

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

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

Oct 15 1 16 PM '98

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. This committee has qualified as a multicandidate committee. (see FEC FORM IM)

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 _____

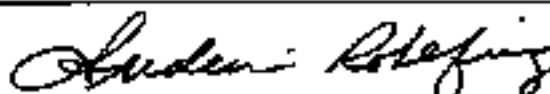
(b) Is this Report an Amendment? YES NO

5. SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
Covering Period <u>July 1, 1998 through September 30, 1998</u>		
6. (a) Cash on Hand January 1, 1998		29,576.95
(b) Cash on Hand at Beginning of Reporting Period	23,225.11	
(c) Total Receipts (from Line 19)	2,879.98	17,871.26
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	26,105.09	47,448.21
7. Total Disbursements (from Line 30)	18,134.33	39,477.45
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	7,970.76	7,970.76
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$.00	
10. Debts and Obligations Owed BY 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

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 **Frederic L. Rohlfing**

Signature of Treasurer 

Date
October 9, 1998

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: 7/1/98 TO: 9/30/98	
L Receipts		COLUMN A Total This Period	COLUMN H Calendar Year
11.	Contributions (other than loans) From:		
a.	Individual/Persons Other Than Political Committees		
i.	Itemized (use Schedule A).....	2,849.98	17,841.26
ii.	Unitemized.....	30.00	30.00
iii.	Total.....(add i and ii) ➤	2,879.98	17,871.26
b.	Political Party Committees.....	.00	.00
c.	Other Political Committees (such as PACs).....	.00	.00
d.	Total Contributions.....(add a iii, b and c) ➤	2,879.98	17,871.26
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) ➤	2,879.98	17,871.26
20.	Total Federal Receipts.....(subtract line 18 from line 19) ➤	2,879.98	17,871.26
II. Disbursements			
21.	Operating Expenditures:		
a.	Shared Federal/Non-Federal Activity (from Schedule E4)		
i.	Federal Share.....	.00	.00
ii.	Non-Federal Share.....	.00	.00
b.	Other Federal Operating Expenditures.....	134.33	617.86
c.	Total Operating Expenditures.....(add a i, a ii, and b) ➤	134.33	617.86
22.	Transfers to Affiliated/Other Party Committees.....	.00	.00
23.	Contributions to Federal Candidates/Committees and Other Political Committees.....	18,000.00	38,859.59
24.	Independent Expenditures (use Schedule T).....	.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) ➤	18,134.33	39,477.45
31.	Total Federal Disbursements.....(subtract line 21a ii from line 30) ➤	18,000.00	38,859.59
III. Net Contributions/Operating Expenditures			
32.	Total Contributions (other than loans) (from line 11d).....	2,879.98	17,871.26
33.	Total Contribution Refunds (from line 28d).....	.00	.00
34.	Net Contributions (other than loans) (subtract line 33 from 32).....	2,879.98	17,871.26
35.	Total Federal Operating Expenditures.....(add 21a i and 21b) ➤	134.33	617.86
36.	Offsets to Operating Expenditures (from line 15).....	.00	.00
37.	Net Operating Expenditures.....(subtract line 36 from 35) ➤	134.33	617.86

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 3
FOR LINE NUMBER
11a (j)

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

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

A. Full Name, Mailing Address and Zip Code Steve Murphy 9201 E Mississippi Ave, Apt T-205 Denver, CO 80231	Name of Employer American Medical Response	Date (month, day, year) 7/10/98	Amount of Each Receipt this Period 250.00
	Occupation Owner/Operator	Aggregate Year-to-Date > 750.00	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. 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) 7/10/98	Amount of Each Receipt this Period 83.33
	Occupation Owner/Operator	Aggregate Year-to-Date > 583.31	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and Zip Code Patrick Kelly 2917 Kansas Joplin, MO 64804	Name of Employer Newton County Ambulance	Date (month, day, year) 7/10/98	Amount of Each Receipt this Period 100.00
	Occupation Owner/Operator	Aggregate Year-to-Date > 500.00	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. 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) 7/10/98	Amount of Each Receipt this Period 83.33
	Occupation Admin/Consultant	Aggregate Year-to-Date > 499.98	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. 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) 7/15/98	Amount of Each Receipt this Period 150.00
	Occupation Owner/Operator	Aggregate Year-to-Date > 750.00	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and Zip Code David Miller 1220 Cyclone Hurlan, LA 51537	Name of Employer Hurlan Ambulance Service	Date (month, day, year) 7/10/98	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 Dale Berry 2215 Hogback Rd Ann Arbor, MI 48105	Name of Employer Huron Valley Ambulance	Date (month, day, year) 8/10/98	Amount of Each Receipt this Period 83.33
	Occupation Owner/Operator	Aggregate Year-to-Date > 666.64	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional) -----> 990.99

TOTAL This Period (last page this line number only) -----> 990.99

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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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 (AMBLPAC)

