

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

RECEIVED
FEDERAL ELECTION
COMMISSION HALL ROOM

JUL 29 2 49 PM '97

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.	
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 _____

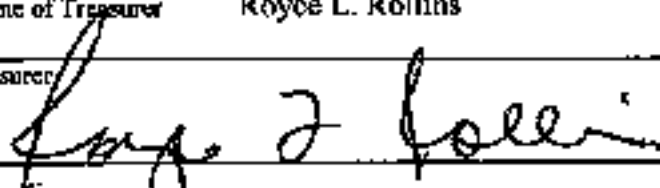
(b) Is this Report an Amendment? YES NO

5. SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
Covering Period <u>January 1, 1997</u> through <u>June 30, 1997</u>		
6. (a) Cash on Hand January 1, 19 <u>97</u>		10,833.76
(b) Cash on Hand at Beginning of Reporting Period.....	10,833.76	
(c) Total Receipts (from Line 19).....	14,060.00	14,060.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	24,893.76	24,893.76
7. Total Disbursements (from Line 30).....	19,542.44	19,542.44
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))....	5,351.32	5,351.32
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 E 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 Royce L. Rollins

Signature of Treasurer



Date
July 17, 1997

Note: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

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

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: 1/1/97 TO: 6/30/97		
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).....	13,700.00	13,700.00	11(a)(i)
ii.	Unitemized.....	360.00	360.00	11(a)(ii)
iii.	Total.....(add i and ii) >	14,060.00	14,060.00	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.....(add a iii, b and c) >	14,060.00	14,060.00	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 Non-Federal Account for Joint Activity.....	.00	.00	18
19.	Total Receipts.....(add 11d, 12, 13, 14, 15, 16, 17, and 18) >	14,060.00	14,060.00	19
20.	Total Federal Receipts.....(subtract line 18 from line 19) >	14,060.00	14,060.00	20
II. Disbursements				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule 114)			
i.	Federal Share.....	.00	.00	21(a)(i)
ii.	Non-Federal Share.....	.00	.00	21(a)(ii)
b.	Other Federal Operating Expenditures.....	2,042.44	2,042.44	21b
c.	Total Operating Expenditures.....(add a i, a ii, and b) >	2,042.44	2,042.44	21c
22.	Transfers to Affiliated/Other Party Committees.....	.00	.00	22
23.	Contributions to Federal Candidates/Committees and Other Political Committees.....	17,500.00	17,500.00	23
24.	Independent Expenditures (use Schedule E).....	.00	.00	24
25.	Coordinated Expenditures Made by Party Committees (2 USC 441e(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.	Individuals/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.....(add a, b and c) >	.00	.00	28(d)
29.	Other Disbursements.....	.00	.00	29
30.	Total Disbursements.....(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	19,542.44	19,542.44	30
31.	Total Federal Disbursements.....(subtract line 21a ii from line 30) >	19,542.44	19,542.44	31
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans) (from line 11d).....	14,060.00	14,060.00	32
33.	Total Contribution Refunds (from line 28d).....	.00	.00	33
34.	Net Contributions (other than loans) (subtract line 33 from 32).....	14,060.00	14,060.00	34
35.	Total Federal Operating Expenditures.....(add 21a i and 21b) >	2,042.44	2,042.44	35
36.	Offsets to Operating Expenditures (from line 15).....	.00	.00	36
37.	Net Operating Expenditures.....(subtract line 36 from 35) >	2,042.44	2,042.44	37

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1	OF 3
	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 Harvey Hall 1001 21st St. Bakersfield, CA 93301	Name of Employer Hall Ambulance	Date (month, day, year) 1/21/97	Amount of Each Receipt this Period 1,200.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > 1,200.00	
B. Full Name, Mailing Address and Zip Code Richard Zuschlag 500 Rue Chavanelac Lafayette, LA 70508	Name of Employer Acadian Ambulance Service	Date (month, day, year) 2/12/97	Amount of Each Receipt this Period 1,000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > 1,000.00	
C. Full Name, Mailing Address and Zip Code Roland Dugas 400 Oakleaf Drive Lafayette, LA 70503	Name of Employer Acadian Ambulance Service	Date (month, day, year) 2/12/97	Amount of Each Receipt this Period 1,000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chairman	Aggregate Year-to-Date > 1,000.00	
D. Full Name, Mailing Address and Zip Code Ben Hinson P.O. Box 2710 Macon, GA 31203	Name of Employer Mid-Georgia Ambulance Service	Date (month, day, year) 3/6/97	Amount of Each Receipt this Period 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 Joe Huffman 2110 Village Green Garland, TX 75044	Name of Employer Dallas Ambulance Service	Date (month, day, year) 3/6/97	Amount of Each Receipt this Period 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	
F. Full Name, Mailing Address and Zip Code David Lewis 1801 Col. 23 Magnolia, AR 71753	Name of Employer Pro-Med Ambulance Service	Date (month, day, year) 3/6/97	Amount of Each Receipt this Period 1,000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Assistant Regional Manager	Aggregate Year-to-Date > 1,000.00	
G. Full Name, Mailing Address and Zip Code Mark Meijer P.O. Box 2284 Grand Rapids, MI 49501	Name of Employer Life EMS, Inc.	Date (month, day, year) 3/6/97	Amount of Each Receipt this Period 1,000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date > 1,000.00	

