

**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: 7/1/99 TO: 12/31/99	
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).....		32,861.00	46,225.70
ii. Unitemized.....		8,210.29	15,261.29
iii. Total.....(add i and ii) >		42,071.29	61,486.99
b. Political Party Committees.....		.00	.00
c. Other Political Committees (such as PACs).....		.00	.00
d. Total Contributions.....(add a iii, b and c) >		42,071.29	61,486.99
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) >		42,071.29	61,486.99
20. Total Federal Receipts.....(subtract line 18 from line 19) >		42,071.29	61,486.99
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.....		611.74	1,040.67
c. Total Operating Expenditures.....(add a i, a ii, and b) >		611.74	1,040.67
22. Transfers to Affiliated/Other Party Committees.....		.00	.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		23,230.00	56,250.00
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) >		23,861.74	57,290.67
31. Total Federal Disbursements.....(subtract line 21a ii from line 30) >		23,861.74	57,290.67
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d).....		42,071.29	61,486.99
33. Total Contribution Refunds (from line 28d).....		.00	.00
34. Net Contributions (other than loans) (subtract line 33 from 32).....		42,071.29	61,486.99
35. Total Federal Operating Expenditures.....(add 21a i and 21b) >		611.74	1,040.67
36. Offsets to Operating Expenditures (from line 15).....		.00	.00
37. Net Operating Expenditures.....(subtract line 36 from 35) >		611.74	1,040.67

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 7
FOR LINE NUMBER
11a (j)

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 William Littlejohn 550 W Hendrickson Sequim, WA 98382	Name of Employer Olympic Ambulance Occupation Owner/Operator	Date (month, day, year) 07/13/1999	Amount of Each Receipt this Period 250.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > 250.00			
B. Full Name, Mailing Address and Zip Code Patrick Kelly 2917 Kansas Joplin, MO 64804	Name of Employer Newton County Ambulance Occupation Owner/Operator	Date (month, day, year) 7/1/99-12/31/99	Amount of Each Receipt this Period 600.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > 900.00			
C. Full Name, Mailing Address and Zip Code Edward Stofcheck Sr 220 S High St LaRue, OH 43332	Name of Employer Stofcheck Ambulance Service Occupation Owner	Date (month, day, year) 07/01/1999	Amount of Each Receipt this Period 1,000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > 1,000.00			
D. Full Name, Mailing Address and Zip Code Scott Vaudenberg 7248 W Blackhawk Dr Tinley Park, IL 60477	Name of Employer Tracs Ambulance Occupation President	Date (month, day, year) 07/01/1999	Amount of Each Receipt this Period 1,000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > 1,000.00			
E. Full Name, Mailing Address and Zip Code Joseph Panella 58 Middletown Ave New Haven, CT 06513	Name of Employer American Medical Response Occupation Owner/Operator	Date (month, day, year) 7/1-12/31/99	Amount of Each Receipt this Period 1,200.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > 1,200.00			
F. Full Name, Mailing Address and Zip Code Harvey L Hall 1001 21st St Bakersfield, CA 93301	Name of Employer Hall Ambulance Service Occupation Owner/Operator	Date (month, day, year) 7/1-12/31/99	Amount of Each Receipt this Period 1,250.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > 3,000.00			
G. Full Name, Mailing Address and Zip Code Stewart Slipiec 200 Macomb Daily Dr Mt Clemens, MI 48043	Name of Employer Medstar Ambulance Occupation CEO	Date (month, day, year) 07/01/1999	Amount of Each Receipt this Period 250.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > 250.00			

SUBTOTAL of Receipts This Page (optional)	5,550.00
TOTAL This Period (last page this line number only)	-----

