AMTA
Ohio Ambulance & Medical Transportation Association

RECEIVED
FEC MAIL
OPERATIONS CENTER

2004 JUL 23 P 1:48

TO: Federal Election Commission

FROM: Dianne Farabi

DATE: 21 July 2004

RE: Quarterly Report

Enclosed are three reports, including the Second Quarter Report which was due in your office July 15.

Also enclosed are amended reports for 2003 Year End and First Quarter, 2004.

I am asking that you have leniency for the late filing of the reports due to some extenuating circumstances.

We will make every effort to file reports in a timely manner in the future.

24038480431

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED
FEC MAIL
OPERATIONS CENTER
2004 JUN 23 AM 1:00

1. NAME OF COMMITTEE (In full) — TYPE OR PRINT ▼ — Example: If typing, type over the lines. — 12FE4MS

OHIO AMBULANCE AND MEDICAL TRANSPORTATION PAC

ADDRESS (number and street) ▼

P.O. BOX 3188

☐ Check if different than previously reported. (ACO)

DUBLIN OH 43016-

CITY ▲ STATE ▲ ZIP CODE ▲

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)
- ☐ 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. Coverage 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 David Viola

Signature of Treasurer David Viola Date 07 21 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. 02/2003)

FE5AN007

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 19)	11,159.69	13,709.69
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	13,709.69	13,709.69
7. Total Disbursements (from Line 31)	370.26	370.26
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	13,339.43	13,339.43
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

24038480433

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 (use Schedule A)	980000	
(ii) Unitemized	135969	
(iii) TOTAL (add Lines 11(a)(i) and (ii) ▶	1115969	1370969
(b) Political Party Committees	000	000
(c) Other Political Committees (such as PACs)	000	000
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ▶	1115969	1370969
12. Transfers From Affiliated/Other Party Committees	000	000
13. All Loans Received	000	000
14. Loan Repayments Received	000	000
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	000	000
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	000	000
17. Other Federal Receipts (Dividends, Interest, etc.)	000	000
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	000	000
(b) Levin Funds (from Schedule H5)	000	000
(c) Total Transfers (add 18(a) and 18(b))	000	000
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) ▶	1115969	1370969
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	1115969	1370969

FE3PN007

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	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	120.26	120.26
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	120.26	120.26
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	250.00	250.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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) Allocated Federal Election Activity (from Schedule H6)		
(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))	370.26	370.26
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	370.26	370.26

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)	11159.69	13209.69
34. Total Contribution Refunds (from Line 23(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 32)	11159.69	13209.69
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	120.26	120.26
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	120.26	120.26

24038480436

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

PAGE 6 OF 12

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: Masury State: OH Zip Code: 44438
FEC ID number of contributing federal political committee: C
Name of Employer: Rural/Metro Ambulance
Occupation: Manager
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 600.00
Date of Receipt: 07 / 01 / 2003
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: 600.00
Date of Receipt: 07 / 01 / 2003
Amount of Each Receipt this Period: 600.00

C. Full Name (Last, First, Middle Initial): Maud de la Porte
Mailing Address: 1126 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
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 1550.00

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

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 OF 12

[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: 1,750.00
Date of Receipt: 07 / 01 / 2003
Amount of Each Receipt this Period: 1,250.00

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: 5,000.00
Date of Receipt: 07 / 01 / 2003
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial): Brad Harter
Mailing Address: 1734 Robinhead Drive
City: Lima State: OH Zip Code: 45802
FEC ID number of contributing federal political committee: C
Name of Employer: Lima Allen Co. Paramedics
Occupation: owner
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 350.00
Date of Receipt: 07 / 01 / 2003
Amount of Each Receipt this Period: 150.00

SUBTOTAL of Receipts This Page (optional) ▶ 1,900.00

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

FE2A2037

24038480438

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 8 OF 12
[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 Street
City: Columbus State: OH Zip Code: 43215
FEC ID number of contributing federal political committee: C
Name of Employer: Strategic HealthCare
Occupation: Government Affairs Consultant
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 200000
Date of Receipt: 07 / 01 / 2003
Amount of Each Receipt this Period: 20000.00

B.
Full Name (Last, First, Middle Initial): Vanessa Pellin
Mailing Address: 10808 Akron Canfield Rd
City: Elkworth State: OH Zip Code: 44416
FEC ID number of contributing federal political committee: C
Name of Employer: Pellin EMS
Occupation: owner
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 150000.00
Date of Receipt: 07 / 01 / 2003
Amount of Each Receipt this Period: 15000.00