SUBTOTAL of Receipts This Page (optional) ----->	6,450.00
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 2 OF 3
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 Richard Tibbets 110 Cameron Pointe Dr. LaGrange, GA 30240 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Troup County EMS Occupation President Aggregate Year-to-Date > 1,000.00	Date (month, day, year) 3/6/97	Amount of Each Receipt this Period 1,000.00
B. Full Name, Mailing Address and Zip Code David Hill 395 W. Lake St. Elmhurst, IL 60126 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Superior Air-Ground Occupation Owner/Operator Aggregate Year-to-Date > 1,000.00	Date (month, day, year) 3/6/97	Amount of Each Receipt this Period 1,000.00
C. Full Name, Mailing Address and Zip Code Joyce Startarc 135 W. 7th St. Eureka, CA 95501 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer City Ambulance of Eureka Occupation Secretary Aggregate Year-to-Date > 250.00	Date (month, day, year) 3/6/97	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and Zip Code Fred Sundquist 135 W. 7th St. Eureka, CA 95501 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer City Ambulance of Eureka Occupation President/CEO Aggregate Year-to-Date > 250.00	Date (month, day, year) 3/6/97	Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and Zip Code Frank Kelton 8601 Paradise Valley Blvd. Lucerne, CA 95458 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer San Luis Ambulance Service Occupation Chairman Aggregate Year-to-Date > 2,000.00	Date (month, day, year) 4/16/97	Amount of Each Receipt this Period 2,000.00
F. Full Name, Mailing Address and Zip Code George Deluff 1207 E. Jesse Court Highlands Ranch, CO 80126 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 > 500.00	Date (month, day, year) 1/22/97	Amount of Each Receipt this Period 500.00
G. Full Name, Mailing Address and Zip Code David Miller Box 348 Harlan, IA 51537 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Harlan Ambulance Occupation Owner/Operator Aggregate Year-to-Date > 250.00	Date (month, day, year) 1/22/97	Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) -----> 5,250.00

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 3 OF 3
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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stanley Portman 185 Essex St. Melrose, MA 02176 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Action Ambulance Service Occupation Owner/Operator Aggregate Year-to-Date > 250.00	1/22/97	250.00
R. Gene Moffitt 1399 Chancellor Circle Salt Lake City, UT 84108 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Gold Cross Services Occupation Owner/Operator Aggregate Year-to-Date > 500.00	2/28/97	500.00
Mike Turay 915 W. Sharp Spokane, WA 99201 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Medtrans Occupation Owner/Operator Aggregate Year-to-Date > 500.00	2/28/97	500.00
Stanley Portman 185 Essex St. Melrose, MA 02176 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Action Ambulance Service Occupation President/CEO Aggregate Year-to-Date > 1,000.00	3/26/97	750.00
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
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
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Owner/Operator Aggregate Year-to-Date >	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) ----->	2,000.00
TOTAL This Period (last page this line number only) ----->	13,700.00

