5613 Stockton Way

Dublin Ohio 43016

FEC ID C00383596

EXPLANATORY STATEMENT TO 2014 MID-YEAR REPORT

This report includes an expenditure of **$142.00** which is amount of adjustment that reconciles the report to the current bank statement. A review of past statements and reports revealed the discrepancy of the amount over some period of years. The source of the discrepancy has been unable to be determined.

The organization will be filing a new Statement of Organization so it is important that the changeover reflects reconciling amounts.

14031260263

FEDERAL ELECTION COMMISSION PUBLIC DISCLOSURE DIVISION 2014 JUL 14 AM 11:42

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED
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12FE4M5

1. NAME OF COMMITTEE (in full) — TYPE OR PRINT ▼ — Example: If typing, type over the lines.

OHIO AMBULANCE AND MEDICAL TRANSPORTATION ASSOCIATION PAC

ADDRESS (number and street) ▼ 5613 STOCKTON WAY

☐ Check if different than previously reported. (ACC)

DUBLIN OH 43016-

CITY ▲ STATE ▲ ZIP CODE ▲

14031260264

2. FEC IDENTIFICATION NUMBER ▼ C00383596

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:

☐ Feb 20 (M2)	☐ May 20 (M5)	☐ Aug 20 (M8)	☐ Nov 20 (M11) (Non-Election Year Only)
☐ Mar 20 (M3)	☐ Jun 20 (M6)	☐ Sep 20 (M9)	☐ Dec 20 (M12) (Non-Election Year Only)
☐ Apr 20 (M4)	☐ Jul 20 (M7)	☐ Oct 20 (M10)	☐ Jan 31 (YE)

(c) 12-Day PRE-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ Convention (12C) ☐ Special (12S)

Election on M M / D D / Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 04 01 2014 through 06 30 2014

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 07 03 2014

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

Office Use Only							

FEC FORM 3X Rev. 12/2004

FE6AN026

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Ohio Ambulance and Medical Transportation Association PAC

Report Covering the Period: From: 04 / 01 / 2014 To: 06 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, YYYY		6,481.48
(b) Cash on Hand at Beginning of Reporting Period	6,481.48	
(c) Total Receipts (from Line 19)	Ø.	Ø.
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	6,481.48	6,481.48
7. Total Disbursements (from Line 31)	142.00	142.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	6,339.48	6,339.48
9. Debts and Obligations Owed **TO** the Committee (Itemize all on Schedule C and/or Schedule D)	—	—
10. Debts and Obligations Owed **BY** the Committee (Itemize all on Schedule C and/or Schedule D)	—	—

14031260265

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

DETAILED SUMMARY PAGE
of Receipts

FEC **Form 3X** (Rev. 06/2004)

Write or Type Committee Name

Ohio Ambulance and Medical Transportation Association PAC

Report Covering the Period: From: 04 01 2014 To: 06 30 2014

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)	, , Ø.	, , Ø.
(ii) Unitemized	, , .	, , .
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	, , Ø.	, , Ø.
(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) ▶	, , Ø.	, , Ø.
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)) ▶	, , Ø.	, , Ø.
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	, , Ø.	, , Ø.

14031260266

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees		
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶		
29. Other Disbursements	142.00	142.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))		
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	142.00	142.00

14031260267

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	Ø	Ø
34. Total Contribution Refunds (from Line 28(d))	, , .	, , .
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	, , .	, , .
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	, , .	, , .
37. Offsets to Operating Expenditures (from Line 15, page 3)	, , .	, , .
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	, , .	, , .

14031260268

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 6 OF 8

☐ 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 Assn. PAC

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 M M / D D / Y Y Y Y

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 M M / D D / Y Y Y Y

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 M M / D D / Y Y Y Y

Amount of Each Receipt this Period , , .

SUBTOTAL of Receipts This Page (optional) ▶ , , Ø .

TOTAL This Period (last page this line number only) ▶ , , Ø .

