	.00	.00
37.	Net Operating Expenditures.....(subtract line 36 from 35) >	142.23	142.23

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1

OF 2

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)

A. Full Name, Mailing Address and Zip Code James McNeil 414 W Elm Burbank, CA 91506 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Schaefer Ambulance Service Occupation Owner/Operator Aggregate Year-to-Date > 1,000.00	Date (month, day, year) 01/01/2000	Amount of Each Receipt this Period 1,000.00
B. Full Name, Mailing Address and Zip Code Greg Guckes 2821 S Parker Rd Aurora, CO 80014 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer American Medical Response Occupation Owner/Operator Aggregate Year-to-Date > 250.00	Date (month, day, year) 01/03/2000	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and Zip Code Ray Hayes 1305 Chastain Rd, Ste 400 Kennesaw, GA 30144 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer American Medical Response Occupation Owner Aggregate Year-to-Date > 250.00	Date (month, day, year) 01/11/2000	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and Zip Code Stephen Madison 7575 Southfront Rd Livermore, CA 94550 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer American Medical Response Occupation President Aggregate Year-to-Date > 250.00	Date (month, day, year) 01/11/2000	Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and Zip Code Louis Meyer 7575 Southfront Rd Livermore, CA 94550 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer American Medical Response Occupation Owner/Operator Aggregate Year-to-Date > 250.00	Date (month, day, year) 01/11/2000	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and Zip Code Harvey L Hall 1001 21st St Bakersfield, CA 93301 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Hall Ambulance Service Occupation Owner/Operator Aggregate Year-to-Date > 250.00	Date (month, day, year) 01/11/2000	Amount of Each Receipt this Period 250.00
G. Full Name, Mailing Address and Zip Code Steven Murphy 2821 S Parker Rd Aurora, CO 80014 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer American Medical Response Occupation President Aggregate Year-to-Date > 250.00	Date (month, day, year) 01/11/2000	Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ----->	2,500.00
TOTAL This Period (last page this line number only) ----->	-----

SCHEDULE A

ITEMIZED RECEIPTS

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

A. Full Name, Mailing Address and Zip Code Stanley Portman 26C Carnation Circle Reading, MA 01867	Name of Employer Action Ambulance Service, Inc	Date (month, day, year) 01/11/2000	Amount of Each Receipt this Period 250.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President/CEO	Aggregate Year-to-Date > 250.00	
B. Full Name, Mailing Address and Zip Code Patrick Kelly 2917 Kansas Ave Joplin, MO 64804	Name of Employer Newton County Ambulance Serv	Date (month, day, year) 01/11/2000	Amount of Each Receipt this Period 200.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner	Aggregate Year-to-Date > 200.00	
C. 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):	Occupation	Aggregate Year-to-Date >	
D. 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):	Occupation	Aggregate Year-to-Date >	
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):	Occupation	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):	Occupation	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):	Occupation	Aggregate Year-to-Date >	

SUBTOTAL of Receipts This Page (optional) ----->	450.00
TOTAL This Period (last page this line number only) ----->	2,950.00

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

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

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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
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):	1/1-3/31/2000	88.93
CardService International PO Box 2310 Aurora Hills, CA 91376-2310	Service Charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	1/1-3/31/2000	53.30
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)	142.23
TOTAL This Period (last page this line number only)	142.23

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2
FOR LINE NUMBER
23

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

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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Bill Thomas Campaign Committee PO Box 395 Bakersfield, CA 93302	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	01/12/2000	2,000.00
B. Full Name, Mailing Address and Zip Code Pete Stark Re-Election Committee PO Box 8331 Fremont, CA 94537	Purpose of Disbursement Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	02/15/2000	2,000.00
C. Full Name, Mailing Address and Zip Code Re-elect Nancy Johnson to Congress Committee PO Box 1986 New Britain, CT 06050	Purpose of Disbursement Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	02/15/2000	1,500.00
D. Full Name, Mailing Address and Zip Code Mike Bilirakis for Congress PO Box 1077 Tarpon Springs, FL 34688	Purpose of Disbursement Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	02/15/2000	1,000.00
E. Full Name, Mailing Address and Zip Code Hoyer for Congress 7905 Malcolm Road, Suite 102 Clinton, MD 20735	Purpose of Disbursement Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	02/15/2000	1,000.00
F. Full Name, Mailing Address and Zip Code DashPAC 424 C Street, NE 1st Floor Washington, DC 20002	Purpose of Disbursement Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	02/15/2000	2,000.00
G. Full Name, Mailing Address and Zip Code Congressman Waxman Campaign Committee 8665 Wilshire Blvd, Ste 220 Beverly Hills, CA 90211	Purpose of Disbursement Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	02/22/2000	1,000.00
H. Full Name, Mailing Address and Zip Code Rod Grans for U S Senate 320 East Main St Anoka, MN 55303	Purpose of Disbursement Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/09/2000	1,000.00
I. Full Name, Mailing Address and Zip Code Luther for Congress Volunteer Committee 1399 Geneva Ave, #202 Oakdale, MN 55128	Purpose of Disbursement Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/09/2000	1,000.00

SUBTOTAL of Disbursements This Page (optional) -----> 12,500.00

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Contribution	Date (month, day, year)	Amount of Each Disbursement this Period
Friends of Steven Brown 2625 East Erie Ave Lorain, OH 44052	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/09/2000	500.00
B. Full Name, Mailing Address and Zip Code Benoit for Congress 3270 Grandview Ct Shelby TWP, MI 48316	Purpose of Disbursement Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 03/21/2000	Amount of Each Disbursement this Period 1,000.00
C. 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
D. 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
E. 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
F. 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
G. 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
H. 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
I. 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

SUBTOTAL of Disbursements This Page (optional) ----->	1,500.00
TOTAL This Period (last page this line number only) ----->	14,000.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 4-14-00
<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	
V.C.	4-18-00
PREPARER	DATE PREPARED