

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

Oct 17 3 02 PM '96

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 Avenue, 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:

- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> 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 July 1, 1996 through September 30, 1996		
6. (a) Cash on Hand January 1, 1996		\$ 3,360.64
(b) Cash on Hand at Beginning of Reporting Period	\$ 22,897.73	
(c) Total Receipts (from Line 19)	5,748.32	48,439.97
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	28,646.05	51,800.61
7. Total Disbursements (from Line 30)	14,161.84	37,316.40
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	14,484.21	14,484.21
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
October 10, 1996

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
(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: 7/1/96 TO: 9/30/96	
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11.	Contributions (other than loans) From:		
	a. Individual/Persons Other Than Political Committees		
	i. Itemized (use Schedule A).....	5,623.32	47,414.97
	ii. Unitemized.....	125.00	1,025.00
	iii. Total.....(add i and ii) >	5,748.32	48,439.97
	b. Political Party Committees.....	.00	.00
	c. Other Political Committees (such as PACs).....	.00	.00
	d. Total Contributions.....(add a iii, b and c) >	5,748.32	48,439.97
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) >	5,748.32	48,439.97
20.	Total Federal Receipts.....(subtract line 18 from line 19) >	5,748.32	48,439.97
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.....	3,411.84	6,316.40
	c. Total Operating Expenditures.....(add a i, a ii, and b) >	3,411.84	6,316.40
22.	Transfers to Affiliated/Other Party Committees.....	.00	.00
23.	Contributions to Federal Candidates/Committees and Other Political Committees.....	10,750.00	31,000.00
24.	Independent Expenditures (use Schedule E).....	.00	.00
25.	Coordinated Expenditures Made by Party Committees (2 USC 441a(d))(use Schedule F).....	.00	.00
26.	Loan Repayments Made.....	.00	.00
27.	Loans Made.....	.00	.00
28.	Refunds of Contributions To:		
	a. Individuals/Persons Other Than Political Committees.....	.00	.00
	b. Political Party Committees.....	.00	.00
	c. Other Political Committees (such as PACs).....	.00	.00
	d. Total Contribution Refunds.....(add a, b and c) >	.00	.00
29.	Other Disbursements.....	.00	.00
30.	Total Disbursements.....(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	14,161.84	37,316.40
31.	Total Federal Disbursements.....(subtract line 21a ii from line 30) >	14,161.84	37,316.40
III. Net Contributions/Operating Expenditures			
32.	Total Contributions (other than loans) (from line 11d).....	5,748.32	48,439.97
33.	Total Contribution Refunds (from line 28d).....	.00	.00
34.	Net Contributions (other than loans) (subtract line 33 from line 32).....	5,748.32	48,439.97
35.	Total Federal Operating Expenditures.....(add 21a i and 21b) >	3,411.84	6,316.40
36.	Offsets to Operating Expenditures (from line 15).....	.00	.00
37.	Net Operating Expenditures.....(subtract line 36 from line 35) >	3,411.84	6,316.40

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1	OF 2
	FOR LINE NUMBER 11a(i)	

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

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HARVEY HALL 1001 - 21ST ST. BAKERSFIELD, CA 93301 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	HALL AMBULANCE	7/15/96 9/18/96	100.00 200.00
	Occupation OWNER/OPERATOR		
	Aggregate Year-to-Date > \$900.00		
JIM ADKINS 2451 WHEELS ROAD AUGUSTA, GA 30906 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	RICHMOND EMS	7/5/96 7/31/96	100.00 100.00
	Occupation OWNER/OPERATOR		
	Aggregate Year-to-Date > \$600.00		
RICHARD ANDERSEN 2650 THOUSAND OAKS, #802 SAN ANTONIO, TX 78232 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	WESTERN REGIONAL EMS	7/5/96 8/7/96 9/3/96 9/30/96	85.00 85.00 85.00 85.00
	Occupation OWNER/OPERATOR		
	Aggregate Year-to-Date > \$1,015.00		
STEVEN MURPHY 1867 FOX SPRING CIRCLE NEWBURG PARK, CA 91300 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	MEDTRANS	7/5/96 9/30/96	250.00 250.00
	Occupation OWNER/OPERATOR		
	Aggregate Year-to-Date > \$750.00		
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	7/5/96 9/30/96	250.00 250.00
	Occupation OWNER/OPERATOR		
	Aggregate Year-to-Date > \$1,000.00		
TOM SCOTT 13038 CREEK PARK DRIVE POWAY, CA 92064 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	SCOTT CONSULTING SERVICES	7/5/96 9/30/96	100.00 100.00
	Occupation OWNER/OPERATOR		
	Aggregate Year-to-Date > \$400.00		
MARTIN YENAWINE 116 WOODBERRY LANE FAYETTEVILLE, NY 13066 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	EASTERN PARAMEDICS	7/5/96 7/31/96 9/30/96	83.33 83.33 83.33
	Occupation OWNER/OPERATOR		
	Aggregate Year-to-Date > \$749.97		
SUBTOTAL of Receipts This Page (optional).....>			2,373.32
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 2
	FOR LINE NUMBER 11a(i)	

