

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

RECEIVED
FEDERAL ELECTION COMMISSION
COMMUNICATIONS ROOM

APR 20 3 51 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 1615 L Street, 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, 1998 through March 31, 1998		
6. (a) Cash on Hand January 1, 1998		29,576.95
(b) Cash on Hand at Beginning of Reporting Period	29,576.95	
(c) Total Receipts (from Line 19)	7,445.31	7,445.31
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(b) and 6(c) for Column B)	37,022.26	37,022.26
7. Total Disbursements (from Line 30)	11,575.61	11,575.61
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	25,446.65	25,446.65
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$.00	For further information contact Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemized all on Schedule C and/or Schedule D)	\$.00	

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

Type or Print Name of Treasurer	Royce L. Rollins
Signature of Treasurer	Date
	April 21, 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: 1/1/98 TO: 3/31/98	
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	7,445.31	7,445.31	11(a)(i)
ii. Unitemized	.00	.00	11(a)(ii)
iii. Total (add i and ii) >	7,445.31	7,445.31	11(c)(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) >	7,445.31	7,445.31	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) >	7,445.31	7,445.31	19
20. Total Federal Receipts (subtract line 18 from line 19) >	7,445.31	7,445.31	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	216.02	216.02	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	216.02	216.02	21(c)
22. Transfers to Affiliated/Other Party Committees	.00	.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	11,359.59	11,359.59	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. Individual/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) >	11,575.61	11,575.61	30
31. Total Federal Disbursements (subtract line 21a ii from line 30) >	11,575.61	11,575.61	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	7,445.31	7,445.31	32
33. Total Contribution Refunds (from line 28d)	.00	.00	33
34. Net Contributions (other than loans) (subtract line 33 from 32)	7,445.31	7,445.31	34
35. Total Federal Operating Expenditures (add 21a i and 21b) >	216.02	216.02	35
36. Offsets to Operating Expenditures (from line 15)	.00	.00	36
37. Net Operating Expenditures (subtract line 36 from 35) >	216.02	216.02	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 4
FOR LINE NUMBER
11a (f)

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 H McAdoo PO Box 277 Ukiah, CA 95482-0277 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Ukiah Ambulance Occupation Owner/Operator Aggregate Year-to-Date > 83.00	Date (month, day, year) 1/9/98	Amount of Each Receipt this Period 83.00
B. Full Name, Mailing Address and Zip Code Scot W Vandenberg 16755 S New England Tinley Park, IL 60477 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Trace Ambulance Occupation Owner/Operator Aggregate Year-to-Date > 1000.00	Date (month, day, year) 1/9/98	Amount of Each Receipt this Period 1,000.00
C. Full Name, Mailing Address and Zip Code John Bowers 430 E Pacific Coast Hwy Long Beach, CA 90806 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Bowers Ambulance Occupation Owner/Operator Aggregate Year-to-Date > 500.00	Date (month, day, year) 1/5/98	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and Zip Code James Fritton 6328 NE Laurelee St Hillsboro, OR 97124 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Metro West Ambulance Occupation Owner/Operator Aggregate Year-to-Date > 500.00	Date (month, day, year) 1/5/98	Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and Zip Code Steve Murphy 9201 E Mississippi Ave, Apt T-205 Denver, CO 80231 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 > 250.00	Date (month, day, year) 1/5/98	Amount of Each Receipt this Period 250.00
F. 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 > 83.33	Date (month, day, year) 1/13/98	Amount of Each Receipt this Period 83.33
G. Full Name, Mailing Address and Zip Code Martin Yenawine 116 Woodberry Ln Fayetteville, NY 13066 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Rural/Metro Corp Occupation Executive Aggregate Year-to-Date > 83.33	Date (month, day, year) 1/13/98	Amount of Each Receipt this Period 83.33

