

2009 JUL 29 AM 10:39

FEC
FORM 3X

REPORT OF RECEIPTS
AND DISBURSEMENTS
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

OHIO AMBULANCE AND MEDICAL TRANSPORTATION ASSOCIATION PAC

ADDRESS (number and street)

5613 STOCKTON WAY

Check if different than previously reported. (ACC)

DUBLIN OH 43016

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

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)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

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 / 2009

through

06 / 30 / 2009

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

[Handwritten Signature]

Date

07 / 17 / 2009

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)

29030132496

**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 PAC

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="2009"/>	<input type="text" value="309543"/>	<input type="text" value="309543"/>
(b) Cash on Hand at Beginning of Reporting Period	<input type="text" value="309543"/>	<input type="text" value="309543"/>
(c) Total Receipts (from Line 19)	<input type="text" value="861000"/>	<input type="text" value="861000"/>
(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="1170543"/>	<input type="text" value="1170543"/>
7. Total Disbursements (from Line 31)	<input type="text" value="326500"/>	<input type="text" value="326500"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<input type="text" value="844043"/>	<input type="text" value="844043"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="—"/>	<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="—"/>	<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

29030132497

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Ohio Ambulance and Medical Transportation Association PAC

Report Covering the Period: From: 01 01 2009 To: 06 30 2009

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)

(ii) Unitemized *(\$2,915 in kind contrib)*

(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)

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))

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

8610.00

8610.00

8610.00

8610.00

8610.00

8610.00

8610.00

8610.00

8610.00

29030132498

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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: *in kind*

(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

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) ▶

291900

35000

326500

326500

291500

35000

326500

326500

29030132499

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	8,610.00	8,610.00
34. Total Contribution Refunds (from Line 28(d))	-	-
35. Net Contributions (other than loans) (subtract Line 33 from Line 32)	-	-
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2,715.00	2,715.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	-	-
38. Net Operating Expenditures (subtract Line 36 from Line 35)	-	-

29030132500

**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)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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PAGE 6 OF 24

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. Delaney, Anita
 Full Name (Last, First, Middle Initial)
 Mailing Address
4307 Cottage Grove
 City State Zip Code
Uniontown OH 44685
 FEC ID number of contributing federal political committee.
C
 Name of Employer
Ambulance Assoc. Occupation
Office Administrator
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
2500

Date of Receipt
06 / 11 / 2009
 Amount of Each Receipt this Period
2500

B. Martens, Michelle
 Full Name (Last, First, Middle Initial)
 Mailing Address
30198 Greenview Parkway
 City State Zip Code
Westlake OH 44145
 FEC ID number of contributing federal political committee.
C
 Name of Employer
Donald Martensr Sons Amb. Occupation
ambulance operator
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
100000

Date of Receipt
06 / 11 / 2009
 Amount of Each Receipt this Period
100000

C. Rose, Julie-Anne
 Full Name (Last, First, Middle Initial)
 Mailing Address
1123 Chestnut Dr.
 City State Zip Code
Ashtabula OH 44004
 FEC ID number of contributing federal political committee.
C
 Name of Employer
Community Care Occupation
ambulance operator
 Receipt For:
 Primary General
 Other (specify) ▼
Contribution
 Aggregate Year-to-Date ▼
51000

Date of Receipt
06 / 11 / 2009
 Amount of Each Receipt this Period
32500
325

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

135000

1350

1052105061

**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 24

11a 11b 11c 12
13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Foster, Chris

Mailing Address
21420 Lakeland Blvd

City State Zip Code
Cleveland OH 44132

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
Ohio Ambulance Ambulance operator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
12000

Date of Receipt
06 / 11 / 2009

Amount of Each Receipt this Period
12000

Full Name (Last, First, Middle Initial)
B. Dudgeon, Eileen

Mailing Address
12900 Bolen Rd, NE

City State Zip Code
Newark OH 43055

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
Med Bill Med Billing Company

