22037860463

FEC FORM 1

# STATEMENT OF ORGANIZATION

(See Instructions)

RECEIVED
FEC MAIL
OPERATIONS CENTER

2002 DEC -2 P 2:56

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines. C12FE4M5

OHIO MEDICAL TRANSPORTATION PAC

ADDRESS (number and street) ▼ 1161 FRANCISCO ROAD

☐ (Check if address is changed)

COLUMBUS | OH | 43200 -

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

OAAONLINE.ORG

2. DATE 11 08 2002

3. FEC IDENTIFICATION NUMBER ▶ C

4. IS THIS STATEMENT ☒ NEW (N) OR ☐ AMENDED (A)

*I certify that I have examined this Statement 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 Date 11 13 2002

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

| Office Use Only | | | | |
|---|---|---|---|---|

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 1/01)

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5. TYPE OF COMMITTEE (Check One)

(a) [ ] This committee is a principal campaign committee. (Complete the candidate information below.)

(b) [ ] This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation [ ] Office Sought: [ ] House [ ] Senate [ ] President State [ ] District

(c) [ ] This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

(d) [ ] This committee is a [ ] (National, State or subordinate) committee of the [ ] (Democratic, Republican, etc.) Party.

(e) [X] This committee is a separate segregated fund.

(f) [ ] This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

OANSUN

Mailing Address 1161 FRANCISCO ROAD

COLUMBUS OH 43220 -

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship CONNECTED

Type of Connected Organization:

[X] Corporation [ ] Corporation w/o Capital Stock [ ] Labor Organization

[ ] Membership Organization [X] Trade Association [ ] Cooperative

Write or Type Committee Name

OHIO MEDICAL TRANSPORTATION - PAC

7. **Custodian of Records:** Identify by name, address (phone number – optional) and position of the person in possession of committee books and records.

Full Name: DIANNE FARABI

Mailing Address: 1161 FRANCISCO ROAD

CITY ▲: COLUMBUS STATE ▲: OH ZIP CODE ▲: 43220 -

Title or Position ▼: EXEC DIRECTOR

Telephone number: 614 - 457 - 7971

8. **Treasurer:** List the name and address (phone number – optional) of the treasurer of the committee and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer: DAVID VIOLA

Mailing Address: 208 NORTH MAIN STREET

CITY ▲: MINERVA STATE ▲: OH ZIP CODE ▲: 44657 -

Title or Position ▼: TREASURER

Telephone number: 330 - 868 - 4114

Full Name of Designated Agent: MAUD DE LA PORTE

Mailing Address: P.O. BOX 993

CITY ▲: ELYRIA STATE ▲: OH ZIP CODE ▲: 44036 -

Title or Position ▼: ASST. TREASURER

Telephone number: 440 - 323 - 6111

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

HUNTINGTON BANK

Mailing Address

4661 REED ROAD

COLUMBUS | OH | 43220 -

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

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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 |
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| ☐ | Postmark Illegible | |
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PREPARER — DATE PREPARED 12-2-02

(6/2000)