SUBTOTAL of Receipts This Page (optional) 2,499.66

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 2	OF 4
	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 Ellen Clemente 700 Fifth St Strubers, OH 44471 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Clemente-McKay Ambulance	Date (month, day, year) 1/23/98	Amount of Each Receipt this Period 250.00
	Occupation Owner/Operator Aggregate Year-to-Date > 250.00		
B. Full Name, Mailing Address and Zip Code Fred Sundquist Jr 135 West Seventh St Eureka, CA 95501 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer City Ambulance of Eureka	Date (month, day, year) 1/23/98	Amount of Each Receipt this Period 250.00
	Occupation President/CEO Aggregate Year-to-Date > 250.00		
C. Full Name, Mailing Address and Zip Code Joyce Startare 135 West Seventh St Eureka, CA 95501 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer City Ambulance of Eureka	Date (month, day, year) 1/23/98	Amount of Each Receipt this Period 250.00
	Occupation Secty-Treas Aggregate Year-to-Date > 250.00		
D. Full Name, Mailing Address and Zip Code Arthur Enos PO Box 174 Burlington, MA 01803 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Enos Ambulance Service	Date (month, day, year) 1/26/98	Amount of Each Receipt this Period 500.00
	Occupation Owner/Operator Aggregate Year-to-Date > 500.00		
E. Full Name, Mailing Address and Zip Code David Miller 1220 Cyclone Hurlan, IA 51537 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Harlan Ambulance Service	Date (month, day, year) 1/26/98	Amount of Each Receipt this Period 250.00
	Occupation Owner/Operator Aggregate Year-to-Date > 250.00		
F. 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	Date (month, day, year) 2/10/98	Amount of Each Receipt this Period 83.33
	Occupation Owner/Operator Aggregate Year-to-Date > 166.66		
G. Full Name, Mailing Address and Zip Code Martin Yeowine 116 Woodberry Ln Fayetteville, NY 13066 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) 2/10/98	Amount of Each Receipt this Period 83.33
	Occupation Owner/Operator Aggregate Year-to-Date > 166.66		
SUBTOTAL of Receipts This Page (optional)			1,666.66

SCHEDULE A

ITEMIZED RECEIPTS

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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 Mary Lou Cotton 11009 State Road 644, POBox 182 Kensington, OH 44427 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Maple-Cotton P.H. Ambulance Service Inc	Date (month, day, year) 3/10/98	Amount of Each Receipt this Period 50.00
	Occupation Owner/Operator Aggregate Year-to-Date > 50.00		
B. Full Name, Mailing Address and Zip Code Robert H McAdoo 1481 Carrigan Lane Ukiah, CA 95482 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Ukiah Ambulance	Date (month, day, year) 3/10/98	Amount of Each Receipt this Period 249.00
	Occupation Owner/Operator Aggregate Year-to-Date > 332.00		
C. 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	Date (month, day, year) 3/14/98	Amount of Each Receipt this Period 83.33
	Occupation Owner/Operator Aggregate Year-to-Date > 249.99		
D. Full Name, Mailing Address and Zip Code H Robert Coulter 2906 Country Ln Elliot City, MD 21402 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer RJM Medical Inc	Date (month, day, year) 3/14/98	Amount of Each Receipt this Period 1,000.00
	Occupation Owner Aggregate Year-to-Date > 1000.00		
E. Full Name, Mailing Address and Zip Code Joseph Haron 1549 Quaint Rd Falconer, NY 14733 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer WCA Services Corp	Date (month, day, year) 3/14/98	Amount of Each Receipt this Period 30.00
	Occupation Owner/Operator Aggregate Year-to-Date > 30.00		
F. Full Name, Mailing Address and Zip Code Paul Harans 4006 Log Trail Way Robertstown, MD 21136 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Maryland Ambulance	Date (month, day, year) 3/14/98	Amount of Each Receipt this Period 100.00
	Occupation Owner/Operator Aggregate Year-to-Date > 100.00		
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	Date (month, day, year) 3/14/98	Amount of Each Receipt this Period 100.00
	Occupation Owner/Operator Aggregate Year-to-Date > 100.00		

SUBTOTAL of Receipts This Page (optional) 1,612.33

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

PAGE 4 OF 4
FOR LINE NUMBER
11a (i)

