

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEC MAIL ROOM

2000 AUG -1 P 2:05

1. NAME OF COMMITTEE (in full) American Ambulance Association Federal Political Action Committee	2. FEC IDENTIFICATION NUMBER C00168070
ADDRESS (number and street <input checked="" type="checkbox"/> Check if different than previously reported) 1255 Twenty-Third Street, NW, Suite 200	3. This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
CITY, STATE AND ZIP CODE Washington, DC 20037	

## 4. TYPE OF REPORT

- (a) April 15 Quarterly Report  
July 15 Quarterly Report  
October 15 Quarterly Report  
 January 31 Year End 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

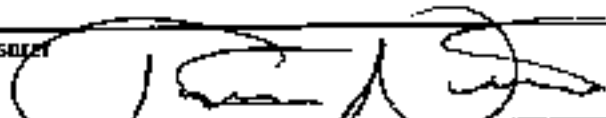
July 31 Mid Year Report (Non-Election Year Only)

Twelfth day report preceding \_\_\_\_\_ (Type of Election) election on \_\_\_\_\_ in the State of \_\_\_\_\_

Termination Report

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, 1999 through December 31, 1999.....		
6. (a) Cash on Hand January 1, 1999.....		26,126.05
(b) Cash on Hand at Beginning of Reporting Period.....	12,112.82	
(c) Total Receipts (from Line 19).....	42,071.29	61,486.99
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	54,184.11	87,613.04
7. Total Disbursements (from Line 30).....	23,861.74	57,290.67
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	30,322.37	30,322.37
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 (Itemize all on Schedule C and/or Schedule D).....	\$ .00	
<i>I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.</i>		
Type or Print Name of Treasurer	Tristan North	
Signature of Treasurer		
	Date	July 26, 2000

Note: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**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: 7/1/1999 TO: 12/31/1999	
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).....	27,721.00	41,085.70
ii.	Unitemized.....	14,350.29	20,401.29
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.....	23,250.00	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(i)

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

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

<b>A. Full Name, Mailing Address and Zip Code</b> William Littlejohn 550 West Hendrickson Sequim, WA 98382	<b>Name of Employer</b> Olympic Ambulance  <b>Occupation</b> Owner/Operator	<b>Date (month, day, year)</b> 7/13/99	<b>Amount of Each Receipt this Period</b> 250.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > 250.00	
<b>B. Full Name, Mailing Address and Zip Code</b> Patrick Kelly 2917 Kansas Ave Joplin, MO 64804	<b>Name of Employer</b> Newton County Ambulance Serv  <b>Occupation</b> Owner/Operator	<b>Date (month, day, year)</b> 12/14/99	<b>Amount of Each Receipt this Period</b> 600.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > 900.00	
<b>C. Full Name, Mailing Address and Zip Code</b> Edward Stofcheck, Sr. 220 South High Street LnRue, OH 43332	<b>Name of Employer</b> Stofcheck Ambulance Service  <b>Occupation</b> Owner	<b>Date (month, day, year)</b> 7/1/99	<b>Amount of Each Receipt this Period</b> 1,000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > 1000.00	
<b>D. Full Name, Mailing Address and Zip Code</b> Scott Vandenberg 7248 West Blackhawk Drive Tinley Park, IL 60477	<b>Name of Employer</b> Trace Ambulance  <b>Occupation</b> President	<b>Date (month, day, year)</b> 7/1/99	<b>Amount of Each Receipt this Period</b> 1,000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > 1000.00	
<b>E. Full Name, Mailing Address and Zip Code</b> Joseph Paoletta 58 Middletown Avenue New Haven, CT 06513	<b>Name of Employer</b> American Medical Response  <b>Occupation</b> Owner/Operator	<b>Date (month, day, year)</b> 12/8/99	<b>Amount of Each Receipt this Period</b> 1,200.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > 1200.00	
<b>F. Full Name, Mailing Address and Zip Code</b> Harvey L. Hall 1001 21st Street Bakersfield, CA 93301	<b>Name of Employer</b> Hall Ambulance Service  <b>Occupation</b> Owner/Operator	<b>Date (month, day, year)</b> 12/14/99	<b>Amount of Each Receipt this Period</b> 1,250.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > 3000.00	
<b>G. Full Name, Mailing Address and Zip Code</b> Stewart Slipiec 200 Macomb Dairy Drive Mt. Clemons, MI 48043	<b>Name of Employer</b> Medstar Ambulance  <b>Occupation</b> CEO	<b>Date (month, day, year)</b> 7/1/99	<b>Amount of Each Receipt this Period</b> 250.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > 250.00	
<b>NET TOTAL of Receipts This Page (optional)</b> ----->			5,550.00
<b>TOTAL This Period (last page this line number only)</b> ----->			