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

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RANDY STROZYK 3410 PEBBLEBROOK DR. TYLER, TX 75707	EAST TEXAS MEDICAL CENTER Occupation DIRECTOR OF OPERATIONS	7/31/96	100.00
		9/3/96	100.00
		9/30/96	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$400.00		
JOE HUFFMAN 2110 VIIJAGE GREEN GARLAND, TX 75044	DALLAS AMBULANCE Occupation OWNER/OPERATOR	9/18/96	250.00
		Aggregate Year-to-Date > \$500.00	
		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
LESLIE JESSOP P.O. BOX 1271 BLYTHE, CA 92226	BLYTHE AMBULANCE Occupation OWNER/OPERATOR	9/18/96	1,000.00
		Aggregate Year-to-Date > \$1,000.00	
		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
JOYCE STARTARE/FRED SUNDQUIST 135 W. 7TH ST. EUREKA, CA 95501	CITY AMBULANCE OF EUREKA Occupation OWNER/OPERATOR	9/18/96	250.00
		Aggregate Year-to-Date > \$500.00	
		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
MARCELLA WOHRMANN 9 REGENCY DR. RANCHO MIRAGE, CA 92270	AME, INC. Occupation OWNER/OPERATOR	9/18/96	200.00
		Aggregate Year-to-Date > \$800.00	
		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
JEFFREY ZELENY 213 FARIST FAIRFIELD, CT 06432	AME, INC. Occupation OWNER/OPERATOR	9/18/96	1,000.00
		Aggregate Year-to-Date > \$1,500.00	
		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
JAMES WEAVER 25504 242ND PLACE, S.E. MAPLE VALLEY, WA 98038	SHEPARD AMBULANCE Occupation REGIONAL MANAGER/DIRECTOR	9/13/96	250.00
		Aggregate Year-to-Date > \$250.00	
		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
SUBTOTAL of Receipts This Page (optional).....>			3,250.00
TOTAL This Period (Just page this line number only).....>			5,623.32

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1	OF 1
	FOR LINE NUMBER 21b	

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

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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
BOATMEN'S NATIONAL BANK ONE BOATMEN'S PLAZA ST. LOUIS, MO 63101	BANKCARD CHARGES - JULY	7/5/96	17.80
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/30/96	28.79
BOATMEN'S NATIONAL BANK ONE BOATMEN'S PLAZA ST. LOUIS, MO 63101	BANKCARD CHARGES - AUGUST	8/5/96	27.92
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/31/96	2.13
BOATMEN'S NATIONAL BANK ONE BOATMEN'S PLAZA ST. LOUIS, MO 63101	BANKCARD CHARGES - SEPTEMBER	9/3/96	26.16
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/30/96	30.92
FLEISHMAN-HILLARD, INC. 200 NORTH BROADWAY ST. LOUIS, MO 63102	PRINTING/FAX; POSTAGE; LEGAL SERVICES PAID ON BEHALF OF AAA	8/9/96	1,078.91
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
FLEISHMAN-HILLARD, INC 200 NORTH BROADWAY ST. LOUIS, MO 63102	PRINTING & PHOTOCOPY CHARGES	9/17/96	28.36
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/30/96	2,170.85
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
SUBTOTAL of Disbursements This Page (optional)>			3,411.84
TOTAL This Period (last page this line number only)>			3,411.84

