

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

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JUL 30 3 03 PM '99

| | |
|---|---|
| 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 _____

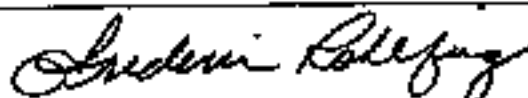
(b) Is this Report an Amendment? YES NO

| 5. SUMMARY | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------|---|
| Covering Period January 1, 1999 through June 30, 1999..... | | |
| 6. (a) Cash on Hand January 1, 1999..... | | 26,126.05 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 26,126.05 | |
| (c) Total Receipts (from Line 19)..... | 19,415.70 | 19,415.70 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 45,541.75 | 45,541.75 |
| 7. Total Disbursements (from Line 30)..... | 33,428.93 | 33,428.93 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).... | 12,112.82 | 12,112.82 |
| 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 Fredoric L. Rohlfing

Signature of Treasurer



Date
July 9, 1999

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: 1/1/99 TO: 6/30/99 | | |
|---|---|--|---------------------------|------------|
| L. 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)..... | 13,364.70 | 13,364.70 | 11(a)(i) |
| ii. | Unitemized..... | 6,051.00 | 6,051.00 | 11(a)(ii) |
| iii. | Total.....(add i and ii) > | 19,415.70 | 19,415.70 | 11(a)(iii) |
| b. | Political Party Committees..... | .00 | .00 | 11(b) |
| c. | Other Political Committees (such as PACs)..... | .00 | .00 | 11(c) |
| d. | Total Contributions.....(add a iii, b and c) > | 19,415.70 | 19,415.70 | 11(d) |
| 12. | Transfers From Affiliated/Other Party Committees..... | .00 | .00 | 12 |
| 13. | All Loans Received..... | .00 | .00 | 13 |
| 14. | Loan Repayments Received..... | .00 | .00 | 14 |
| 15. | Offsets To Operating Expenditures (Refunds, Rebates, etc.)..... | .00 | .00 | 15 |
| 16. | Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | .00 | .00 | 16 |
| 17. | Other Federal Receipts (Dividends, Interest, etc.)..... | .00 | .00 | 17 |
| 18. | Transfers from Non-Federal Account for Joint Activity..... | .00 | .00 | 18 |
| 19. | Total Receipts.....(add 11d, 12, 13, 14, 15, 16, 17, and 18) > | 19,415.70 | 19,415.70 | 19 |
| 20. | Total Federal Receipts.....(subtract line 18 from line 19) > | 19,415.70 | 19,415.70 | 20 |
| II. Disbursements | | | | |
| 21. | Operating Expenditures: | | | |
| a. | Shared Federal/Non-Federal Activity (from Schedule H4) | | | |
| i. | Federal Share..... | .00 | .00 | 21(a)(i) |
| ii. | Non-Federal Share..... | .00 | .00 | 21(a)(ii) |
| b. | Other Federal Operating Expenditures..... | 428.93 | 428.93 | 21(b) |
| c. | Total Operating Expenditures.....(add a i, a ii, and b) > | 428.93 | 428.93 | 21(c) |
| 22. | Transfers to Affiliated/Other Party Committees..... | .00 | .00 | 22 |
| 23. | Contributions to Federal Candidates/Committees and Other Political Committees..... | 33,000.00 | 33,000.00 | 23 |
| 24. | Independent Expenditures (use Schedule E)..... | .00 | .00 | 24 |
| 25. | Coordinated Expenditures Made by Party Committees (2 USC 441a(d))(use Schedule F) | .00 | .00 | 25 |
| 26. | Loan Repayments Made..... | .00 | .00 | 26 |
| 27. | Loans Made..... | .00 | .00 | 27 |
| 28. | Refunds of Contributions To: | | | |
| a. | 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) > | 33,428.93 | 33,428.93 | 30 |
| 31. | Total Federal Disbursements.....(subtract line 21c ii from line 30) > | .00 | 45,122.97 | 31 |
| III. Net Contributions/Operating Expenditures | | | | |
| 32. | Total Contributions (other than loans) (from line 11d)..... | 19,415.70 | 19,415.70 | 32 |
| 33. | Total Contribution Refunds (from line 28d)..... | .00 | .00 | 33 |
| 34. | Net Contributions (other than loans) (subtract line 33 from 32)..... | 19,415.70 | 19,415.70 | 34 |
| 35. | Total Federal Operating Expenditures.....(add 21a i and 21b) > | 428.93 | 428.93 | 35 |
| 36. | Offsets to Operating Expenditures (from line 15)..... | .00 | .00 | 36 |
| 37. | Net Operating Expenditures.....(subtract line 36 from 35) > | 428.93 | 428.93 | 37 |