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**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Fred Sunquist, Jr. 5913 Christopher Eureka, CA 95503	City Ambulance of Eureka, Inc.	7/15/99	250.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation: President/CEO Aggregate Year-to-Date > 250.00	
B. Full Name, Mailing Address and Zip Code Joyce Startare 3300 Norma Court Eureka, CA 95503	City Ambulance of Eureka, Inc.	7/15/99	500.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation: Secretary/Treasurer Aggregate Year-to-Date > 500.00	
C. Full Name, Mailing Address and Zip Code Rick W. Richardson 13 Avilaar Road Langua Miguel, CA 92677	Care Ambulance	8/11/99	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 East Joshua Tree Orange, CA 92667	Care Ambulance	8/11/99	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 Carter Court Kure Beach, NC 28449	MTS	8/11/99	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 Road Anthony, NM 88021	Life Ambulance Service	8/12/99	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 > 1500.00	
G. Full Name, Mailing Address and Zip Code James Finger 12 Easterly Avenue Routland, VT 05701	Regional Ambulance Service	8/21/99	250.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation: Owner/Operator Aggregate Year-to-Date > 250.00	
<b>SUBTOTAL</b> of Receipts This Page (optional) ----->			4,000.00
<b>TOTAL</b> This Period (last page this line number only) ----->			

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER  
11a (i)

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

<b>A. Full Name, Mailing Address and Zip Code</b> Matthew Zwozelsky 4728 Old Winter Garden Road Orlando, FL 32811	<b>Name of Employer</b> Rural/Metro Ambulance  <b>Occupation</b> Owner/Operator	<b>Date (month, day, year)</b> 8/26/99	<b>Amount of Each Receipt this Period</b> 250.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 250.00		
<b>B. Full Name, Mailing Address and Zip Code</b> Lou Meyer 10644 North Oakwilde Avenue Stockton, CA 95212	<b>Name of Employer</b> American Medical Response  <b>Occupation</b> Owner/Operator	<b>Date (month, day, year)</b> 9/1/99	<b>Amount of Each Receipt this Period</b> 1,000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 1000.00		
<b>C. Full Name, Mailing Address and Zip Code</b> Joe Huffman 2110 Village Green Garland, TX 75044	<b>Name of Employer</b> Dallas Ambulance  <b>Occupation</b> Owner/Operator	<b>Date (month, day, year)</b> 12/1/99	<b>Amount of Each Receipt this Period</b> 1,100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 1350.00		
<b>D. Full Name, Mailing Address and Zip Code</b> David Miller 1220 Cyclone Avenue Harlan, IA 51537	<b>Name of Employer</b> Harlan Ambulance Service  <b>Occupation</b> Owner/Operator	<b>Date (month, day, year)</b> 9/22/99	<b>Amount of Each Receipt this Period</b> 250.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 600.00		
<b>E. Full Name, Mailing Address and Zip Code</b> Gene Moffit 1399 Chancellor Circle Salt Lake City, UT 84108	<b>Name of Employer</b> Gold Cross Services, Inc.  <b>Occupation</b> Owner/Operator	<b>Date (month, day, year)</b> 10/8/99	<b>Amount of Each Receipt this Period</b> 1,300.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 1300.00		
<b>F. Full Name, Mailing Address and Zip Code</b> Robert Garber 7255 Northwest 19th Street Miami, FL 33126	<b>Name of Employer</b> American Medical Response  <b>Occupation</b> Owner/Operator	<b>Date (month, day, year)</b> 12/8/99	<b>Amount of Each Receipt this Period</b> 500.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 1725.00		
<b>G. Full Name, Mailing Address and Zip Code</b> Debra Gault 5502 Northwest Highway Waterford, WI 53185	<b>Name of Employer</b> American Medical Response  <b>Occupation</b> Owner/Operator	<b>Date (month, day, year)</b> 8/9/99	<b>Amount of Each Receipt this Period</b> 225.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 350.00		
<b>SUBTOTAL of Receipts This Page (optional)</b>			4,625.00
<b>TOTAL This Period (last page this line number only)</b>			