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1	OF 2
	FOR LINE NUMBER 23	

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

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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
BOWLES FOR CONGRESS COMMITTEE P.O. BOX 732 WOODS HOLE, MA 02543	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/15/96	500.00
B. Full Name, Mailing Address and Zip Code PORTER FOR CONGRESS P.O. BOX 7126 DEERFIELD, IL 60015	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/26/96	500.00
C. Full Name, Mailing Address and Zip Code REPUBLICAN MAJORITY COMMITTEE 4100 TRUXTON AVE. BAKERSFIELD, CA 93309	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/26/96	1,000.00
D. Full Name, Mailing Address and Zip Code FAZIO FOR CONGRESS P.O. BOX 990 WASHINGTON, DC 20044	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/15/96	1,000.00
E. Full Name, Mailing Address and Zip Code LUTHER FOR CONGRESS 1399 GENEVA AVE., N OAKDALE, MN 55128	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/26/96	500.00
F. Full Name, Mailing Address and Zip Code LEVIN FOR CONGRESS P.O. BOX 990 WASHINGTON, DC 20044	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/6/96	500.00
G. Full Name, Mailing Address and Zip Code WES WATKINS FOR CONGRESS P.O. BOX WW STILLWATER, OK 74076	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/3/96	1,000.00
H. Full Name, Mailing Address and Zip Code BOB SMITH FOR CONGRESS 5000 CIRRUS DRIVE, SUITE 150 MEDFORD, OR 97504	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/9/96	500.00
I. Full Name, Mailing Address and Zip Code TIM JOHNSON FOR SOUTH DAKOTA 424 C ST., NE WASHINGTON, DC 20002	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/12/96	1,000.00
SUBTOTAL of Disbursements This Page (optional).....>			6,500.00
TOTAL This Period (last page this line number only).....>			

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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
CITIZENS FOR DAVID ORFY P.O. BOX 73214 WASHINGTON, DC 20013	CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/12/96	500.00
B. Full Name, Mailing Address and Zip Code BOUCHER FOR CONGRESS P.O. BOX 2000 ABINGTON, VA	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/12/96	500.00
C. Full Name, Mailing Address and Zip Code TOM DAVIS FOR CONGRESS 9001 BRADDOCK ROAD SPRINGFIELD, VA 22151	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/16/96	250.00
D. Full Name, Mailing Address and Zip Code BILL THOMAS CAMPAIGN COMMITTEE P.O. BOX 23175 WASHINGTON, DC 20026	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/12/96	500.00
E. Full Name, Mailing Address and Zip Code BOB SHUSTER FOR CONGRESS 228 WEST COLLEGE AVE. STATE COLLEGE, PA 16801	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/12/96	(500.00)
F. Full Name, Mailing Address and Zip Code LEWIS FOR CONGRESS COMMITTEE P.O. BOX 247 REDLANDS, CA 92373	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/19/96	500.00
G. Full Name, Mailing Address and Zip Code WYDEN FOR SENATE P.O. BOX 3498 PORTLAND, OR 97208	DEBT RETIREMENT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/20/96	1,000.00
H. Full Name, Mailing Address and Zip Code COMMITTEE TO REELECT NANCY JOHNSON P.O. BOX 1986 NEW BRITAIN, CT 06050	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/24/96	500.00
I. Full Name, Mailing Address and Zip Code FRIENDS OF SENATOR ROCKEFELLER 245 SECOND ST, N.E. WASHINGTON, DC 20002	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/24/96	1,000.00
SUBTOTAL of Disbursements This Page (optional)>			4,250.00
TOTAL This Period (last page this line number only)>			10,750.00

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.

Hand Delivered

DATE OF RECEIPT

10-17-96

First Class Mail

POSTMARKED

Registered/Certified Mail

POSTMARKED

No Postmark

Postmark Illegible

Received from the House Office of Records
and Registration

DATE OF RECEIPT

10-17-96

Received from the Senate Office of Public
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

tg
PREPARED

10-17-96
DATE PREPARED