SCHEDULE B
Operating Expenditures

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2
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
Nations Bank One Nations Bank Plaza St. Louis, MO 63101	Monthly bank service charges	1/2/97	25.79
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	1/31/97	25.00
B. Full Name, Mailing Address and Zip Code Fleishman-Hillard, Inc. 200 North Broadway St. Louis, MO 63102	Purpose of Disbursement PAC mailing; photocopy and duplicating charges	Date (month, day, year) 1/6/97	Amount of Each Disbursement this Period 938.80
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
C. Full Name, Mailing Address and Zip Code Fleishman-Hillard, Inc. 200 North Broadway St. Louis, MO 63102	Purpose of Disbursement Overnight shipment; photocopy and facsimile charges	Date (month, day, year) 1/16/97	Amount of Each Disbursement this Period 30.66
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
D. Full Name, Mailing Address and Zip Code Nations Bank One Nations Bank Plaza St. Louis, MO 63101	Purpose of Disbursement Monthly bank service charges	Date (month, day, year) 2/3/97	Amount of Each Disbursement this Period 12.70
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	2/28/97	25.00
E. Full Name, Mailing Address and Zip Code Fleishman-Hillard, Inc. 200 North Broadway St. Louis, MO 63102	Purpose of Disbursement Postage and photocopy charges	Date (month, day, year) 2/20/97	Amount of Each Disbursement this Period 46.08
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
F. Full Name, Mailing Address and Zip Code Nations Bank One Nations Bank Plaza St. Louis, MO 63101	Purpose of Disbursement Monthly bank service charges	Date (month, day, year) 3/3/97	Amount of Each Disbursement this Period 11.20
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	3/31/97	18.75
G. Full Name, Mailing Address and Zip Code Fleishman-Hillard, Inc. 200 North Broadway St. Louis, MO 63102	Purpose of Disbursement Letterhead for membership mailing	Date (month, day, year) 3/26/97	Amount of Each Disbursement this Period 176.29
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
H. Full Name, Mailing Address and Zip Code Nations Bank One Nations Bank Plaza St. Louis, MO 63102	Purpose of Disbursement Monthly bank service charges	Date (month, day, year) 4/3/97	Amount of Each Disbursement this Period 18.25
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	4/30/97	1.00
I. Full Name, Mailing Address and Zip Code Nations Bank One Nations Bank Plaza St. Louis, MO 63101	Purpose of Disbursement Monthly bank service charges	Date (month, day, year) 5/5/97	Amount of Each Disbursement this Period 34.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		

SUBTOTAL of Disbursements This Page (optional) -----> 1,363.52

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

SCHEDULE B
Operating Expenditures

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2
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 (AMBLUPAC)

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, postage and duplicating charges for mailing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	5/12/97	642.92
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Nations Bank One Nations Bank Plaza St. Louis, MO 63101	Monthly bank service charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	6/2/97 6/30/97	35.00 1.00
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		

SUBTOTAL of Disbursements This Page (optional)	678.92
TOTAL This Period (last page this line number only)	2,042.44

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 (AMBUPAC)

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Citizens for Arlen Specter 900 Second St., N.E., Suite 306 Washington, DC 20002	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	2/3/97	1,000.00
B. Full Name, Mailing Address and Zip Code Reelect Nancy Johnson to Congress Committee 4451 Brookfield Corporate Drive, Suite 200 Chantilly, VA 20151	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	2/13/97	1,000.00
C. Full Name, Mailing Address and Zip Code New Republican Majority Fund 3001 Park Center Drive, Suite 1105 Alexandria, VA 22302	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	2/21/97	2,000.00
D. Full Name, Mailing Address and Zip Code Friends of Bob Graham P.O. Box 13472 Tallahassee, FL 32317	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	2/26/97	3,000.00
E. Full Name, Mailing Address and Zip Code Coburn for Congress P.O. Box 504 Muskogee, OK 74402	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	2/26/97	500.00
F. Full Name, Mailing Address and Zip Code Bill Thomas Campaign Committee P.O. Box 95 Bakersfield, CA 93302	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	4/8/97	1,000.00
G. Full Name, Mailing Address and Zip Code Harger for Congress P.O. Box 40175 Washington, DC 20016	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	4/8/97	1,000.00
H. Full Name, Mailing Address and Zip Code Pete Stark Reelection Committee P.O. Box 75214 Washington, DC 20013	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	4/8/97	1,000.00
I. Full Name, Mailing Address and Zip Code Democratic Senatorial Campaign Committee 430 Capitol St., S.E. Washington, DC 20003	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	5/12/97	1,500.00

SUBTOTAL of Disbursements This Page (optional) ----->	12,000.00
TOTAL This Period (last page this line number only) ----->	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 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 Contribution	Date (month, day, year)	Amount of Each Disbursement this Period
Wes Watkins for Congress P.O. Box WW Stillwater, OK 74076	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	5/14/97	2,000.00
B. Full Name, Mailing Address and Zip Code John Ensign for Congress P.O. Box 984087 Las Vegas, NV 89193	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	5/14/97	500.00
C. Full Name, Mailing Address and Zip Code Luther for Congress Volunteer Committee 1399 Geneva Ave., N, Suite 103 Oakdale, MN 55128	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	5/14/97	500.00
D. Full Name, Mailing Address and Zip Code John Ensign for Congress P.O. Box 984087 Las Vegas, NV 89193	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	5/21/97	500.00
E. Full Name, Mailing Address and Zip Code Friends of Clay Shaw 4451 Brookfield Corporate Drive, Suite 200 Chantilly, VA 20151	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	6/9/97	1,000.00
F. Full Name, Mailing Address and Zip Code Mike Billrakis for Congress 1350 I Street, N.W., Suite 870 Washington, DC 20005	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	6/9/97	1,000.00
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)----->			5,500.00
TOTAL This Period (last page this line number only)----->			17,500.00