SCHEDULE A

ITEMIZED RECEIPTS

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 Cliff Pettit 18033 Oakwood Ave Lansing, MI 60438 | Name of Employer Consolidated Medical Transport | Date (month, day, year) 01/15/1999 | 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 > 100.00 | |
| B. Full Name, Mailing Address and Zip Code Patrick Kelly 2917 Kansas Joplin, MO 64804 | Name of Employer Newton County Ambulance | Date (month, day, year) 01/15/1999 | 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 > 100.00 | |
| C. Full Name, Mailing Address and Zip Code Brian Walker 35783 Mound Rd Sterling Hghts, MI 48310 | Name of Employer Universal-Macomb Ambulance | Date (month, day, year) 01/15/1999 | Amount of Each Receipt this Period 83.33 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Admin/Consultant | Aggregate Year-to-Date > 83.33 | |
| D. Full Name, Mailing Address and Zip Code Harvey L. Hall 1001 21st St Bakersfield, CA 93301 | Name of Employer Hall Ambulance Service | Date (month, day, year) 01/19/1999 | 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 | |
| E. Full Name, Mailing Address and Zip Code Glen Koblischon 2708 Josephine St Bellevue, NE 68147 | Name of Employer Omaha Ambulance Service | Date (month, day, year) 02/23/1999 | 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 > 100.00 | |
| F. Full Name, Mailing Address and Zip Code Brian Walker 35783 Mound Rd Sterling Hghts, MI 48310 | Name of Employer Universal-Macomb Ambulance | Date (month, day, year) 02/23/1999 | Amount of Each Receipt this Period 83.37 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Admin/Consultant | Aggregate Year-to-Date > 166.70 | |
| G. Full Name, Mailing Address and Zip Code Harvey L. Hall 1001 21st St Bakersfield, CA 93301 | Name of Employer Hall Ambulance Service | Date (month, day, year) 02/24/1999 | 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 > 500.00 | |

SUBTOTAL of Receipts This Page (optional) -----> 966.70

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

SCHEDULE A

ITEMIZED RECEIPTS

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 Steve Murphy 9201 E. Mississippi Ave, Apt T-205 Denver, CO 80231 | Name of Employer American Medical Response | Date (month, day, year) 03/10/1999 | Amount of Each Receipt this Period 250.00 |
| | Occupation Owner/Operator | Aggregate Year-to-Date > 250.00 | |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| B. Full Name, Mailing Address and Zip Code Robert Garner 7255 Northwest 19th St Miami, FL 33126 | Name of Employer American Medical Response | Date (month, day, year) 03/10/1999 | Amount of Each Receipt this Period 225.00 |
| | Occupation President/CEO | Aggregate Year-to-Date > 225.00 | |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| C. Full Name, Mailing Address and Zip Code Stephen Madison 595 Armstrong Marietta, GA 30060 | Name of Employer American Medical Response | Date (month, day, year) 03/10/1999 | Amount of Each Receipt this Period 250.00 |
| | Occupation Owner/Oper | Aggregate Year-to-Date > 250.00 | |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| D. Full Name, Mailing Address and Zip Code Thomas Scott 13038 Crock Park Dr Poway, CA 92064 | Name of Employer Scott Consulting | Date (month, day, year) 03/10/1999 | Amount of Each Receipt this Period 125.00 |
| | Occupation Owner/Operator | Aggregate Year-to-Date > 125.00 | |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| E. Full Name, Mailing Address and Zip Code Harvey I. Hall 1001 21st St Bakersfield, CA 93301 | Name of Employer Hall Ambulance Service | Date (month, day, year) 03/12/1999 | Amount of Each Receipt this Period 250.00 |
| | Occupation Owner/Operator | Aggregate Year-to-Date > 250.00 | |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| F. Full Name, Mailing Address and Zip Code Joe C Huffman 2110 Village Green Garland, TX 75044 | Name of Employer Dallas Ambulance | Date (month, day, year) 03/14/1999 | Amount of Each Receipt this Period 250.00 |
| | Occupation Owner/Operator | Aggregate Year-to-Date > 250.00 | |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| G. Full Name, Mailing Address and Zip Code David Miller PO Box 348 Harlan, LA 51537 | Name of Employer Hall Ambulance Service | Date (month, day, year) 03/25/1999 | Amount of Each Receipt this Period 350.00 |
| | Occupation Owner/Operator | Aggregate Year-to-Date > 350.00 | |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |