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
16000

Date of Receipt
06 / 11 / 2009

Amount of Each Receipt this Period
12000

Full Name (Last, First, Middle Initial)
C. Hathaway, Brian

Mailing Address
1340 Converse Rd

City State Zip Code
Union City OH 45390

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
Spirit Transportation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
22500

Date of Receipt
06 / 11 / 2009

Amount of Each Receipt this Period
22500

SUBTOTAL of Receipts This Page (optional) ▶

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

46500

29030132502

**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)
 11a 11b 11c 12
 13 14 15 16 17
 PAGE 8 OF 24

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

Full Name (Last, First, Middle Initial)
A. Wermuth, Steve
 Mailing Address
107 Mulberry St
 City **Pickerington** State **OH** Zip Code **43147**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **Strategic HealthCare** Occupation **consultant/lobbyist**
 Receipt For:
 Primary General
 Other (specify) **▼**
 Aggregate Year-to-Date **\$519.00**

Date of Receipt
06 / 11 / 2009
 Amount of Each Receipt this Period
330.00

Full Name (Last, First, Middle Initial)
B. Devore, David
 Mailing Address
4447 Tulane Road
 City **Springfield** State **OH** Zip Code **45503**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **Med Trans** Occupation **ambulance co. manager**
 Receipt For:
 Primary General
 Other (specify) **▼**
 Aggregate Year-to-Date **105.00**

Date of Receipt
06 / 11 / 2009
 Amount of Each Receipt this Period
105.00

Full Name (Last, First, Middle Initial)
C. Novak, Rich
 Mailing Address
1090 Wilbeth Rd
 City **Akron** State **OH** Zip Code **44314**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **Mobility Works** Occupation
 Receipt For:
 Primary General
 Other (specify) **▼**
 Aggregate Year-to-Date **325.00**

Date of Receipt
06 / 11 / 2009
 Amount of Each Receipt this Period
325.00

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

760.00

28052105082

**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)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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PAGE **9** OF **24**

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NAME OF COMMITTEE (In Full)

Ohio Ambulance and Medical Transportation Assn. PAC

A. Full Name (Last, First, Middle Initial)
Patriarca, Ed

Mailing Address
26420 Lakeland Blvd

City *Cleveland* State *OH* Zip Code *44132*

FEC ID number of contributing federal political committee. *C*

Name of Employer *Ohio Ambulance* Occupation *ambulance operator*

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ *1,750.00*

Date of Receipt
06 / 11 / 2009

Amount of Each Receipt this Period
1,750.00

B. Full Name (Last, First, Middle Initial)
Wappner, Tom

Mailing Address
2269 Bennington

City *Mansfield* State *OH* Zip Code *44004*

FEC ID number of contributing federal political committee. *C*

Name of Employer *Medic Response* Occupation *ambulance operator*

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ *225.00*

Date of Receipt
06 / 11 / 2009

Amount of Each Receipt this Period
225.00

C. Full Name (Last, First, Middle Initial)
Anteau, Tony

Mailing Address
745 Dayton

City *Toledo* State *OH* Zip Code *43608*

FEC ID number of contributing federal political committee. *C*

Name of Employer *Med Corp* Occupation *ambulance operator*

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ *35.00*

Date of Receipt
06 / 11 / 2009

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional)

4,350.00

TOTAL This Period (last page this line number only)

4,350.00

29030132504

**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 <u>10</u> OF <u>24</u>
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (in Full)
Ohio Ambulance and Medical Transportation Assn. PAC

A. Full Name (Last, First, Middle Initial)
George, Luanne

Mailing Address
714 W. Columbia

City Springfield State OH Zip Code 45504

FEC ID number of contributing federal political committee. C

Name of Employer Med Trans Occupation ambulance operator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date 2350.00

Date of Receipt
06 / 11 / 2009

Amount of Each Receipt this Period
235.00
235

B. Full Name (Last, First, Middle Initial)
Marracino, Mary Beth

Mailing Address
157 Pine Lane

City Stuebenville State OH Zip Code 43953

FEC ID number of contributing federal political committee. C

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date 1400.00

Date of Receipt
06 / 11 / 2009

Amount of Each Receipt this Period
1400.00

C. Full Name (Last, First, Middle Initial)
de la Porte, Peter

Mailing Address
640 Cleveland St

City Elyria State OH Zip Code 44035

FEC ID number of contributing federal political committee. C

Name of Employer Life Care Occupation ambulance operator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date 1500.00

