

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

APR 15 12 33 PM '96

1. NAME OF COMMITTEE (in full)  
American Ambulance Association  
Federal Political Action Committee (AMBUPAC)

ADDRESS (number and street)  Check if different than previously reported  
1301 Connecticut Ave., NW

CITY, STATE and ZIP CODE  
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>1/1/96</u> through <u>3/31/96</u>		
6.	(a) Cash on Hand January 1, 19 <u>96</u>		\$ 3,360.64
	(b) Cash on Hand at Beginning of Reporting Period	\$ 3,360.64	
	(c) Total Receipts (from Line 19)	\$ 36,279.99	\$ 36,279.99
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 39,640.63	\$ 39,640.63
7.	Total Disbursements (from Line 30)	\$ 9,682.30	\$ 9,682.30
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 29,958.33	\$ 29,958.33
9.	Debits and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 990 E Street, NW Washington, DC 20483 Toll Free 800-424-9630 Local 202-219-3420
10.	Debits 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 \_\_\_\_\_ Date  
4/10/96

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 8/83)

9 5 3 3 0 4 0 4 6 5 9

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

(revised 1/1/93)

NAME OF COMMITTEE <b>American Ambulance Association Federal Political Action Committee (AMBUPAC)</b>		REPORT COVERING PERIOD FROM <b>1/1/96</b> TO <b>3/31/96</b>	
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (Use Schedule A)	35,654.99	35,654.99	11(a)(i)
ii. Unitemized	625.00	625.00	11(a)(ii)
iii. Total (add i and ii) >	36,279.99	36,279.99	11(a)(iii)
b. Political Party Committees	--	--	11(b)
c. Other Political Committees (such as PACs)	--	--	11(c)
d. Total Contributions (add a iii, b and c) >	36,279.99	36,279.99	11(d)
12. Transfers From Affiliated/Other Party Committees	--	--	12
13. All Loans Received	--	--	13
14. Loan Repayments Received	--	--	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	--	--	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	--	--	16
17. Other Federal Receipts (Dividends, Interest, etc.)	--	--	17
18. Transfers from Nonfederal Account for Joint Activity	--	--	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	36,279.99	36,279.99	19
20. Total Federal Receipts (subtract line 18 from line 19) >	36,279.99	36,279.99	20
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	--	--	21(a)(i)
ii. Non-Federal Share	--	--	21(a)(ii)
b. Other Federal Operating Expenditures	932.30	932.30	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	932.30	932.30	21(c)
22. Transfers to Affiliated/Other Party Committees	--	--	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	8,750.00	8,750.00	23
24. Independent Expenditures (use Schedule E)	--	--	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	--	--	25
26. Loan Repayments Made	--	--	26
27. Loans Made	--	--	27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees	--	--	28(a)
b. Political Party Committees	--	--	28(b)
c. Other Political Committees (such as PACs)	--	--	28(c)
d. Total Contribution Refunds (add a, b and c) >	--	--	28(d)
29. Other Disbursements	--	--	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	9,682.30	9,682.30	30
31. Total Federal Disbursements (subtract line 21 a i from line 30) >	9,682.30	9,682.30	31
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)	36,279.99	36,279.99	32
33. Total Contribution Refunds (from line 28d)	--	--	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	36,279.99	36,279.99	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	932.30	932.30	35
36. Offsets to Operating Expenditures (from line 15)	--	--	36
37. Net Operating Expenditures (subtract line 36 from 35) >	932.30	932.30	37

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

26304671

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Monte Pistoressi 999 Paintbrush Dr. Madera, CA 93637	Pistoressi Ambulance	1/19/96	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	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Fred Sundquist 135 W. 7th St. Eureka, CA 95501	City Ambulance of Eureka	1/19/96	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	
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	1/19/96	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	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Roland & Amelie Dugas 400 Oakleaf Dr. Lafayette, LA 70503	Acadian Ambulance	1/19/96	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	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard & Elaine Zuschlag 500 rue Chavaniac Lafayette, LA 70508	Acadian Ambulance	1/19/96	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	
F. 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	1/19/96	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	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dennis & Christine Bolt 5202 Independence Dr. Pleasanton, CA 94566	American Medical Response	1/19/96	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)	5,450.00
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 8  
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