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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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 Fred Sunquist Jr 5913 Christopher Eureka, CA 95503	Name of Employer City Ambulance of Eureka Inc	Date (month, day, year) 07/15/1999	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/CBO	Aggregate Year-to-Date > 250.00	
B. Full Name, Mailing Address and Zip Code Joyce Startare 5300 Norman Ct Eureka, CA 95503	Name of Employer City Ambulance of Eureka Inc	Date (month, day, year) 07/15/1999	Amount of Each Receipt this Period 500.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sec/Treasurer	Aggregate Year-to-Date > 500.00	
C. Full Name, Mailing Address and Zip Code Rick W Richardson 13 Asilomar Rd Laguna Miguel, CA 92677	Name of Employer Care Ambulance	Date (month, day, year) 08/11/1999	Amount of Each Receipt this Period 500.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/CFO	Aggregate Year-to-Date > 500.00	
D. Full Name, Mailing Address and Zip Code Dan Richardson 6709 E Joshua Tree Orange, CA 92667	Name of Employer Care Ambulance	Date (month, day, year) 08/11/1999	Amount of Each Receipt this Period 500.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/President	Aggregate Year-to-Date > 500.00	
E. Full Name, Mailing Address and Zip Code Paul Hubbard 818 Cutter Ct Kure Beach, NC 28449	Name of Employer MTS	Date (month, day, year) 08/11/1999	Amount of Each Receipt this Period 500.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO	Aggregate Year-to-Date > 500.00	
F. Full Name, Mailing Address and Zip Code H L Enloe 6601 John Deer Rd Anthony, NM 84021	Name of Employer Life Ambulance Serv	Date (month, day, year) 08/12/1999	Amount of Each Receipt this Period 1,500.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > 1,500.00	
G. Full Name, Mailing Address and Zip Code James Figner 12 Easterly Ave Rutland, VT 05701	Name of Employer Regional Ambulance Service	Date (month, day, year) 08/21/1999	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	

SUBTOTAL of Receipts This Page (optional) ----->	4,000.00
TOTAL This Period (last page this line number only) ----->	-----

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ITEMIZED RECEIPTS

Use separate schedule(s)
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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 Matthew Zavadsky 4728 Old Winter Garden Rd Orlando, FL 32811 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Rural/Metro Ambulance Occupation Owner/Operator Aggregate Year-to-Date > 250.00	Date (month, day, year) 08/26/1999	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and Zip Code Lou Meyer 10644 N Oakwilde Ave Stockton, CA 95212 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 > 1,000.00	Date (month, day, year) 09/01/1999	Amount of Each Receipt this Period 1,000.00
C. Full Name, Mailing Address and Zip Code Joe Huffman 2110 Village Green Garland, TX 75044 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Dallas Ambulance Occupation Owner/Operator Aggregate Year-to-Date > 1,350.00	Date (month, day, year) 9/1-12/31/99	Amount of Each Receipt this Period 1,100.00
D. Full Name, Mailing Address and Zip Code David Miller 1220 Cyclone Ave Hurlan, IA 51537 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Hurlan Ambulance Service Occupation Owner/Operator Aggregate Year-to-Date > 600.00	Date (month, day, year) 09/22/1999	Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and Zip Code Gene Moffitt 1399 Chuncelior Cir Salt Lake City, UT 84108 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Not given Occupation Aggregate Year-to-Date > 1,300.00	Date (month, day, year) 10/08/1999	Amount of Each Receipt this Period 1,300.00
F. Full Name, Mailing Address and Zip Code Robert Garner 7255 Northwest 19th St Miami, FL 33126 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 > 1,725.00	Date (month, day, year) 12/08/1999	Amount of Each Receipt this Period 500.00
G. Full Name, Mailing Address and Zip Code Cash Raffle Funds Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Aggregate Year-to-Date > 1,745.00	Date (month, day, year) 11/05/1999	Amount of Each Receipt this Period 1,745.00

SUBTOTAL of Receipts This Page (optional) ----->	6,145.00
TOTAL This Period (last page this line number only) ----->	-----

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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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Debra Gault 5503 Northwest Hwy Waterford, WI 53185	American Medical Response	8/9-12/31/99	225.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > 350.00	
B. Full Name, Mailing Address and Zip Code Rachal Harracksingh 8020 Doniphan El Paso, TX 79835	Name of Employer Life Ambulance	Date (month, day, year) 12/08/1999	Amount of Each Receipt this Period 275.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > 275.00	
C. Full Name, Mailing Address and Zip Code Kevin Lyons 38 Elm St Danvers, MA 01923	Name of Employer Lyons Ambulance Service	Date (month, day, year) 12/08/1999	Amount of Each Receipt this Period 1,500.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > 1,500.00	
D. Full Name, Mailing Address and Zip Code R M Scarano 402 W Broadway San Diego, CA 92101	Name of Employer Foley & Lardner	Date (month, day, year) 12/08/1999	Amount of Each Receipt this Period 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 James McPartlan 1015 Dabella Dr Schenectady, NY 12303	Name of Employer Mohawk Ambulance Service	Date (month, day, year) 08/09/1999	Amount of Each Receipt this Period 500.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > 750.00	
F. Full Name, Mailing Address and Zip Code Scott Stevens 10 Piedmont Ctr, #915 Atlanta, GA 30305	Name of Employer PAD Systems Inc	Date (month, day, year) 12/08/1999	Amount of Each Receipt this Period 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 KJack Staffan 6313 Enchanted Key Gate Clarksville, MD 21029	Name of Employer Kusan/Metro Ambulance	Date (month, day, year) 12/08/1999	Amount of Each Receipt this Period 300.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > 600.00	