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<b>A. Full Name, Mailing Address and Zip Code</b> Rachel Harracksingh 8020 Doniphan El Paso, TX 79835	<b>Name of Employer</b> Life Ambulance  <b>Occupation</b> Owner/Operator	<b>Date (month, day, year)</b> 12/8/99	<b>Amount of Each Receipt this Period</b> 275.00
<b>Receipt for:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date &gt;</b> 275.00		
<b>B. Full Name, Mailing Address and Zip Code</b> Kevin Lyons 34 Elm Street Danvers, MA 01923	<b>Name of Employer</b> Lyons Ambulance Service  <b>Occupation</b> Owner/Operator	<b>Date (month, day, year)</b> 12/8/99	<b>Amount of Each Receipt this Period</b> 1,500.00
<b>Receipt for:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date &gt;</b> 1500.00		
<b>C. Full Name, Mailing Address and Zip Code</b> R.M. Serrano 402 West Broadway San Diego, CA 92101	<b>Name of Employer</b> Foley & Landoor  <b>Occupation</b> Owner/Operator	<b>Date (month, day, year)</b> 12/8/99	<b>Amount of Each Receipt this Period</b> 500.00
<b>Receipt for:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date &gt;</b> 500.00		
<b>D. Full Name, Mailing Address and Zip Code</b> James McPartlan 1015 Duhella Drive Schenectady, NY 12303	<b>Name of Employer</b> Mohawk Ambulance Service  <b>Occupation</b> Owner/Operator	<b>Date (month, day, year)</b> 8/9/99	<b>Amount of Each Receipt this Period</b> 500.00
<b>Receipt for:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date &gt;</b> 750.00		
<b>E. Full Name, Mailing Address and Zip Code</b> Scott Stevens 10 Piedmont Center, #195 Atlanta, GA 30305	<b>Name of Employer</b> PAD Systems, Inc.  <b>Occupation</b> Owner/Operator	<b>Date (month, day, year)</b> 12/8/99	<b>Amount of Each Receipt this Period</b> 500.00
<b>Receipt for:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date &gt;</b> 500.00		
<b>F. Full Name, Mailing Address and Zip Code</b> Klark Staffan 6313 Enchanted Key Gate Clarksville, MT 21029	<b>Name of Employer</b> Rural/Metro Ambulance  <b>Occupation</b> Owner/Operator	<b>Date (month, day, year)</b> 12/8/99	<b>Amount of Each Receipt this Period</b> 500.00
<b>Receipt for:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date &gt;</b> 600.00		
<b>G. Full Name, Mailing Address and Zip Code</b> Thomas Scott 13038 Creek Park Drive Prvay, CA 92064	<b>Name of Employer</b> Scott Consulting  <b>Occupation</b> Owner/Operator	<b>Date (month, day, year)</b> 12/8/99	<b>Amount of Each Receipt this Period</b> 450.00
<b>Receipt for:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date &gt;</b> 375.00		
<b>SUBTOTAL of Receipts This Page (optional)</b> ----->			4,225.00
<b>TOTAL This Period (last page this line number only)</b> ----->			-----

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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PAGE 5 OF 7  
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11a (i)