SUBTOTAL of Receipts This Page (optional) -----> 1,700.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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 L. Hall 1001 21st St Bakersfield, CA 93301 | Name of Employer Hall Ambulance Service | Date (month, day, year) 04/16/1999 | 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 > 1,000.00 | |
| B. Full Name, Mailing Address and Zip Code Harvey L. Hall 1001 21st St Bakersfield, CA 93301 | Name of Employer Hall Ambulance Service | Date (month, day, year) 05/13/1999 | Amount of Each Receipt this Period 250.00 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Owner/Operator | Aggregate Year-to-Date > 1,000.00 | |
| C. Full Name, Mailing Address and Zip Code Glenn Koblischeen 2708 Josephine St Bellevue, NE 68147 | Name of Employer Omaha Ambulance Service | Date (month, day, year) 05/14/1999 | 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 > 200.00 | |
| D. Full Name, Mailing Address and Zip Code Dale Berry 2215 Hogback Rd Ann Arbor, MI 48105 | Name of Employer Huron Valley Ambulance | Date (month, day, year) 05/20/1999 | Amount of Each Receipt this Period 415.00 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Owner/Operator | Aggregate Year-to-Date > 415.00 | |
| E. Full Name, Mailing Address and Zip Code Patrick Kelly 2917 Kansas Joplin, MO 64804 | Name of Employer Newton County Ambulance | Date (month, day, year) 05/20/1999 | 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 > 200.00 | |
| F. Full Name, Mailing Address and Zip Code Robert Garner 7255 Northwest 19th St Miami, FL 33126 | Name of Employer American Medical Response | Date (month, day, year) 05/20/1999 | 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 > 1,225.00 | |
| G. Full Name, Mailing Address and Zip Code Larry Anderson 12 Lakeside Dr Battle Creek, MI 49015 | Name of Employer LifeCare Ambulance Service | Date (month, day, year) 05/20/1999 | Amount of Each Receipt this Period 340.00 |
| 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) -----> 2,415.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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 Debra Gault 5502 Northwest Hwy Waterford, WI 53185 | Name of Employer American Medical Response Occupation Owner/Operator | Date (month, day, year) 05/20/1999 | Amount of Each Receipt this Period 125.00 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > 125.00 | | |
| B. Full Name, Mailing Address and Zip Code Steve Haraczack 2948 Cashel Lane Vienna, VA 22181 | Name of Employer Huuck Associates Occupation Owner/Operator | Date (month, day, year) 05/20/1999 | Amount of Each Receipt this Period 125.00 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > 125.00 | | |
| C. Full Name, Mailing Address and Zip Code Stanley Portman 26C Cumulon Circle Reading, MA 01867 | Name of Employer Action Ambulance Service Occupation Owner/Operator | Date (month, day, year) 05/20/1999 | 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 | | |
| D. Full Name, Mailing Address and Zip Code James McNeal 414 W Elm Ave Burbank, CA 91506 | Name of Employer Schaefer Ambulance Occupation Owner/Operator | Date (month, day, year) 05/20/1999 | Amount of Each Receipt this Period 500.00 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > 500.00 | | |
| E. Full Name, Mailing Address and Zip Code James McParton 1015 Dibella Dr Schenectady, NY 12303 | Name of Employer Mohawk Ambulance Service Occupation Owner/Operator | Date (month, day, year) 05/20/1999 | 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 | | |
| F. Full Name, Mailing Address and Zip Code Michael C Rine 4520 P St Omaha, NE 68117 | Name of Employer Omaha Ambulance Service Occupation Owner/Operator | Date (month, day, year) 05/20/1999 | Amount of Each Receipt this Period 500.00 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > 500.00 | | |
| G. Full Name, Mailing Address and Zip Code Mark Meijer PO Box 2284 Grand Rapids, MI 49501 | Name of Employer Life EMS Ambulance Occupation Owner/Operator | Date (month, day, year) 05/20/1999 | 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 | | |