2  
3  
4  
5  
6  
7  
8

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Lewis P.O. Box 69 Magnolia, AR 71753	Pro-Med 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	
Joseph Paoletta 58 Middletown Ave. New Haven, CT 06513	American Medical Response	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	
Paul Shirley 875 Lakeshore Blvd. Incline Village, NV 89451	American Medical Response	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	
Robert Ramsey 13112 E. Commodore Tempe, AZ 85283	SW Ambulance	1/26/96	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	
Marcella Wuehrmann 9 Regency Dr. Rancho Mirage, CA 92270	AME, Inc.	2/20/96 3/15/96 3/20/96	100.00 100.00 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Owner/Operator	Aggregate Year-to-Date > \$ 300.00	
Rich & Nina Richardson 25081 Danabirch Dana Point, CA 92629	Care Ambulance	2/20/96	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	
Harvey Hall 1001 21st St. Bakersfield, CA 93301	Hall Ambulance	2/20/96 3/13/96	200.00 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Owner/Operator	Aggregate Year-to-Date > \$ 300.00	

SUBTOTAL of Receipts This Page (optional)	5,100.00
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 8  
FOR LINE NUMBER 11a(1)

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)

9 5 0 3 0 4 6 7 3

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alex St. Clair Windswept Townhouses, #1 Tazewell, VA 24651	Appalachian Ambulance	3/5/96	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	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Frank Kelton 851 Robin Circle Arroyo Grande, CA 93420	San Luis Ambulance	3/5/96	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
H. Mickey & Judith McCabe 14 E. 41st St. Bayonne, NJ 07002	McCabe Ambulance	3/5/96	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	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Yvonne & Darwin Larson 4935 W. Forest Home Milwaukee, WI 53219	Meda-Care Ambulance	3/5/96	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 Huffman 2110 Village Green Garland, TX 75044	Dallas Ambulance	3/13/96	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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Douglas Boileau 220 F St. Arcata, CA 95521	Arcata-Mad River Ambulance	3/13/96	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
James Jones 1900 Sussex Rd. Blackburg, VA 24060	Lifeline Ambulance	3/13/96	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	

<b>SUBTOTAL</b> of Receipts This Page (shown all)	6,500.00
<b>TOTAL</b> This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 4 OF 8  
FOR LINE NUMBER 11a(1)

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)

2 6 0 0 3 0 4 6 7 4

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Rester P.O. Box 1662 Gulfport, MS 39502	American Medical Response	3/15/96	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CFO & SVP	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
Alan Reichle 560 Williams Road Palm Springs, CA 92264	Springs Ambulance	1/18/96 3/20/96	1,000.00 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 > \$ 2,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Anderson 2650 Thousand Oaks, #802 San Antonio, TX 78232	Western Regional EMS	1/2/96 1/18/96 2/15/96 3/22/96	250.00 85.00 85.00 85.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP	Aggregate Year-to-Date > \$ 505.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Atkins 3601 Pennington Dr. Conyers, GA 30208	National EMS	1/2/96 1/12/96	200.00 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Owner/Operator	Aggregate Year-to-Date > \$ 450.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Arthur Enos P.O. Box 174 Burlington, MA 01803	Enos Ambulance	1/2/96	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
Larry May 8002 Ivy Lane Baltimore, MD 21208	May Ambulance	1/2/96	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	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stanley Portman 185 Essex Melrose, MA 02176	Action Ambulance	1/2/96 1/31/96	750.00 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Owner/Operator	Aggregate Year-to-Date > \$ 1,250.00	

SUBTOTAL of Receipts This Page (optional)	6,705.00
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

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)

5  
4  
3  
2  
1

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edward Rose 1233 Via Landeta Palo Verde Estates, CA 90274	Medtrans	1/2/96	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Executive	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Tom Scott 13038 Creek Park Dr. Poway, CA 92064	Scott Consulting	1/2/96 3/22/96	100.00 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Consultant	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
Trace Skeen 15185 NW Francesca Portland, OR 97229	AMP Northwest	1/2/96 1/5/96 3/22/96	250.00 250.00 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Healthcare Provider	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
Michael Harrison 4800 Big Bend Wichita Falls, TX 76310	Caroline Southwest	1/11/96	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
Jeffrey Zeleny 213 Parist Rd. Fairfield, CT 06432	Ace Ambulance	1/2/96 2/15/96	500.00 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CEO	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
Lynn Zimmerman 7510 Kruter Grand Rapids, MI 49305	Medtrans	1/2/96	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP	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
Tanara Beom 505 E. Palti Page Claremore, OK 74017	Claremore Ambulance	1/3/96	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	