Date of Receipt
06 / 11 / 2009

Amount of Each Receipt this Period
1500.00

SUBTOTAL of Receipts This Page (optional) ▶

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

525.00

28030132505

**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)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

PAGE 11 OF 24

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

Full Name (Last, First, Middle Initial)
A. **George, William**

Mailing Address
714 W. Columbia

City **Springfield** State **OH** Zip Code **45504**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Med Trans** Occupation **ambulance operator**

Receipt For:
 Primary General
 Other (specify) **▼**

Aggregate Year-to-Date **1,000.00**

Date of Receipt
06 / 11 / 2009

Amount of Each Receipt this Period
1,000.00

Full Name (Last, First, Middle Initial)
B. **Buell, Jim**

Mailing Address
7896 Schoolside Dr.

City **Hudsonville** State **MI** Zip Code **49426**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Association Management Grp.** Occupation **consultant**

Receipt For:
 Primary General
 Other (specify) **▼**

Aggregate Year-to-Date **60.00**

Date of Receipt
06 / 11 / 2009

Amount of Each Receipt this Period
60.00

Full Name (Last, First, Middle Initial)
C. **Griggs, Lois**

Mailing Address
260 Gregory St.

City **Newark** State **OH** Zip Code **43055**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Courtesy Ambulance** Occupation **ambulance operator**

Receipt For:
 Primary General
 Other (specify) **▼**

Aggregate Year-to-Date **1,850.00**

Date of Receipt
06 / 11 / 2009

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

1,160.00

29030132506

**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)
 11a 11b 11c 12
 13 14 15 16 17
 PAGE 12 OF 24

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

Full Name (Last, First, Middle Initial)
A. Mitchen, George
 Mailing Address
1120 W. Exchange St.
 City State Zip Code
Akron OH 44313
 FEC ID number of contributing federal political committee.
C
 Name of Employer
Mitchen's Amb. Occupation
ambulance operator
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
100.00

Date of Receipt
06 / 11 / 2009
 Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. Gottonari, Dennis
 Mailing Address
802 Riverwatch Drive
 City State Zip Code
Crescent Springs KY 41017
 FEC ID number of contributing federal political committee.
C
 Name of Employer
Bethesda Patient Transport Occupation
ambulance operator
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
500.00

Date of Receipt
06 / 11 / 2009
 Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Bakes, Michael
 Mailing Address
P.O. Box 533
 City State Zip Code
Kent OH 44240
 FEC ID number of contributing federal political committee.
C
 Name of Employer
Emerald Transportation Occupation
ambulette operator
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
250.00

Date of Receipt
 [] / [] / []
 Amount of Each Receipt this Period
250.00

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

850.00

29030132507

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

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

FOR LINE NUMBER: PAGE 13 OF 24
(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 Assn. PAC

Full Name (Last, First, Middle Initial)

A. Stofcheck, Edward

Mailing Address

220 S. High Street

City

LaRue

State

OH

Zip Code

43332

FEC ID number of contributing federal political committee.

C

Date of Receipt

06 / 11 / 2009

Amount of Each Receipt this Period

150.00

Name of Employer

Stofcheck Ambulance ambulance operator

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Date of Receipt

Amount of Each Receipt this Period

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Date of Receipt

Amount of Each Receipt this Period

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

150.00

5695.00

29030132508

**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 14 OF 24

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Ohio Ambulance and Medical Transportation Assn. PAC

Full Name (Last, First, Middle Initial)

A. Hamilton, Kim

Mailing Address

8008 Garnet, N.E.

City

Canton

State

OH

Zip Code

44721

FEC ID number of contributing federal political committee.