SUBTOTAL of Receipts This Page (optional)----->	4,000.00
TOTAL This Period (last page this line number only)----->	

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A. Full Name, Mailing Address and Zip Code Thomas Scott 13038 Creek Park Dr Poway, CA 92064 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Scott Consulting Occupation Owner/Operator Aggregate Year-to-Date > 575.00	Date (month, day, year) 7/1-12/31/99	Amount of Each Receipt this Period 450.00
B. Full Name, Mailing Address and Zip Code C Michael Rine 1350 Avenue O Carter Lake, IA 51510 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Omaha Ambulance Service Occupation Owner/Operator Aggregate Year-to-Date > 475.00	Date (month, day, year) 12/08/1999	Amount of Each Receipt this Period 475.00
C. Full Name, Mailing Address and Zip Code Gerald Zapolnik 1116 Rstabun Circle Sallme, MI 78176 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Huron Valley Ambulance Occupation Owner/Operator Aggregate Year-to-Date > 200.00	Date (month, day, year) 12/08/1999	Amount of Each Receipt this Period 200.00
D. Full Name, Mailing Address and Zip Code Steve Murphy 9201 E Mississippi Ave, Apt T-205 Denver, CO 80231 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer American Medical Response Occupation Aggregate Year-to-Date > 1,000.00	Date (month, day, year) 7/1-12/31/99	Amount of Each Receipt this Period 750.00
E. Full Name, Mailing Address and Zip Code Dale Berry 2215 Hogback Rd Ann Arbor, MI 48105 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Huron Valley Ambulance Occupation Owner/Operator Aggregate Year-to-Date > 1,594.00	Date (month, day, year) 7/1-12/31/99	Amount of Each Receipt this Period 1,096.00
F. Full Name, Mailing Address and Zip Code Nashville Raffle Funds Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > 3,395.00	Date (month, day, year) 12/09/1999	Amount of Each Receipt this Period 3,395.00
G. Full Name, Mailing Address and Zip Code John Russell 2034 Puncela Cape Girardeau, MO 63701 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Cape County Private Ambulance Occupation Owner/Operator Aggregate Year-to-Date > 250.00	Date (month, day, year) 12/19/1999	Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ----->	6,616.00
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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David H Hill 395 W Lake St PO Box 1411 Elmhurst, IL 60126	Superior Air/Ground Amb	12/19/1999	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 > 3,000.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marjo Rymer 9201 Mississippi Ave Denver, CO 80231	American Medical Response	12/19/1999	250.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Not given	Aggregate Year-to-Date > 375.00	
C. 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	12/19/1999	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
James Johnson PO Box 801 Enid, OK 73702	Life Emergency Medical	12/19/1999	600.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > 600.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Frederick Metzger 278 Hill Ave Montgomery, NY 12549	Mobile Life Support Serv	12/19/1999	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
John Diddle PO Box 975 East Liverpool, OH 43920	Not given	12/23/1999	200.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Not given	Aggregate Year-to-Date > 200.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steve Haraczack 2948 Cashel Lane Vienna, VA 22181	Hauck Associates	12/14/1999	125.00
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) -----> 5,175.00

