

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

APR 11 4 02 PM '94

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
 C00168070 030494 P 252
 ROYCE L. POLLINS
 AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBLU-PAC)
 1501 CONNECTICUT AVENUE NW
 WASHINGTON DC 20036

2. FEC IDENTIFICATION NUMBER
 C00168070

3. 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

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>1/1/94</u> through <u>3/31/94</u>		
6. (a) Cash on Hand January 1, 19 <u>94</u>		\$ 1,028.90
(b) Cash on Hand at Beginning of Reporting Period	\$ 1,028.90	
(c) Total Receipts (from Line 19)	\$ 19,842.70	\$ 19,842.70
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 20,871.60	\$ 20,871.60
7. Total Disbursements (from Line 30)	\$ 8,303.74	\$ 8,303.74
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 12,567.86	\$ 12,567.86
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
 Royce L. Rollins

Signature of Treasurer *Royce L. Rollins* Date 4/11/94

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)

94038912652

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 **1/1/94**

TO **3/31/94**

	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)	19,592.70	19,592.70	11(a)(i)
ii. Unitemized	250.00	250.00	11(a)(ii)
iii. Total	19,842.70	19,842.70	11(a)(iii)
b. Political Party Committees .....	.00	.00	11(b)
c. Other Political Committees (such as PACs) .....	.00	.00	11(c)
d. Total Contributions	19,842.70	19,842.70	11(d)
12. Transfers From Affiliated/Other Party Committees .....	.00	.00	12
13. All Loans Received .....	.00	.00	13
14. Loan Repayments Received .....	.00	.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) .....	.00	.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees .....	.00	.00	16
17. Other Federal Receipts (Dividends, Interest, etc.) .....	.00	.00	17
18. Transfers from Nonfederal Account for Joint Activity .....	.00	.00	18
19. Total Receipts	19,842.70	19,842.70	19
20. Total Federal Receipts	19,842.70	19,842.70	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share .....	.00	.00	21(a)(i)
ii. Non-Federal Share .....	.00	.00	21(a)(ii)
b. Other Federal Operating Expenditures .....	.00	.00	21(b)
c. Total Operating Expenditures .....	.00	.00	21(c)
22. Transfers to Affiliated/Other Party Committees .....	.00	.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	4,250.00	4,250.00	23
24. Independent Expenditures (use Schedule E) .....	.00	.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) ..	.00	.00	25
26. Loan Repayments Made .....	.00	.00	26
27. Loans Made .....	.00	.00	27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees .....	.00	.00	28(a)
b. Political Party Committees .....	.00	.00	28(b)
c. Other Political Committees (such as PACs) .....	.00	.00	28(c)
d. Total Contribution Refunds .....	.00	.00	28(d)
29. Other Disbursements	4,053.74	4,053.74	29
30. Total Disbursements	8,303.74	8,303.74	30
31. Total Federal Disbursements	8,303.74	8,303.74	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	19,842.70	19,842.70	32
33. Total Contribution Refunds (from line 28d) .....	.00	.00	33
34. Net Contributions (other than loans)(subtract line 33 from line 32)	19,842.70	19,842.70	34
35. Total Federal Operating Expenditures .....	.00	.00	35
36. Offsets to Operating Expenditures (from line 15) .....	.00	.00	36
37. Net Operating Expenditures .....	.00	.00	37

94038912653

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 5

FOR LINE NUMBER 11a(i)

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

NAME OF COMMITTEE (in Full)

American Ambulance Association Federal Political Action Committee

A. Full Name, Mailing Address and ZIP Code

Robert Cataldo
29 Alexandria Road
Lynnfield, MA 01940

Name of Employer
Cataldo Ambulance

Date (month, day, year)
1/25/94

Amount of Each Receipt this Period
1,000.00

Receipt For: Primary General
 Other (specify):

Occupation
Owner/Operator

Aggregate Year-to-Date > \$ 1,000.00

B. Full Name, Mailing Address and ZIP Code

James Decker
448 Dexter Ave.
Covina, CA 91722

Name of Employer
Crippen Ambulance

Date (month, day, year)
1/25/94

Amount of Each Receipt this Period
1,000.00

Receipt For: Primary General
 Other (specify):

Occupation
Owner/Operator

Aggregate Year-to-Date > \$ 1,000.00

C. Full Name, Mailing Address and ZIP Code

Roland Dugas
400 Oakleaf Dr.
Lafayette, LA 70503

Name of Employer
Acadian Ambulance

Date (month, day, year)
1/25/94

Amount of Each Receipt this Period
500.00

Receipt For: Primary General
 Other (specify):