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A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
C. Michael Riso 1350 Avenue O Carter Lake, IA 51510	Omaha Ambulance Service	12/8/99	475.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Owner/Operator	Aggregate Year-to-Date > 475.00
<b>B. Full Name, Mailing Address and Zip Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gerald Zapolink 1116 Retabon Circle Saline, MI 48176	Huron Valley Ambulance	12/8/99	200.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Owner/Operator	Aggregate Year-to-Date > 200.00
<b>C. Full Name, Mailing Address and Zip Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steve Murphy 9201 East Mississippi Avenue Apartment T-205 Denver, CO 80231	American Medical Response	12/1/99	750.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > 1000.00
<b>D. Full Name, Mailing Address and Zip Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dale Berry 2215 Hogback Road Ann Arbor, MI 48105	Huron Valley Ambulance	12/1/99	1,096.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Owner/Operator	Aggregate Year-to-Date > 1594.00
<b>E. Full Name, Mailing Address and Zip Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Russell 2035 Pamela Cape Girardeau, MO 63701	Cape County Private Ambulance	12/19/99	230.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Owner/Operator	Aggregate Year-to-Date > 250.00
<b>F. Full Name, Mailing Address and Zip Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David B. Hill 395 West Lake Street P.O. Box 1411 Elmhurst, IL 60126	Superior Air-Ground Ambulance	12/19/99	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 > 3000.00
<b>G. Full Name, Mailing Address and Zip Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marijo Rymer 9201 Mississippi Avenue Denver, CO 80231	American Medical Response	12/19/99	250.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Owner/Operator	Aggregate Year-to-Date > 375.00
<b>SUBTOTAL of Receipts This Page (optional)</b> ----->			5,021.00
<b>TOTAL This Period (last page this line number only)</b> ----->			

**SCHEDULE A**

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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
Ben Hinson 2025 Vineville Avenue Macon, GA 31203	Mid Georgia Ambulance	12/19/99	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 > 1000.00		
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Johnson P.O. Box 801 Tulid, OK 73702	Life Emergency Medical	12/19/99	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		
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Frederick Metzger 278 Hill Avenue Montgomery, NY 12549	Mobile Life Support Service	12/19/99	1,000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owned/Operator Aggregate Year-to-Date > 1000.00		
D. 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	Tel County Paramedic Ambulance Svc	12/23/99	200.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator Aggregate Year-to-Date > 200.00		
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steve Husecznek 2948 Cashal Lane Vienna, VA 22181	Hawk & Associates, Inc.	12/14/99	125.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive Vice President Aggregate Year-to-Date > 250.00		
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stanley Portman 26C Carnation Circle Belling, MA 01867	Action Ambulance	12/9/99	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		
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mark Meijer P.O. Box 2284 Grand Rapids, MI 49501	Life EMS Ambulance	9/1/99	25.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Operator Aggregate Year-to-Date > 1025.00		

**SUBTOTAL** of Receipts This Page (optional) 3,050.00

**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 7 OF 7  
FOR LINE NUMBER  
11a(3)

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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)

<b>A. Full Name, Mailing Address and Zip Code</b> Jamie Pafford-Gershon P.O. Box 130 Hermitage, AR 71647	<b>Name of Employer</b> Pafford Ambulance  <b>Occupation</b> Owner/Operator	<b>Date (month, day, year)</b> 11/1/99	<b>Amount of Each Receipt this Period</b> 1,000.00
<b>Receipt for:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date &gt;</b> 2000.00		
<b>B. Full Name, Mailing Address and Zip Code</b> Marijo Rymer 9201 Mississippi Avenue Denver, CO 80231	<b>Name of Employer</b> American Medical Response  <b>Occupation</b> Owner/Operator	<b>Date (month, day, year)</b> 11/1/99	<b>Amount of Each Receipt this Period</b> 250.00
<b>Receipt for:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date &gt;</b> 350.00		
<b>C. Full Name, Mailing Address and Zip Code</b>  Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b>   <b>Occupation</b>  <b>Aggregate Year-to-Date</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
<b>D. Full Name, Mailing Address and Zip Code</b>  Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b>   <b>Occupation</b>  <b>Aggregate Year-to-Date</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
<b>E. Full Name, Mailing Address and Zip Code</b>  Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b>   <b>Occupation</b>  <b>Aggregate Year-to-Date &gt;</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
<b>F. Full Name, Mailing Address and Zip Code</b>  Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b>   <b>Occupation</b>  <b>Aggregate Year-to-Date &gt;</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
<b>G. Full Name, Mailing Address and Zip Code</b>  Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b>   <b>Occupation</b>  <b>Aggregate Year-to-Date &gt;</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
<b>SUBTOTAL of Receipts This Page (optional)</b> ----->			1,250.00
<b>TOTAL This Period (last page this line number only)</b> ----->			27,721.00