SUBTOTAL of Receipts This Page (optional) -----> 2,750.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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 Robert McAdoo 1481 Carrigan Ln Ukiah, CA 95482 | Name of Employer Ukiah Ambulance | Date (month, day, year) 05/21/1999 | 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 > 100.00 | |
| B. Full Name, Mailing Address and Zip Code Joe C Huffman 2110 Village Green Garland, TX 75044 | Name of Employer Dallas Ambulance | Date (month, day, year) 05/21/1999 | 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 > 500.00 | |
| C. Full Name, Mailing Address and Zip Code Janie Palford-Gershman PO Box 130 Hermitage, AR 71647 | Name of Employer Palford Ambulance | Date (month, day, year) 05/21/1999 | 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 > 1,000.00 | |
| D. Full Name, Mailing Address and Zip Code Robert McAdoo 1481 Carrigan Ln Ukiah, CA 95482 | Name of Employer Ukiah Ambulance | Date (month, day, year) 06/01/1999 | Amount of Each Receipt this Period 50.00 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Owner/Operator | Aggregate Year-to-Date > 150.00 | |
| E. Full Name, Mailing Address and Zip Code Dale Berry 2215 Hogback Rd Ann Arbor, MI 48105 | Name of Employer Huron Valley Ambulance | Date (month, day, year) 06/05/1999 | Amount of Each Receipt this Period 83.00 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Owner/Operator | Aggregate Year-to-Date > 498.00 | |
| F. Full Name, Mailing Address and Zip Code Henry Dunham PO Box 703 Livingston, NY 12541 | Name of Employer South Columbia Ambulance | Date (month, day, year) 06/05/1999 | 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 | |
| G. Full Name, Mailing Address and Zip Code Robert McAdoo 1481 Carrigan Ln Ukiah, CA 95482 | Name of Employer Ukiah Ambulance | Date (month, day, year) 06/05/1999 | 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 > 400.00 | |

SUBTOTAL of Receipts This Page (optional) -----> 1,983.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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 David B Hill 395 W Lake St PO Box 1411 Elmhurst, IL 60126 | Name of Employer Not given | Date (month, day, year) 06/22/1999 | 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 Not given | Aggregate Year-to-Date > 1,000.00 | |
| B. Full Name, Mailing Address and Zip Code Marjio Rymer 9201 Mississippi Ave Denver, CO 80231 | Name of Employer Not given | Date (month, day, year) 06/22/1999 | Amount of Each Receipt this Period 125.00 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Not given | Aggregate Year-to-Date > 125.00 | |
| C. Full Name, Mailing Address and Zip Code James D Fuiten 22930 N W Dogwood St Hillsboro, OR 97124 | Name of Employer Metro West Ambulance | Date (month, day, year) 06/26/1999 | 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 > 1,000.00 | |
| D. Full Name, Mailing Address and Zip Code Rodney Miller 13038 Creek Park Dr Poway, CA 92064 | Name of Employer Mt Morris Fire District | Date (month, day, year) 6/26/99 | Amount of Each Receipt this Period 100.00 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation President | Aggregate Year-to-Date > 100.00 | |
| E. Full Name, Mailing Address and Zip Code Robert McAdoo 1481 Carrigan Ln Ukiah, CA 95482 | Name of Employer Ukiah Ambulance | Date (month, day, year) 06/29/1999 | 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 > 500.00 | |
| F. Full Name, Mailing Address and Zip Code Robert Hess 810 Williams Sparta, WI 54656 | Name of Employer Sparta Area Ambulance | Date (month, day, year) 06/29/1999 | Amount of Each Receipt this Period 100.00 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Director | Aggregate Year-to-Date > 100.00 | |
| G. Full Name, Mailing Address and Zip Code Steven Murphy 2821 S Parker Rd 10th Floor Aurora, CO 80014 | Name of Employer American Medical Response | Date (month, day, year) 06/05/1999 | 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 > | |