SUBTOTAL of Receipts This Page (optional)	3,450.00
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

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)

9  
8  
7  
6  
5  
4  
3  
2  
1  
0

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Wheeler 1559 West St. Pittsfield, MA 01202	Berkshire Ambulance	1/5/96	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	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Howard Enloe P.O. Box 1969 Cantullo, TX 79835	Life Ambulance	1/18/96	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	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Martin Yenawine 116 Woodberry Lane Fayetteville, NY 13066	Eastern Paramedics	1/18/96 2/15/96 3/22/96	83.33 83.33 83.33
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Owner/Operator	Aggregate Year-to-Date > \$ 249.99	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
M. Suzanne Olson 668-23 Claridge Lane Aurora, CO 44202	Metro Ambulance	1/29/96	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
Kevin Lyons 38 Elm St. Danvers, MA 01923	Lyons Ambulance	2/1/96	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	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Terrence Dougherty 2500 Abbott Place St. Louis, MO 63124	Abbott Ambulance	2/14/96	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
Kurt Williams 1616 Rollins Rd. Burlingame, CA 94101	Baystar Ambulance	2/14/96	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 these pts This Page (optional) ..... 4,749.99

**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

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)

9  
6  
3  
0  
4  
6  
7  
7

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Wilson 1130 S. Martin L. King Blvd. Las Vegas, NV 89102	Mercy Medical	2/15/96	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	
B. Full Name, Mailing Address and ZIP Code Jim Adkins 2451 Wheeler Rd. Augusta, GA 30906	Richmond Ambulance	3/4/96 3/22/96	100.00 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > \$ 200.00	
C. Full Name, Mailing Address and ZIP Code Steven Murphy 1867 Fox Spring Circle Newbury Park, CA 91300	MedTrans	3/4/96	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	
D. Full Name, Mailing Address and ZIP Code Diane Cataldo 29 Hammersmits Dr. Saugus, MA 01906	Cataldo Ambulance	3/22/96	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	
E. Full Name, Mailing Address and ZIP Code George Dalluff 22371 Deer Brook Mission Viejo, CA 92692	American Medical Response	3/22/96	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 David Miller Box 348 Harlan, IA 51537	Harlan Ambulance	3/22/96	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 Lou Meyer 2853 Battlevicw Rd. Stockton, CA 95209	American Medical Response	3/25/96	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 (options) . . . . . 3,400.00

**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 8 OF 8  
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)

9  
8  
7  
6  
5  
4  
3  
2  
1  
0

<p><b>A. Full Name, Mailing Address and ZIP Code</b> William Bacon 125 Whitemarsh Rd. Ardmore, PA 19003</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer RLS Ambulance</p> <p>Occupation Owner/Operator</p> <p>Aggregate Year-to-Date &gt; \$ 300.00</p>	<p>Date (month, day, year) 3/25/96</p>	<p>Amount of Each Receipt this Period 300.00</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

<p><b>SUBTOTAL</b> of Receipts This Page (optional) .....</p>	<p>300.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p>35,654.99</p>

**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)

2 4 0 3 0 4 6 7 9

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The Boatmen's National Bank One Boatmen's Plaza St. Louis, MO 63101	Bankcard charges	1/2/96	18.40
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/31/96	252.96
The Boatmen's National Bank One Boatmen's Plaza St. Louis, MO 63101	Bankcard charges	2/5/96	20.50
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/29/96	87.96
The Boatmen's National Bank One Boatmen's Plaza St. Louis, MO 63101	Bankcard charges	3/5/96	18.40
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/31/96	111.08
American Ambulance Association 3800 Auburn Blvd. Sacramento, CA 95821	Miscellaneous expenses	2/6/96	423.00
	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)		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	932.30
<b>TOTAL</b> This Period (last page this line number only) .....	932.30



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

4-15-96

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

AS  
PREPARER

4-15-96  
DATE PREPARED

9 6 0 3 0 4 0 4 6 3 1