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

<p>A. Full Name, Mailing Address and Zip Code Stanley Portman 26C Carnation Circle Reading, MA 01867</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Action Ambulance Service</p> <p>Occupation President/CEO</p> <p>Aggregate Year-to-Date > 250.00</p>	<p>Date (month, day, year) 3/14/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>B. Full Name, Mailing Address and Zip Code Thomas Scott 13038 Creek Park Dr Poway, CA 92064</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Scott Consulting</p> <p>Occupation Owner/Operator</p> <p>Aggregate Year-to-Date > 100.00</p>	<p>Date (month, day, year) 3/14/98</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>C. Full Name, Mailing Address and Zip Code Brian Walker 35783 Mound Rd Sterling Hghts, MI 48310</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Universal-Macomb Ambul</p> <p>Occupation Administrator/Consultant</p> <p>Aggregate Year-to-Date > 83.33</p>	<p>Date (month, day, year) 3/14/97</p>	<p>Amount of Each Receipt this Period 83.33</p>
<p>D. Full Name, Mailing Address and Zip Code Kurt Williams 17 Bayhill Pl Half Moon Bay, CA 94019</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer American Medical Response</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > 1000.00</p>	<p>Date (month, day, year) 3/14/98</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>E. Full Name, Mailing Address and Zip Code Martin Yenawine 116 Woodberry Ln Fayetteville, NY 13066</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Rural/Metro Corp</p> <p>Occupation</p> <p>Aggregate Year-to-Date > 249.99</p>	<p>Date (month, day, year) 3/14/98</p>	<p>Amount of Each Receipt this Period 83.33</p>
<p>F. Full Name, Mailing Address and Zip Code Harvey L Hall 1001 21st St Bakerfield, CA 93301</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Hall Ambulance Service</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > 150.00</p>	<p>Date (month, day, year) 3/17/98</p>	<p>Amount of Each Receipt this Period 150.00</p>
<p>G. Full Name, Mailing Address and Zip Code</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date ></p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>SUBTOTAL of Receipts This Page (optional) _____</p>			<p>1,666.66</p>

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

7,445.31

SCHEDULE B
Operating Expenditures

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2
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
Fleishman-Hillard, Inc. 200 North Broadway St. Louis, MO 63102	Postage and photocopy charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	1/13/98	43.90
B. Full Name, Mailing Address and Zip Code Bill Thomas Campaign Committee PO Box 395 Bakersfield, CA 93302	Purpose of Disbursement Contribution (Primary Election) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	1/13/98	3,000.00
C. Full Name, Mailing Address and Zip Code Bill Thomas Campaign Committee PO Box 395 Bakersfield, CA 93302	Purpose of Disbursement Contribution (General Election) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	1/13/98	2,000.00
D. Full Name, Mailing Address and Zip Code Re-Elect Nancy Johnson Committee 4451 Brookfield Corporate Dr, Ste 200 Chantilly, VA 20151-1652	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	2/24/98	1,000.00
E. Full Name, Mailing Address and Zip Code Stark Re-Election Committee PO Box 75214 Washington, DC 20013-5214	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	2/24/98	1,000.00
F. Full Name, Mailing Address and Zip Code Fleishman-Hillard, Inc. 200 North Broadway St. Louis, MO 63102	Purpose of Disbursement Photocopy charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	3/19/98	18.10
G. Full Name, Mailing Address and Zip Code Fleishman-Hillard, Inc. 200 North Broadway St. Louis, MO 63102	Purpose of Disbursement Overnight shipment, photocopy charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	3/19/98	20.69
H. Full Name, Mailing Address and Zip Code John Ensign for U S Senate 425 Second St NE Washington, DC 20002	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	3/24/98	1,000.00
I. Full Name, Mailing Address and Zip Code Awards by Kay Inc 1300 El Camino Ave Sacramento, CA 95815-2817	Purpose of Disbursement Lapel pins, jewelry boxes, etc Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	3/26/98	276.90

SUBTOTAL of Disbursements This Page (optional)

8,359.59

SCHEDULE B
Operating Expenditures

ITEMIZED DISBURSEMENTS

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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
John Breaux Committee PO Box 4042 Baton Rouge, LA	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	3/27/98	3,000.00
B. 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):		
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
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		

SUBTOTAL of Disbursements This Page (optional) 3,000.00

TOTAL This Period (last page this line number only) →

11,359.59

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 4-28-98
<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	
<i>LEH</i> PREPARER	4-28-98 DATE PREPARED