

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION COMMISSION  
MAY 1996  
JUN 31 1 17 PM '96

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) American Ambulance Association Federal Political Action Committee (AMBUPAC)	2. FEC IDENTIFICATION NUMBER 00168070
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1301 Connecticut Ave., N.W.	3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
CITY, STATE and ZIP CODE Washington, DC 20036	

### 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report  
 July 15 Quarterly Report  
 October 15 Quarterly Report  
 January 31 Year End Report  
 July 31 Mid Year Report (Non-election Year Only)  
 Termination Report
- Monthly Report Due On:  
 February 20     June 20     October 20  
 March 20     July 20     November 20  
 April 20     August 20     December 20  
 May 20     September 20     January 31
- Twelfth day report preceding \_\_\_\_\_  
 (Type of Election)  
 election on \_\_\_\_\_ in the State of \_\_\_\_\_
- Thirtieth day report following the General Election on \_\_\_\_\_  
 in the State of \_\_\_\_\_
- (b) Is this Report an Amendment?     YES     NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>7/1/95</u> through <u>12/31/95</u>		
6. (a) Cash on Hand January 1, 19 <u>95</u>		\$ 3,835.86
(b) Cash on Hand at Beginning of Reporting Period	\$ 3,335.64	
(c) Total Receipts (from Line 10)	\$ 6,420.00	\$ 24,520.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 9,755.64	\$ 28,355.86
7. Total Disbursements (from Line 30)	\$ 6,395.00	\$ 24,995.22
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 3,360.64	\$ 3,360.64
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-218-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Royce L. Rollins	
Signature of Treasurer 	Date 1/10/96

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §487g.

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD		
American Ambulance Association Federal Political Action Committee		FROM 7/1/95	TO 12/31/95	
		COLUMN A Total This Period	COLUMN B Calendar Year	
<b>I. Receipts</b>				
11.	Contributions (other than loans) From:			
	a. Individual/Persons Other Than Political Committees			
	i. Itemized (use Schedule A)	6,350.00	24,250.00	11(a)(i)
	ii. Unitemized	70.00	270.00	11(a)(ii)
	iii. Total (add i and ii) >	6,420.00	24,520.00	11(a)(iii)
	b. Political Party Committees	---	---	11(b)
	c. Other Political Committees (such as PACs)	---	---	11(c)
	d. Total Contributions (add a ii, b and c) >	6,420.00	24,520.00	11(d)
12.	Transfers From Affiliated/Other Party Committees	---	---	12
13.	All Loans Received	---	---	13
14.	Loan Repayments Received	---	---	14
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)	---	---	15
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees	---	---	16
17.	Other Federal Receipts (Dividends, Interest, etc.)	---	---	17
18.	Transfers from Nonfederal Account for Joint Activity	---	---	18
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	6,420.00	24,520.00	19
20.	Total Federal Receipts (subtract line 18 from line 19) >	6,420.00	24,520.00	20
<b>II. Disbursements</b>				
21.	Operating Expenditures:			
	a. Shared Federal/Non-Federal Activity (from Schedule H4)			
	i. Federal Share	---	---	21(a)(i)
	ii. Non-Federal Share	---	---	21(a)(ii)
	b. Other Federal Operating Expenditures	1,395.00	11,995.22	21(b)
	c. Total Operating Expenditures (add a i, a ii, and b) >	1,395.00	11,995.22	21(c)
22.	Transfers to Affiliated/Other Party Committees	---	---	22
23.	Contributions to Federal Candidates/Committees and Other Political Committees	5,000.00	13,000.00	23
24.	Independent Expenditures (use Schedule E)	---	---	24
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	---	---	25
26.	Loan Repayments Made	---	---	26
27.	Loans Made	---	---	27
28.	Refunds of Contributions To:			
	a. Individual/Persons Other Than Political Committees	---	---	28(a)
	b. Political Party Committees	---	---	28(b)
	c. Other Political Committees (such as PACs)	---	---	28(c)
	d. Total Contribution Refunds (add a, b and c) >	---	---	28(d)
29.	Other Disbursements	---	---	29
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	6,395.00	24,995.22	30
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	6,395.00	24,995.22	31
<b>III. Net Contributions/Operating Expenditures</b>				
32.	Total Contributions (other than loans)(from line 11d)	6,420.00	24,520.00	32
33.	Total Contribution Refunds (from line 28d)	---	---	33
34.	Net Contributions (other than loans)(subtract line 33 from 32)	6,420.00	24,520.00	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	1,395.00	11,995.22	35
36.	Offsets to Operating Expenditures (from line 15)	---	---	36
37.	Net Operating Expenditures (subtract line 36 from 35) >	1,395.00	11,995.22	37

