24038293406

RECEIVED
FEDERAL ELECTION COMMISSION
2004 FEB -1 P 12: 06

Office Use Only

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

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

OHIO AMBULANCE AND MEDICAL TRANSPORTATION ASSOCIATION PAC

ADDRESS (number and street) ▼ 1161 FRANCISCO ROAD

☐ Check if different than previously reported. (ACC)

COLUMBUS — OH — 43220

CITY ▲ STATE ▲ ZIPCODE ▲

2. FEC IDENTIFICATION NUMBER ▼ C00093596

3. IS THIS REPORT [X] NEW (N1) 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)
- [X] January 31 Quarterly Report (YE)
- [ ] July 31 Mid-Year Report (Non-election Year Only) (MY)
- [ ] Termination Report (TER)

(b) Monthly Report Due On:

- [ ] Feb 20 (M2)
- [ ] Mar 20 (M3)
- [ ] Apr 20 (M4)
- [ ] May 20 (M5)
- [ ] Jun 20 (M6)
- [ ] Jul 20 (M7)
- [ ] Aug 20 (M8)
- [ ] Sep 20 (M9)
- [ ] Oct 20 (M10)
- [ ] Nov 20 (M11) (Non-Election Year Only)
- [ ] Dec 20 (M12) (Non-Election Year Only)
- [ ] 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 07 01 2003 through 12 31 2003

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: Susan Kyte

Signature of Treasurer: Electronically Filed by Susan Kyte — Date 01 27 2004

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. 08/2003)

24038293407

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: 07 01 2003 To: 12 31 2003

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2003		0.00
(b) Cash on Hand at Beginning of Reporting Period	2550.00	
(c) Total Receipts (from Line 16)	6984.69	9534.69
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	9534.69	9534.69
7. Total Disbursements (from Line 31)	0.00	0.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	9534.69	9534.69
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D)	0.00	

☐ 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

24038293408

DETAILED SUMMARY PAGE
OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name
OHIO AMBULANCE AND MEDICAL TRANSPORTATION ASSOCIATION PAC

Report Covering the Period: From 07 01 2003 To: 12 31 2003

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 (see Schedule A)	5950.00	
(ii) Unitemized	1034.69	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	6984.69	9534.69
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	6984.69	9534.69
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	6984.69	9534.69
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	6984.69	9534.69

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) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	0.00	0.00
32. Total Federal Disbursements (subtract Line 21(a)(i) from Line 30(a)(i) from Line 31)	0.00	0.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	6984.69	9534.69
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6984.69	9534.69
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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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 5 / 9
(check only one)
[X] 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 PAC

A.
Full Name (Last, First, Middle Initial): Glenn Brown
Mailing Address: 1117 Broadway Ave.
City: Massury | State: OH | Zip Code: 44438
FEC ID number of contributing federal political committee: C
Name of Employer: Rural/Metro Ambulance
Occupation: Owner
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 600.00
Date of Receipt: 07 01 2003
Transaction ID: SA11A1.4139
Amount of Each Receipt this Period: 450.00

B.
Full Name (Last, First, Middle Initial): Eileen Clemente
Mailing Address: 27 Greystone
City: Poland | State: OH | Zip Code: 44514
FEC ID number of contributing federal political committee: C
Name of Employer: Clemente Ambulance
Occupation: Owner
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 07 01 2003
Transaction ID: SA11A1.4111
Amount of Each Receipt this Period: 300.00

C.
Full Name (Last, First, Middle Initial): Maude De la Porte
Mailing Address: 11780 Castleton Lane
City: Grafton | State: OH | Zip Code: 44044
FEC ID number of contributing federal political committee: C
Name of Employer: Life Care
Occupation: Owner
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 07 01 2003
Transaction ID: SA11A1.4145
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 1250.00

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

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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: (check only one) PAGE 7/9

[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
OHIO AMBULANCE AND MEDICAL TRANSPORTATION ASSOCIATION PAC

A.
Full Name (Last, First, Middle Initial): William George
Mailing Address: 714 W. Columbia St.
City: Springfield | State: OH | Zip Code: 45504
FEC ID number of contributing federal political committee: C
Name of Employer: Med Trans
Occupation: Owner
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1750.00
Date of Receipt: 10 01 2003
Transaction ID: SA11A1.4125
Amount of Each Receipt this Period: 1250.00

B.
Full Name (Last, First, Middle Initial): Alan Groedel
Mailing Address: 2729 Sinton Place
City: Pepper Pike | State: OH | Zip Code: 44124
FEC ID number of contributing federal political committee: C
Name of Employer: Provide A Ride
Occupation: Owner
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 07 01 2003
Transaction ID: SA11A1.4115
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial): Brad Harter
Mailing Address: 1754 Robinhood Dr.
City: Lima | State: OH | Zip Code: 45805
FEC ID number of contributing federal political committee: C
Name of Employer: Lima Allen County Partnership
Occupation: Owner
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 350.00
Date of Receipt: 07 01 2003
Transaction ID: SA11A1.4127
Amount of Each Receipt this Period: 150.00

SUBTOTAL of Receipts This Page (optional) ▶ 1900.00

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

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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 8/9
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
OHIO AMBULANCE AND MEDICAL TRANSPORTATION ASSOCIATION PAC

A. Full Name (Last, First, Middle Initial): Paul Lee
Mailing Address: 17 S. High St.
City: Columbus State: OH Zip Code: 43215
FEC ID number of contributing federal political committee: C
Name of Employer: Strategic Health Care
Occupation: Government Affairs Consultant
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 07 01 2003
Transaction ID: SA11A1.4135
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial): Vanessa Pelfer
Mailing Address: 10808 Akron Canfield Rd.
City: Silverwith State: OH Zip Code: 44416
FEC ID number of contributing federal political committee: C
Name of Employer: Pelfer EMS
Occupation: owner
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 900.00
Date of Receipt: 07 01 2003
Transaction ID: SA11A1.4105
Amount of Each Receipt this Period: 900.00

C. Full Name (Last, First, Middle Initial): Joseph Robinson
Mailing Address: 159 Edwards St. NW
City: Warren State: OH Zip Code: 44483
FEC ID number of contributing federal political committee: C
Name of Employer: Med Star Ambulance
Occupation: Owner
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 05 05 2003
Transaction ID: SA11A1.4120
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 2400.00

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

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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 9/9
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
OHIO AMBULANCE AND MEDICAL TRANSPORTATION ASSOCIATION PAC

A. Full Name (Last, First, Middle Initial)
Thomas Wappner

Mailing Address 2299 Bennington Dr

City: Mansfield
State: OH
Zip Code: 44904

FEC ID number of contributing federal political committee: C

Name of Employer: Medic Response

Occupation: Owner

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 600.00

Date of Receipt: 07 01 2003

Transaction ID: SA11A1.4109

Amount of Each Receipt this Period: 400.00

SUBTOTAL of Receipts This Page (optional) ▶ 400.00

TOTAL This Period (last page this line number only) ▶ 5950.00

24038293415

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.

☐	Hand Delivered	Date of Receipt
☐	First Class Mail	POSTMARKED
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☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

JMV
PREPARER

2-1-04
DATE PREPARED

(5/2000)