SUBTOTAL of Receipts This Page (optional) -----> 2,675.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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 Patrick Kelly 2917 Kansas Ave Joplin, MO 64804 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Newton County Ambulance District | Date (month, day, year) 06/05/1999 | Amount of Each Receipt this Period 100.00 |
| | Occupation Owner/Operator Aggregate Year-to-Date > 300.00 | | |
| B. Full Name, Mailing Address and Zip Code Byron Parsons PO Box 24 Chicago, CA 95927 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer First Responder EMS | Date (month, day, year) 06/18/1999 | Amount of Each Receipt this Period 200.00 |
| | Occupation Owner/Operator Aggregate Year-to-Date > 200.00 | | |
| C. Full Name, Mailing Address and Zip Code Thomas Scott 13038 Crock Park Dr Poway, CA 92064 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Scott Counseling | Date (month, day, year) 06/05/1999 | Amount of Each Receipt this Period 125.00 |
| | Occupation Owner/Operator Aggregate Year-to-Date > 250.00 | | |
| D. Full Name, Mailing Address and Zip Code Tristan North 1615 L St, NW Suite 1000 Washington, DC 20008 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Fleishman-Hillard Inc | Date (month, day, year) 06/18/1999 | Amount of Each Receipt this Period 100.00 |
| | Occupation Account Supervisor Aggregate Year-to-Date > 100.00 | | |
| E. Full Name, Mailing Address and Zip Code Klark Staffan 8611 Larkin Rd, Ste 200 Savage, MD 20763 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Rural/Metro Corp | Date (month, day, year) 06/18/1999 | Amount of Each Receipt this Period 100.00 |
| | Occupation Owner/Operator Aggregate Year-to-Date > 100.00 | | |
| F. Full Name, Mailing Address and Zip Code Harvey Hall 1001 21st St Bakersfield, CA 93301 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Hall Ambulance Service | Date (month, day, year) 06/22/1999 | Amount of Each Receipt this Period 250.00 |
| | Occupation Owner/Operator Aggregate Year-to-Date > 1,500.00 | | |
| G. Full Name, Mailing Address and Zip Code Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation Owner/Operator Aggregate Year-to-Date > | | |

| | |
|---|-----------|
| SUBTOTAL of Receipts This Page (optional) -----> | 875.00 |
| TOTAL This Period (last page this line number only) -----> | 13,364.70 |

SCHEDULE B
Operating Expenditures

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 (AMBUPAC)

| A. Full Name, Mailing Address and Zip Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement this Period |
|---|---|-------------------------|---|
| NationsBank One NationsBank Plaza St Louis, MO 63101 | Service Charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | 1/1/99-6/30/99 | 178.35 |
| 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): | 1/1/99-6/30/99 | 250.58 |
| C. Full Name, Mailing Address and Zip Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Date (month, day, year) | Amount of Each Disbursement this Period |
| D. Full Name, Mailing Address and Zip Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Date (month, day, year) | Amount of Each Disbursement this Period |
| E. Full Name, Mailing Address and Zip Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Date (month, day, year) | Amount of Each Disbursement this Period |
| F. Full Name, Mailing Address and Zip Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Date (month, day, year) | Amount of Each Disbursement this Period |
| G. Full Name, Mailing Address and Zip Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Date (month, day, year) | Amount of Each Disbursement this Period |
| H. Full Name, Mailing Address and Zip Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Date (month, day, year) | Amount of Each Disbursement this Period |
| I. Full Name, Mailing Address and Zip Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Date (month, day, year) | Amount of Each Disbursement this Period |

SUBTOTAL of Disbursements This Page (optional) -----> 428.93

TOTAL This Period (last page this line number only) -----> 428.93

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 Contribution | Date (month, day, year) | Amount of Each Disbursement this Period |
|---|---|-------------------------|---|
| Luther for Congress Volunteer Committee 1399 Geneva Ave, #202 Oakdale, MN 55128 | Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | 02/02/1999 | 500.00 |
| B. Full Name, Mailing Address and Zip Code Rod Grams for U S Senate Committee 2013 Second Ave North Anoka, MN 55303 | Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | 02/02/1999 | 1,000.00 |
| C. Full Name, Mailing Address and Zip Code Keep Our Majority PAC 6344 Cavalier Corridor Falls Church, VA 22044 | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | 02/10/1999 | 5,000.00 |
| D. Full Name, Mailing Address and Zip Code Rocera for Congress PO Box 261060 Los Angeles, CA 90026 | Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | 03/01/1999 | 500.00 |
| E. Full Name, Mailing Address and Zip Code Re-Elect Nancy Johnson to Congress Cmte PO Box 1986 New Britain, CT 06050 | Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | 03/02/1999 | 1,500.00 |
| F. Full Name, Mailing Address and Zip Code Jeffords for Vermont 507 Capitol Court NE, Ste 100 Washington, DC 20002 | Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | 03/03/1999 | 1,000.00 |
| G. Full Name, Mailing Address and Zip Code Pete Stark Re-Election Committee PO Box 8331 Fremont, CA 94537 | Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | 03/10/1999 | 1,000.00 |
| H. Full Name, Mailing Address and Zip Code 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): | 03/16/1999 | 1,000.00 |
| I. Full Name, Mailing Address and Zip Code Doggett for U S Congress Committee PO Box 5843 Austin, TX 78763 | Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | 03/23/1999 | 1,000.00 |

