

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER

2007 JUL 20 AM 9:47
Office Use Only

1. NAME OF COMMITTEE (in full) **OHIO AMBULANCE AND MEDICAL TRANSPORTATION ASSOCIATION PAC** TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**

ADDRESS (number and street) **51613 STOCKTON WAY**
 Check if different than previously reported. (ACC) **DUBLIN OH 43016**

2. FEC IDENTIFICATION NUMBER ▼ **C00383596** CITY ▲ STATE ▲ ZIP CODE ▲

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on [] / [] / [] in the State of []

(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)
Election on [] / [] / [] in the State of []

5. Covering Period **01 01 2007** through **06 30 2007**

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 **David Viola**

Signature of Treasurer *David Viola* Date [] / [] / []

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

27039481254

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Ohio Ambulance and Medical Transportation Association

Report Covering the Period: From: To:

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand January 1, <input type="text" value="2007"/>	<input type="text" value="594543"/>	<input type="text" value="594543"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="594543"/>	
(c) Total Receipts (from Line 19).....	<input type="text" value="-0-"/>	<input type="text" value="-0-"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="594543"/>	<input type="text" value="594543"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="450000"/>	<input type="text" value="450000"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="144543"/>	<input type="text" value="144543"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="-"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="-"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

27039481255

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Ohio Ambulance and Medical Transportation Association

Report Covering the Period: From:

MM ' DD ' YYYY
01 ' 01 ' 2007

To:

MM ' DD ' YYYY
06 ' 30 ' 2007

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

-0-

-0-

(ii) Unitemized

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

(b) Political Party Committees

(c) Other Political Committees (such as PACs).....

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

-0-

-0-

12. Transfers From Affiliated/Other Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

17. Other Federal Receipts (Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

-0-

-0-

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

-0-

-0-

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**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE **6** OF **7**
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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)
Ohio Ambulance and Medical Transportation Association

A.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY
Amount of Each Receipt this Period

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY
Amount of Each Receipt this Period

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶ **0.00**
TOTAL This Period (last page this line number only).....▶ **0.00**

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 7

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ohio Ambulance and Medical Transportation Association

Full Name (Last, First, Middle Initial)

A. *Citizens for McGregor*

Mailing Address: *5524 Old Columbus Rd*

City: *Springfield* State: *OH* Zip Code: *45502*

Purpose of Disbursement: *0.1.1*

Candidate Name: *Ross McGregor* Category/Type: *0.1.1*

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) *contribution*

State: *OH* District: *72*

Date of Disbursement: *04/22/2007*

Amount of Each Disbursement this Period: *1,500.00*

B. *Friends of Jim Raussen*

Mailing Address: *661 Park Avenue*

City: *Cincinnati* State: *OH* Zip Code: *45246*

Purpose of Disbursement: *0.1.1*

Candidate Name: *Jim Raussen* Category/Type: *0.1.1*

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) *contribution*

State: *OH* District: *28*

Date of Disbursement: *06/25/2007*

Amount of Each Disbursement this Period: *2,000.00*

C. *Ohio Republican Senate Campaign Comm.*

Mailing Address: *211 South Fifth Street*

City: *Columbus* State: *OH* Zip Code: *43215*

Purpose of Disbursement: *0.1.1*

Candidate Name: *fundraiser for caucus* Category/Type: *0.1.1*

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) *fundraiser*

State: _____ District: _____

Date of Disbursement: *06/28/2007*

Amount of Each Disbursement this Period: *1,000.00*

SUBTOTAL of Disbursements This Page (optional)..... ▶ *4,500.00*

TOTAL This Period (last page this line number only)..... ▶ *4,500.00*

27039481260

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): *Fed. Exp.* Shipping Date
7/18/07
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

Jm
 PREPARER

7/20/07
 DATE PREPARED

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