14031260269

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)
☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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 Assn. PAC

A.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
Purpose of Disbursement
Candidate Name
Category/Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☑ Other (specify)
see attached, adjustment
Date of Disbursement: M M 06 / D D 30 / Y Y Y Y 2014
Amount of Each Disbursement this Period: 142.00

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
Purpose of Disbursement
Candidate Name
Category/Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
Purpose of Disbursement
Candidate Name
Category/Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional) ▶ 142.00

TOTAL This Period (last page this line number only) ▶ 142.00

14031260270

TUE - 15 JUL AA
** 2DAY **

FedEx TRK# 0200 8769 1771 8751

20463
DC-US
IAD

SK RDVA

FID 75440 11JUL14 OSUA 51AC2/ED4F/65DD

FedEx Express NEW Package US Airbill

FedEx Tracking Number 8769 1771 8751

0200 Form ID No.

FedEx Retrieval Copy

1 From

Date 7/11/14 Sender's FedEx Account Number 1274 0807 6

Sender's Name D. Farabi Phone

Company OAMTA

Address 5613 Stockton Way Dept./Floor/Suite/Room

City Dublin State OH ZIP 43016

2 Your Internal Billing Reference

3 To

Recipient's Name Christopher Morse Phone 202 694-1130

Company Federal Election Comm.

Address 999 E. Street NW Dept./Floor/Suite/Room

We cannot deliver to P.O. boxes or P.O. ZIP codes.

Address

Use this line for the HOLD location address or for continuation of your shipping address.

City Washington State DC ZIP 20463

01 ☐ HOLD Weekday FedEx location address REQUIRED. NOT available for FedEx First Overnight.

31 ☐ HOLD Saturday FedEx location address REQUIRED. Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations.

8769 1771 8751

4 Express Package Service • To most locations.

NOTE: Service order has changed. Please select carefully.

Packages up to 150 lbs. For packages over 150 lbs., use the new FedEx Express Freight US Airbill.

Next Business Day	2 or 3 Business Days
06 ☐ FedEx First Overnight — Earliest next business morning delivery to select locations. Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.	49 ☐ NEW FedEx 2Day A.M. — Second business morning.* Saturday Delivery NOT available.
01 ☐ FedEx Priority Overnight — Next business morning.* Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.	03 ☑ FedEx 2Day — Second business afternoon.* Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
05 ☐ FedEx Standard Overnight — Next business afternoon.* Saturday Delivery NOT available.	20 ☐ FedEx Express Saver — Third business day.* Saturday Delivery NOT available.

5 Packaging • Declared value limit $500.

06 ☑ FedEx Envelope* 02 ☐ FedEx Pak* 03 ☐ FedEx Box 04 ☐ FedEx Tube 01 ☐ Other

6 Special Handling and Delivery Signature Options

03 ☐ **SATURDAY DELIVERY**

☐ No Signature Required — Package may be left without obtaining a signature for delivery.

10 ☐ Direct Signature — Someone at recipient's address may sign for delivery. Fee applies.

34 ☐ Indirect Signature — If no one is available at recipient's address, someone at a neighboring address may sign for delivery. For residential deliveries only. Fee applies.

Does this shipment contain dangerous goods?

One box must be checked.

☑ No 04 ☐ Yes — As per attached Shipper's Declaration. ☐ Yes — Shipper's Declaration not required. 06 ☐ Dry Ice — Dry Ice, 9, UN 1845 ____ x ____ kg

Dangerous goods (including dry ice) cannot be shipped in FedEx packaging or placed in a FedEx Express Drop Box.

☐ Cargo Aircraft Only

7 Payment Bill to:

Enter FedEx Acct. No. or Credit Card No. below. Obtain recip. Acct. No. ☐

1 ☑ Sender — Acct. No. in Section 1 will be billed. 2 ☐ Recipient 3 ☐ Third Party 4 ☐ Credit Card 5 ☐ Cash/Check

Total Packages Total Weight ____ lbs. Credit Card Auth.

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612

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PREPARER	7/14/14 DATE PREPARED

(8/2013)

14031260222