| | |
|---|-----------|
| SUBTOTAL of Disbursements This Page (optional) -----> | 12,500.00 |
| 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 2 OF 4
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 | Date (month, day, year) | Amount of Each Disbursement this Period |
|---|---|-------------------------|---|
| Friends of Sherrod Brown 111 Edgefield Dr Elyria, OH 44035 | Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | 03/30/1999 | 500.00 |
| Hoyer for Congress Committee 7905 Malcolm Rd, #102 Clinton, MD 20735 | Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | 03/30/1999 | 1,000.00 |
| Tipton for All of Us PO Box 490 St Joseph, MI 49085 | Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | 04/13/1999 | 2,500.00 |
| Boucher for Congress PO Box 2000 Abingdon, VA 24212 | Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | 04/13/1999 | 1,000.00 |
| Luther for Congress Volunteer Committee 1399 Geneva Ave, #202 Oakdale, MN 55128 | Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | 04/13/1999 | 1,000.00 |
| Robb for Senate 424 C Street, NE 1st Floor Washington, DC 20002 | Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | 04/14/1999 | 1,000.00 |
| Fund for a Reasonable Future PO Box 529 Washington, DC 20044 | Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | 04/27/1999 | 1,000.00 |
| Anna Bshoo for Congress 555 Bryant St Aptos, CA 94301 | Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | 04/27/1999 | 1,000.00 |
| Mike Bifirakis for Congress PO Box 1077 Tarpon Springs, FL 34688 | Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | 05/03/1999 | 1,000.00 |

SUBTOTAL of Disbursements This Page (optional) -----> 10,000.00

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 (AMBUPAC)

| A. Full Name, Mailing Address and Zip Code | Purpose of Disbursement Contribution | Date (month, day, year) | Amount of Each Disbursement this Period |
|---|---|-------------------------|---|
| John D Dingell for Congress PO Box 75214 Washington, DC 20013 | Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | 05/12/1999 | 1,000.00 |
| B. Full Name, Mailing Address and Zip Code Friends of Houghton PO Box 1107 Cortina, NY 14830 | Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | 05/17/1999 | 1,000.00 |
| C. Full Name, Mailing Address and Zip Code Friends of Dick Lugar 1100 West 42nd St, Ste 335 Indianapolis, IN 46208 | Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | 05/17/1999 | 1,000.00 |
| D. Full Name, Mailing Address and Zip Code Pickering for Congress 2812 Davis Ave Alexandria, VA 22302 | Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | 05/27/1999 | 1,000.00 |
| E. Full Name, Mailing Address and Zip Code Shadegg for Congress PO Box 45444 Phoenix, AZ 85064 | Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | 05/27/1999 | 1,000.00 |
| F. Full Name, Mailing Address and Zip Code Rangel for Congress 2000 PO Box 5577 New York, NY 10027 | Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | 06/09/1999 | 1,000.00 |
| G. Full Name, Mailing Address and Zip Code Citizens for Ron Klirk PO Box 15491 Pittsburgh, PA 15237 | Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | 06/09/1999 | 1,000.00 |
| H. Full Name, Mailing Address and Zip Code Friends of Kent Conrad 420 C St, NE Lower Level Washington, DC 20002 | Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | 06/21/1999 | 1,000.00 |
| I. Full Name, Mailing Address and Zip Code John Spratt for Congress Committee PO Box 2884 Washington, DC 20013 | Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | 06/22/1999 | 1,000.00 |

| | |
|---|----------|
| SUBTOTAL of Disbursements This Page (optional) -----> | 9,000.00 |
| 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 (AMBUPAC)


| A. Full Name, Mailing Address and Zip Code | Purpose of Disbursement Contribution | Date (month, day, year) | Amount of Each Disbursement this Period |
|--|---|-------------------------|---|
| Roth Senate Committee 425 Second St, NE Washington, DC 20002 | Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | 06/22/1999 | 1,000.00 |
| B. Full Name, Mailing Address and Zip Code Team Emerson PO Box 822 Cape Girardeau, MO 63702 | Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | 06/22/1999 | 500.00 |
| C. 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 |
| D. 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 |
| E. 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 |
| F. 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 |
| 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) | 1,500.00 |
| TOTAL This Period (last page this line number only) | 33,000.00 |

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 7/30/99 |
| <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 | |
| <div style="text-align: center;">  PREPARER </div> | <div style="text-align: center;"> 7/30/99 DATE PREPARED </div> |