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Patrick Kelly 2917 Kansas Joplin, MO 64804 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Newton County Ambulance Occupation Owner/Operator Aggregate Year-to-Date > 600.00	8/10/98	100.00
B. Full Name, Mailing Address and Zip Code Brian Walker 35783 Mound Rd Sterling Hghts, MI 48310 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Universal-Macomb Ambulance Occupation Admin/Consultant Aggregate Year-to-Date > 583.31	8/10/98	83.33
C. Full Name, Mailing Address and Zip Code Harvey L. 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 Occupation Owner/Opur Aggregate Year-to-Date > 850.00	8/12/98	150.00
D. Full Name, Mailing Address and Zip Code Dale Berry 2215 Hogback Rd Ann Arbor, MI 48105 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Huron Valley Ambulance Occupation Owner/Operator Aggregate Year-to-Date > 749.97	9/9/98	83.33
E. Full Name, Mailing Address and Zip Code George Delluff 1207 E. Jesse Ct Highlands Ranch, CO 83126 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer American Medical Response Occupation Owner/Operator Aggregate Year-to-Date > 1000.00	9/9/98	500.00
F. Full Name, Mailing Address and Zip Code Stephen Madison 595 Armstrong Marietta, GA 30060 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer American Medical Response Occupation Owner/Operator Aggregate Year-to-Date > 500.00	9/9/98	250.00
G. Full Name, Mailing Address and Zip Code Patrick Kelly 2917 Kansas Joplin, MO 64804 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Newton County Ambulance Occupation Owner/Operator Aggregate Year-to-Date > 700.00	9/9/98	100.00

SUBTOTAL of Receipts This Page (optional) ----->	1,266.66
TOTAL This Period (last page this line number only) ----->	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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PAGE 3 OF 3
FOR LINE NUMBER
11a (i)

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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
Stanley Portman 26C Carnation Circle Reading, MA 01867 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Action Ambulance Service Occupation Owner/Operator Aggregate Year-to-Date > 750.00	9/9/98	250.00
B. Full Name, Mailing Address and Zip Code Thomas Scott 13038 Creek Park Dr Puyay, CA 92064 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Scott Consulting Occupation Owner/Operator Aggregate Year-to-Date > 300.00	Date (month, day, year) 9/9/98	Amount of Each Receipt this Period 100.00
C. Full Name, Mailing Address and Zip Code Brian Walker 35783 Mount Rd Sterling Hights, MI 48310 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Universal-Macomb Ambulance Occupation Executive Aggregate Year-to-Date > 666.64	Date (month, day, year) 9/9/98	Amount of Each Receipt this Period 83.33
D. Full Name, Mailing Address and Zip Code Harvey L 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 Occupation Owner/Operator Aggregate Year-to-Date > 900.00	Date (month, day, year) 9/10/98	Amount of Each Receipt this Period 150.00
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

SUBTOTAL of Receipts This Page (optional) ----->	563.33
TOTAL This Period (last page this line number only) ----->	2,849.98

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

PAGE 1 OF 2
FOR LINE NUMBER
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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
A Lot of People Supporting Tom Daschle The Daschle Committee 424 C Street, NE, 1st Floor Washington, DC 20002	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	7/15/98	1,000.00
B. Full Name, Mailing Address and Zip Code Billey for Congress 3001 Park Center Dr #1105 Alexandria, VA 22302	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	7/20/98	1,000.00
C. Full Name, Mailing Address and Zip Code Roth Senate Committee PO Box 105 Wilmington, DE 19899	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	7/28/98	1,000.00
D. Full Name, Mailing Address and Zip Code Watkins for Congress Box WW Stillwater, OK 74076 Washington, DC 20002	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	7/28/98	1,000.00
E. Full Name, Mailing Address and Zip Code Friends of Blanche Lincoln PO Box 3197 Little Rock, AR 72203	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	8/11/98	1,000.00
F. Full Name, Mailing Address and Zip Code Vic Snyder PO Box 250998 Little Rock, AR 72225	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	8/11/98	1,000.00
G. Full Name, Mailing Address and Zip Code Victory in '98 424 C Street, NE 1st Floor Washington, DC 20002	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	8/18/98	5,000.00
H. Full Name, Mailing Address and Zip Code Wes Watkins for Congress PO Box WW Stillwater, OK 74076	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	8/27/09	1,000.00
I. Full Name, Mailing Address and Zip Code Citizens Committee for Ernest F Hollings 1722 Main Street, Suite 230 Columbia, SC 29201	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	9/2/98	1,000.00

SUBTOTAL of Disbursements This Page (optional) -----> 13,000.00

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

PAGE 2 OF 2
FOR LINE NUMBER
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NAME OF COMMITTEE (in Full) AMERICAN AMBULANCE ASSOCIATION FEDERAL POLITICAL ACTION COMMITTEE (AMBUPAC)

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Contribution	Date (month, day, year)	Amount of Each Disbursement this Period
Friends of Bob Graham P.O. Box 13472 Tallahassee, FL 32317-3472	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	9/10/98	1,000.00
B. Full Name, Mailing Address and Zip Code Friends of Senator Nickles PO Box 1549 Ponca City, OK 74602	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	9/10/98	1,000.00
C. Full Name, Mailing Address and Zip Code The Ramstad Volunteer Committee 8100 Penn Ave. South, Suite 104 Bloomington, MN 55431	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	9/16/98	500.00
D. Full Name, Mailing Address and Zip Code Hoyer for Congress 7905 Malcolm Rd, #102 Clinton, MD 20735	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	9/16/98	1,000.00
E. Full Name, Mailing Address and Zip Code Sherrod Brown for Congress 111 Edgefield Dr Elyria, OH 44035	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	9/22/98	500.00
F. Full Name, Mailing Address and Zip Code The capitol Committee 257 East 200 South, Suite 950 Salt Lake City, UT 84111	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	9/28/98	1,000.00
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) -----> 5,000.00

TOTAL This Period (last page this line number only) -----> 18,000.00

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 <u>10/15/98</u>
<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	

RJS
PREPARER

10/15/98
DATE PREPARED