C.
Full Name (Last, First, Middle Initial): Joseph Robinson
Mailing Address: 199 Edwards St. SW
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: 90000.00
Date of Receipt: 07 / 01 / 2003
Amount of Each Receipt this Period: 5000.00

SUBTOTAL of Receipts This Page (optional) ▶ 40000.00

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

FE3AN007

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

PAGE 9 OF 12

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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: 2269 Bennington
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: 6,000.00
Date of Receipt: 07 / 01 / 2003
Amount of Each Receipt this Period: 4,000.00

B. Full Name (Last, First, Middle Initial): Julie Rose
Mailing Address: 2350 Lake Avenue
City: Ashtabula State: OH Zip Code: 44004
FEC ID number of contributing federal political committee: C
Name of Employer: Community Care Ambulance Occupation: Director
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2,500.00
Date of Receipt: 07 / 01 / 2003
Amount of Each Receipt this Period: 2,500.00

C. Full Name (Last, First, Middle Initial): Dean Martens
Mailing Address: 6000 Lake Abram Drive
City: Middleburg Heights State: OH Zip Code: 44130
FEC ID number of contributing federal political committee: C
Name of Employer: Donald Martens & Sons Occupation: owner
Receipt For: Ambulance [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 10,000.00
Date of Receipt: 07 / 01 / 2003
Amount of Each Receipt this Period: 10,000.00

SUBTOTAL of Receipts This Page (optional): 16,500.00

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

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) [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): Edward Patriarca
Mailing Address: 26420 Lakeland Blvd
City: Cleveland State: OH Zip Code: 44132
FEC ID number of contributing federal political committee: C
Name of Employer: Hillcrest Ambulance
Occupation: owner
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 20000
Date of Receipt: 02 / 21 / 2003
Amount of Each Receipt this Period: 20000

B.
Full Name (Last, First, Middle Initial): Joe Lane
Mailing Address: 5801 Mahoning Avenue
City: Austintown State: OH Zip Code: 44515
FEC ID number of contributing federal political committee: C
Name of Employer: Lane Ambulance
Occupation: owner
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 50000
Date of Receipt: 02 / 21 / 2003
Amount of Each Receipt this Period: 50000

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:
Amount of Each Receipt this Period:

SUBTOTAL of Receipts This Page (optional) ▶ 70000

TOTAL This Period (last page this line number only) ▶ 980000

24038480441

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)
[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

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NAME OF COMMITTEE (In Full)
Ohio Ambulance and Medical Transportation Association PAC

A.
Full Name (Last, First, Middle Initial)
National City Bank
Mailing Address
1850 West Henderson
City State Zip Code
Columbus OH
Purpose of Disbursement
bank service charges, check printing
Candidate Name
Category/Type: 6.0
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [x] Other (specify) bank service charges
Date of Disbursement: 1 / 30 / 2003
Amount of Each Disbursement this Period: 120.26

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: / / /
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: / / /
Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶ $ 120.26

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

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 [X] 23 [ ] 24 [ ] 25 [ ] 26 [ ] 27 [ ] 28a [ ] 28b [ ] 29c [ ] 29 [ ] 30b

PAGE 12 OF 12

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NAME OF COMMITTEE (In Full): Ohio Ambulance and Medical Transportation Association PAC

A.

Full Name (Last, First, Middle Initial): Hobson for Congress

Mailing Address: 82 W. Columbia Street

City: Springfield State: OH Zip Code: 45502

Purpose of Disbursement: fundraiser

Candidate Name: Dave Hobson

Office Sought: [X] House [ ] Senate [ ] President

State: OH District: 7

Disbursement For: [X] Primary [ ] General [ ] Other (specify) fundraiser

Category/Type: 0.1.1

Date of Disbursement: 11 / 10 / 2003

Amount of Each Disbursement this Period: 250.00

B.

Full Name (Last, First, Middle Initial):

Mailing Address:

City: State: Zip Code:

Purpose of Disbursement:

Candidate Name:

Office Sought: [ ] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Category/Type:

Date of Disbursement:

Amount of Each Disbursement this Period:

C.

Full Name (Last, First, Middle Initial):

Mailing Address:

City: State: Zip Code:

Purpose of Disbursement:

Candidate Name:

Office Sought: [ ] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Category/Type:

Date of Disbursement:

Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional) ▶ 250.00

TOTAL This Period (last page this line number only) ▶ 3,70,26

24038480443

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 ™ Label ☐
☐ USPS Express Mail	Postmarked
☐ Postmark Illegible	
☐ No Postmark	
☑ Overnight Delivery Service (Specify): Fed Ex	Shipping Date 7/22/04
☐ 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
PREPARER	DATE PREPARED 7/23/04

(5/2004)