Occupation
Owner/Operator

Aggregate Year-to-Date > \$ 500.00

D. Full Name, Mailing Address and ZIP Code

Arthur Enos
24 Washington Ave.
Burlington, MA 01803

Name of Employer
Enos Ambulance

Date (month, day, year)
1/25/94

Amount of Each Receipt this Period
250.00

Receipt For: Primary General
 Other (specify):

Occupation
Owner/Operator

Aggregate Year-to-Date > \$ 250.00

E. Full Name, Mailing Address and ZIP Code

Robert Forbuss
200 Starlite
Las Vegas, NV 89107

Name of Employer
Merry Medical Service

Date (month, day, year)
1/25/94

Amount of Each Receipt this Period
1,000.00

Receipt For: Primary General
 Other (specify):

Occupation
Owner/Operator

Aggregate Year-to-Date > \$ 1,000.00

F. Full Name, Mailing Address and ZIP Code

Ben Gresham
P.O. BOX 765
Jacksonville, AR 72076

Name of Employer
Pafford Ambulance Service

Date (month, day, year)
1/25/94

Amount of Each Receipt this Period
501.00

Receipt For: Primary General
 Other (specify):

Occupation
Owner/Operator

Aggregate Year-to-Date > \$ 501.00

G. Full Name, Mailing Address and ZIP Code

Harvey Hall
1001 21st St.
Bakersfield, CA 93301

Name of Employer
Hall Ambulance

Date (month, day, year)
1/25/94

Amount of Each Receipt this Period
275.00

Receipt For: Primary General
 Other (specify):

Occupation
Owner/Operator

Aggregate Year-to-Date > \$ 275.00

SUBTOTAL of Receipts This Page (optional)

4,526.00

TOTAL This Period (last page this line number only)

94038912654

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 5
FOR LINE NUMBER 11a(i)

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NAME OF COMMITTEE (In Full)

American Ambulance Association Federal Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Hill 395 West Lake St. Elmhurst, IL 60126	Superior Air/Ground	1/25/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Owner/Operator Aggregate Year-to-Date > \$ 1,000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edward Johnson 501 W. Surf Road Ocean City, NJ 08226	Family Ambulance Service	1/25/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Owner/Operator Aggregate Year-to-Date > \$ 1,000.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Little 5724 S.W. Arrowhead Topeka, KS 66614	Medevac Medical Services	1/25/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Owner/Operator Aggregate Year-to-Date > \$ 1,000.00		
D. 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 2284 Grand Rapids, MI 49501	Life EMS	1/15/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Owner/Operator Aggregate Year-to-Date > \$ 1,000.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Carol Myers 150 N. Madison Ave. Greenwood, IN 46162	Myers Ambulance	1/25/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Owner/Operator Aggregate Year-to-Date > \$ 1,000.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Pafford P.O. Box 765 Jacksonville, AR 72076	Pafford Ambulance	1/25/94	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Owner/Operator Aggregate Year-to-Date > \$ 500.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Perkins 2315 Bahily Lane, S.W. Rochester, MN 55902	Gold Cross Ambulance	1/25/94	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Owner/Operator Aggregate Year-to-Date > \$ 1,000.00		

SUBTOTAL of Receipts This Page (optional) 6,500.00

TOTAL This Period (last page this line number only)

94038912655

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 5
FOR LINE NUMBER 11a(i)

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NAME OF COMMITTEE (In Full)

American Ambulance Association Federal Political Action Committee

<p>A. Full Name, Mailing Address and ZIP Code J.O. Shaff 3216 Wauwatosa Des Moines, IA 50321</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Lifeline Ambulance</p> <p>Occupation Owner/Operator</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) 1/25/94</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Michael Wheeler P.O. Box 1292 Pittsfield, MA 01202</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Berkshire Ambulance</p> <p>Occupation Owner/Operator</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 1/25/94</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Richard Wilt 877 Bar L Ranch Road Glide, OR 97443</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Wilt's Emergency Service</p> <p>Occupation Owner/Operator</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) 1/25/94</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Marcella Wehmann 15744 Lindskog Whittier, CA 90606</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer AME, Inc.</p> <p>Occupation Owner/Operator</p> <p>Aggregate Year-to-Date > \$ 100.00</p>	<p>Date (month, day, year) 1/25/94</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Richard Zuschlag 500 Rue Chavaniac Lafayette, LA 70509</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Acadian Ambulance</p> <p>Occupation Owner/Operator</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 1/25/94</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Bileen Clemente 700 Fifth St. Struthers, OH 44471</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Clemente-McKay</p> <p>Occupation Owner/Operator</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 2/4/94</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Frank Kelton 851 Robin Circle Arroyo Grande, CA</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</p> <p>Occupation Owner/Operator</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) 2/4/94</p>	<p>Amount of Each Receipt this Period 1,000.00</p>