SCHEDULE A

ITEMIZED RECEIPTS

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

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

NAME OF COMMITTEE (in Full)  
American Ambulance Association Federal Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marcella Woehrmann 9 Regency Dr. Rancho Mirage, CA 92270	AME, Inc.	7/5/95	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Owner/Operator Aggregate Year-to-Date > \$ 600.00		
Marcella Woehrmann 9 Regency Dr. Rancho Mirage, CA 92270	AME, Inc.	8/1/95	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Owner/Operator Aggregate Year-to-Date > \$ 700.00		
Joe Huffman 2110 Village Green Garland, TX 75044	Dallas Ambulance Service	9/1/95	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Owner/Operator Aggregate Year-to-Date > \$ 750.00		
Orlen Eschetter 1412 Pikes Peak Cr. Sioux Falls, SD 57103	Sioux Falls Ambulance	9/1/95	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		
Marcella Woehrmann 9 Regency Dr. Rancho Mirage, CA 92270	AME, Inc.	9/1/95	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Owner/Operator Aggregate Year-to-Date > \$ 800.00		
Stanley Portman 26 C Carnation Circle Reading, MA 01867	Action Ambulance	9/1/95	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		
Marcella Woehrmann 9 Regency Dr. Rancho Mirage, CA 92270	AME, Inc.	10/1/95	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Owner/Operator Aggregate Year-to-Date > \$ 900.00		

SUBTOTAL of Receipts This Page (optional):	1,250.00
TOTAL This Period (last page this line number only):	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 3  
FOR LINE NUMBER 11a(i)

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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
Robert Phillips P.O. Box 6106 Cheyenne, WY 82003	Emergi-Care	11/16/95	1,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Owner/Operator</u> Aggregate Year-to-Date > \$ 1,500.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marcella Woehrmann 9 Regency Dr. Rancho Mirage, CA 92270	NME, Inc.	11/16/95	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Owner/Operator</u> Aggregate Year-to-Date > \$ 1,000.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Diddle P.O. Box 975 East Liverpool, OH 43920	Tri-County Ambulance	11/16/95	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Owner/Operator</u> 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
Stephen Lewis/Janet Lewis 20816 E. Princeton Pl. Aurora, CO 80013	MedTrans of the Rockies	11/16/95	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Owner/Operator</u> Aggregate Year-to-Date > \$ 250.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald Doeping/Barbara Doeping 180 Valley Run Place Powell, OH 43065	American Ambulance Service	12/5/95	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Owner/Operator</u> Aggregate Year-to-Date > \$ 500.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joe Huffman 2110 Village Green Garland, TX 75044	Dallas Ambulance Service	12/5/95	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Owner/Operator</u> Aggregate Year-to-Date > \$ 250.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Werfel 1 Rabro Dr. Hauppauge, NY 11788	Legal Consultant for AMLPAC	12/5/95	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Attorney-at-law</u> Aggregate Year-to-Date > \$ 1,000.00		

SUBTOTAL of Receipts This Page (optional)	4,600.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 3 OF 3  
FORM NUMBER 11a(i)

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NAME OF COMMITTEE (in Full)

American Ambulance Association Federal Political Action Committee

A. Full Name, Mailing Address and ZIP Code Martin Yenawine 484 W. Onondaga St. Syracuse, NY 13201 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Eastern Paramedics Occupation Owner/Operator Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 12/5/95	Amount of Each Receipt this Period 500.00
B. 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 Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
C. 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 Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. 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 Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. 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 Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. 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 Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
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 Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

9603020300

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	6,350.00

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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
Card Service International 26072 Merit Circle, #118 Laguna Hills, CA 92653	Down payment on software package Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	11/4/95	395.00
Card Service Laguna Niguel 26072 Merit Circle, #118 Laguna Hills, CA 92653	Balance on software Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	12/6/95	1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General 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 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 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 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 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 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 Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period

1  
2  
3  
4  
5  
6  
7  
8  
9  
0  
1  
2  
3  
4  
5  
6  
7  
8  
9  
0

SUBTOTAL of Disbursements This Page (optional) ..... 1,395.00

TOTAL This Period (has page this line number only) ..... 1,395.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (in Full)

American Ambulance Association Federal Political Action Committee

20030922

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Cunningham for Congress Committee 1122 Fifth St., N.W. Washington, DC	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/5/95	1,000.00
B. Full Name, Mailing Address and ZIP Code Ed Bryant for Congress Box 1961 Cordova, TN 38098	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/5/95	500.00
C. Full Name, Mailing Address and ZIP Code Friends of Bill Emerson P.O. Box 16021 Alexandria, VA 22032	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/5/95	500.00
D. Full Name, Mailing Address and ZIP Code Walker for Congress Committee 4010 Franconia Rd. Alexandria, VA 22310	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/5/95	1,000.00
E. Full Name, Mailing Address and ZIP Code Lewis for Congress Committee 1500 Wilson Blvd. Arlington, VA 22209	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/9/95	1,000.00
F. Full Name, Mailing Address and ZIP Code Citizens for Harkin 35 Southwest 27th Ave. Miami, FL 33134	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/4/95	1,000.00
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)

5,000.00

TOTAL This Period (list page this line number only)

5,000.00

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.

Hand Delivered

DATE OF RECEIPT

1/31/96

First Class Mail

POSTMARKED

Registered/Certified Mail

POSTMARKED

No Postmark

Postmark Illegible

Received from the House Office of Records  
and Registration

DATE OF RECEIPT

Received from the Senate Office of Public  
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

ZLW

PREPARER

1/31/96

DATE PREPARED

0 0 0 0 0 2 0 3 9 3