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

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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	Date (month, day, year) 12/09/1999	Amount of Each Receipt this Period 100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > 350.00	
B. Full Name, Mailing Address and Zip Code Mark Meijer PO Box 2284 Grand Rapids, MI 49501	Name of Employer Life EMS Ambulance	Date (month, day, year) 09/01/1999	Amount of Each Receipt this Period 25.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator	Aggregate Year-to-Date > 1,025.00	
C. Full Name, Mailing Address and Zip Code Jamie Pufford-Gersham PO Box 130 Hermitage, AR 71647	Name of Employer Pufford Ambulance	Date (month, day, year) 11/01/1999	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 > 2,000.00	
D. Full Name, Mailing Address and Zip Code Marjjo Rymer 9201 Mississippi Ave Denver, CO 80231	Name of Employer Not given	Date (month, day, year) 11/01/1999	Amount of Each Receipt this Period 250.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Not given	Aggregate Year-to-Date > 350.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date >	
F. Full Name, Mailing Address and Zip Code	Name of Employer Hall Ambulance Service	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 Owner/Operator	Aggregate Year-to-Date >	

SUBTOTAL of Receipts This Page (optional) ----->	1,375.00
TOTAL This Period (last page this line number only) ----->	32,861.00

SCHEDULE B
Operating Expenditures

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	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):	7/1/99-12/31/99	174.65
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
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):	7/1/99-12/31/99	437.09
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)	611.74
TOTAL This Period (last page this line number only)	611.74

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 3
FOR LINE NUMBER
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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
Friends of Patrick Kennedy PO Box 77047 Washington, DC 20013	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/12/1999	1,000.00
Kennedy for Senate 424 C Street, NE 1st Floor Washington, DC 20002	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/12/1999	2,500.00
Piruzzi for Congress PO Box 2303 Rancho Cucamonga, CA 91729	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/12/1999	250.00
Jeffords for Vermont PO Box 246 Montpelier, VT 05601	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/26/1999	1,000.00
Andrews for Congress Committee PO Box 295 Oaklyn, NJ 08107	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/26/1999	1,000.00
Kolbe 2000 PO Box 31568 Tucson, AZ 85751	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/02/1999	1,000.00
A Lot of People Supporting Tom Daschle PO Box 1656 Sioux Falls, SD 57101	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/08/1999	1,000.00
DaschPAC 424 C Street, NE 1st Floor Washington, DC 20002	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/15/1999	1,000.00
Father for Congress Volunteer Committee 1399 Geneva Ave, #202 Onondale, MN 55128	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/15/1999	1,000.00

SUBTOTAL of Disbursements This Page (optional) ----->

9,750.00

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 3
FOR LINE NUMBER
13

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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 Dick Durbin PO Box 1949 Springfield, IL 62705	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/22/1999	1,000.00
Friends of Houghton PO Box 1107 Corning, NY 14830	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/28/1999	1,000.00
Re-elect Nancy Johnson to Congress Committee PO Box 1986 New Britain, CT 06050	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/06/1999	1,000.00
Stupak for Congress PO Box 143 Menominee, MI 49858	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/06/1999	1,000.00
Hoyer for Congress 7905 Malcolm Road, Suite 102 Clifton, MD 20735	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/19/1999	1,000.00
Levin for Congress 436 New Jersey Ave, SE Washington, DC 20005	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/19/1999	1,000.00
Grans for Senate 507 Capitol Court, NE, Suite 100 Washington, DC 20002	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/28/1999	1,000.00
Re-elect John Moxley Committee PO Box 1073 Boston, MA 02205-1073	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/28/1999	500.00
Friends of Sherrod Brown PO Box 2884 Washington, DC 20013	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/05/1999	1,000.00

SUBTOTAL of Disbursements This Page (optional) -----> 8,500.00

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 3 OF 3
FOR LINE NUMBER
23

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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 Kerrey for Senate 7602 Pacific St, Lower Level #1 Omaha, NE 68114	Purpose of Disbursement Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 11/08/1999	Amount of Each Disbursement this Period 1,000.00
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):	Date (month, day, year) 11/09/1999	Amount of Each Disbursement this Period 1,000.00
C. Full Name, Mailing Address and Zip Code Lewis for Congress Committee PO Box 247 Redlands, CA 92373	Purpose of Disbursement Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 11/16/1999	Amount of Each Disbursement this Period 500.00
D. Full Name, Mailing Address and Zip Code Rod Grams 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):	Date (month, day, year) 11/24/1999	Amount of Each Disbursement this Period 2,500.00
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)	5,000.00
TOTAL This Period (last page this line number only)	23,250.00

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 checked="" type="checkbox"/> Hand Delivered	Date of Receipt 1/28/00
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<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	
SA	1/28/00
PREPARER	DATE PREPARED