SUBTOTAL of Receipts This Page (optional) 4,350.00

TOTAL This Period (last page this line number only)

94038912656

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 5
FOR LINE NUMBER 11a(i)

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NAME OF COMMITTEE (in Full)
American Ambulance Association Federal Political Action Committee

34038912657

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marcella Woehrmann 15744 Lindskog Whittier, CA 90603	AME, Inc.	2/4/94	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator Aggregate Year-to-Date > \$ 200.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Francis Carson 1700 Highway 9B Morriston, AZ 72110	Med-Tech EMS	3/30/94	2,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator Aggregate Year-to-Date > \$ 2,000.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Cornelius Cassidy 501 Bahly Road Yeadon, PA 19050	AMBU-CARE, Inc.	3/30/94	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		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Eileen Clemente 700 Fifth St. Struthers, OH 44471	Clemente-McKay	3/30/94	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		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Yvonne Larsen Island Dr. Muskego, WI 53150	Unknown	3/30/94	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator Aggregate Year-to-Date > \$ 500.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William Littlejohn P.O. Box 1630 Sequin, WA 98382	Olympic Ambulance	3/30/94	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator Aggregate Year-to-Date > \$ 250.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jim Lyons 403 Bridge St. Marlin, TX 76661	Fall Co. EMS	3/30/94	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator Aggregate Year-to-Date > \$ 200.00		

SUBTOTAL of Receipts This Page (optional) 3,850.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 5

FOR LINE NUMBER 11a (i)

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NAME OF COMMITTEE (In Full)

American Ambulance Association Federal Political Action Committee

94038912658

A. Full Name, Mailing Address and ZIP Code Marcella Wehmann 15744 Lindskog Whittier, CA 90603 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer AME, Inc. Occupation Owner/Operator Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 3/30/94	Amount of Each Receipt this Period 100.00
B. Full Name, Mailing Address and ZIP Code Marcella Wehmann 15744 Lindskog Whittier, CA 90603 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer AME, Inc. Occupation Owner/Operator Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) 3/30/94	Amount of Each Receipt this Period 100.00
C. Full Name, Mailing Address and ZIP Code Harvey 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 Occupation Owner/Operator Aggregate Year-to-Date > \$ 358.33	Date (month, day, year) 1/25/94	Amount of Each Receipt this Period 83.33
D. Full Name, Mailing Address and ZIP Code Harvey 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 Occupation Owner/Operator Aggregate Year-to-Date > \$ 441.70	Date (month, day, year) 1/25/94	Amount of Each Receipt this Period 83.37
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) 366.70

TOTAL This Period (last page this line number only) 19,592.70

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

9
5
6
2
1
9
8
3
4
0
3
9

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution	Date (month, day, year)	Amount of Each Disbursement This Period
Fazio for Congress P.O. Box 990 Washington, DC 20044	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/7/94	1,000.00
B. Full Name, Mailing Address and ZIP Code Mineta for Congress P.O. Box 65873 Washington, DC 20035	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/7/94	1,000.00
C. Full Name, Mailing Address and ZIP Code Hobson for Congress 82 West Columbia Springfield, OH 45502	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/7/94	500.00
D. Full Name, Mailing Address and ZIP Code Pete Peterson for Congress P.O. Box 990 Washington, DC 20044	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/7/94	250.00
E. Full Name, Mailing Address and ZIP Code Senate Victory '94 21 East 40th St. New York, NY 10016	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/7/94	1,250.00
F. Full Name, Mailing Address and ZIP Code Peterson for Congress 6 E St., S.E. Washington, DC 20003	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/28/94	250.00
G. Full Name, Mailing Address and ZIP Code	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	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	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)	4,250.00
TOTAL This Period (last page this line number only)	4,250.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 30

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NAME OF COMMITTEE (in Full)

American Ambulance Association Federal Political Action Committee

94038912660

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	Production, postage, artwork and other various charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/11/94	3,942.40
B. Full Name, Mailing Address and ZIP Code The Boatmen's National Bank of St. Louis One Boatmen's Plaza St. Louis, MO 63101	Purpose of Disbursement Printed check charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/28/94	81.60
C. Full Name, Mailing Address and ZIP Code The Boatmen's National Bank of St. Louis One Boatmen's Plaza St. Louis, MO 63101	Purpose of Disbursement Bank service charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/28/94	5.32
D. Full Name, Mailing Address and ZIP Code Fleishman-Hillard, Inc. 200 North Broadway St. Louis, MO 63101	Purpose of Disbursement Postage & photo charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/7/94	24.42
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)	4,053.74
TOTAL This Period (last page this line number only)	4,053.74

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JMH
 PREPARER

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