**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	

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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
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		

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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ommercial 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 (AMRUPAC)

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 (D-RI) PO Box 77047 Washington, DC 20013	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	7/12/99	1,000.00
Kennedy For Senate (D-MA) 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):	7/12/99	2,500.00
Pirozzi for Congress (R-42-CA) PO Box 2303 Rancho Cucamonga, CA 91729	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	8/12/99	250.00
Jeffords for Vermont (R-VT) PO Box 246 Montpelier, VT 05601	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	8/26/99	1,000.00
Andrews for Congress Committee (D-I-NJ) PO Box 295 Caldyn, NJ 08107	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	8/26/99	1,000.00
Kolbe 2000 (R-S-AZ) PO Box 31568 Tucson, AZ 85751	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	9/2/99	1,000.00
A Law of People Supporting Tom Dache (D-SD) PO Box 1656 Sioux Falls, SD 57101	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	9/8/99	1,000.00
DashPAC (D-SD) 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):	9/15/99	1,000.00
Luther for Congress Volunteer Committee (D-6-MN) 1390 Geneva Avenue, #202 Caldale, MN 55128	Leadership PAC Rep. Gephardt (D-3-MO) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	9/15/99	1,000.00
<b>SUBTOTAL</b> of Disbursements This Page (optional) ----->			9,750.00
<b>TOTAL</b> 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  
23

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

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 (D-IL) PO Box 1949 Springfield, IL 62705	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	9/22/99	1,000.00
Friends of Houghton (R-31-NY) PO Box 1107 Corning, NY 14830	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	9/28/99	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):	10/6/99	1,000.00
Setupak for Congress (D-1-MI) PO Box 143 Menominee, MI 49858	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/6/99	1,000.00
Hoyer for Congress (D-5-MD) 7905 Malcolm Road, Suite 102 Clinton, MD 20735	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/19/99	1,000.00
Levin for Congress (D-12-MI) 436 New Jersey Avenue, SE Washington, DC 20003	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/19/99	1,000.00
Grass for Senate (R-MN) 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):	10/28/99	1,000.00
Re-elect John Minkley Committee (D-9-MA) PO Box 1073 Boston, MA 02205-1073	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/28/99	500.00
Friends of Sherrod Brown (D-13-OH) PO Box 2884 Washington, DC 20013	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/5/99	1,000.00
<b>SUBTOTAL</b> of Disbursements This Page (optional)			8,500.00
<b>TOTAL</b> 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	Purpose of Disbursement Contribution	Date (month, day, year)	Amount of Each Disbursement this Period
Kerrey for Senate (D-NE) 7612 Pacific Street, Lower Level B Omaha, NE 68114	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/8/99	1,000.00
B. Full Name, Mailing Address and Zip Code Pete Stark Re-Election Committee (D-13-CA) 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) 11/9/99	Amount of Each Disbursement this Period 1,000.00
C. Full Name, Mailing Address and Zip Code Lewis for Congress Committee (R-40-CA) 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) 11/16/99	Amount of Each Disbursement this Period 500.00
D. Full Name, Mailing Address and Zip Code Rod Grams for US Senate (R-MN) 320 East Main Street 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) 11/24/99	Amount of Each Disbursement this Period 2,500.00
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

<b>SUBTOTAL</b> of Disbursements This Page (optional)	5,000.00
<b>TOTAL</b> 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 type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) 7/28/00
<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	
<i>dy</i> PREPARER	8/1/00 DATE PREPARED