C

Date of Receipt

06 / 11 / 2009

Amount of Each Receipt this Period

75.00

Name of Employer

Amer. Medical Response ambulance manager

Occupation

Aggregate Year-to-Date ▼

75.00

Receipt For:

Primary General
 Other (specify) ▼

in kind contrib.

Full Name (Last, First, Middle Initial)

B. Martens, Dean

Mailing Address

30198 Greenview Parkway

City

Westlake

State

OH

Zip Code

44145

FEC ID number of contributing federal political committee.

C

Date of Receipt

06 / 11 / 2009

Amount of Each Receipt this Period

425.00

Name of Employer

Donald Martens & Sons Ambul. ambulance operator

Occupation

Aggregate Year-to-Date ▼

1425.00

Receipt For:

Primary General
 Other (specify) ▼

in kind contrib.

Full Name (Last, First, Middle Initial)

C. Rose, Julie Anne

Mailing Address

1123 Chestnut Dr.

City

Ashtabula

State

OH

Zip Code

44004

FEC ID number of contributing federal political committee.

C

Date of Receipt

06 / 11 / 2009

Amount of Each Receipt this Period

85.00

Name of Employer

Community Care

Occupation

ambulance operator

Receipt For:

Primary General
 Other (specify) ▼

in kind contrib.

Aggregate Year-to-Date ▼

510.00

SUBTOTAL of Receipts This Page (optional) ▶

685.00

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

685.00

29030132509

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

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

FOR LINE NUMBER: PAGE 15 OF 24

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
Hobbs, Don

Mailing Address
115 E. 24th St

City Ashtabula State OH Zip Code 44004

FEC ID number of contributing federal political committee. C

Name of Employer
Community Care Amb. Occupation ambulance manager

Receipt For:
 Primary General
 Other (specify) in kind contrib

Aggregate Year-to-Date 220.00

Date of Receipt
06 / 11 / 2009

Amount of Each Receipt this Period
220.00

B. Full Name (Last, First, Middle Initial)
Vida, David

Mailing Address
207 Lincolnway

City Minerva State OH Zip Code 44657

FEC ID number of contributing federal political committee. C

Name of Employer
C.C.S Ambulance Occupation ambulance operator

Receipt For:
 Primary General
 Other (specify) in kind contrib.

Aggregate Year-to-Date 225.00

Date of Receipt
06 / 11 / 2009

Amount of Each Receipt this Period
225.00

C. Full Name (Last, First, Middle Initial)
Dudgeon, Eileen

Mailing Address
12900 Bolen Rd, NE

City Newark State OH Zip Code 43055

FEC ID number of contributing federal political committee. C

Name of Employer
Med Bill Occupation medical billing

Receipt For:
 Primary General
 Other (specify) in kind contrib

Aggregate Year-to-Date 160.00

Date of Receipt
06 / 11 / 2009

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional) 485.00

TOTAL This Period (last page this line number only) 485.00

29030132510

**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 16 OF 24

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Ohio Ambulance and Medical Transportation Assn PAC

Full Name (Last, First, Middle Initial)

A. Jennings, Lesley

Mailing Address

90 South Liberty St

City

Powell

State

OH

Zip Code

43065

FEC ID number of contributing federal political committee.

C

Date of Receipt

06 / 11 / 2009

Amount of Each Receipt this Period

425.00

Name of Employer

Artiva Promotional Products Product representative

Receipt For:

Primary General
 Other (specify) ▼

in kind contrib.

Aggregate Year-to-Date ▼

425.00

Full Name (Last, First, Middle Initial)

B. Griggs, Lois

Mailing Address

260 Gregory St.

City

Newark

State

OH

Zip Code

43055

FEC ID number of contributing federal political committee.

C

Date of Receipt

06 / 11 / 2009

Amount of Each Receipt this Period

89.00

Name of Employer

Courtesy Ambulance ambulance operator

Receipt For:

Primary General
 Other (specify) ▼

in kind contrib.

Aggregate Year-to-Date ▼

189.00

Full Name (Last, First, Middle Initial)

C. Farabi, Dianne

Mailing Address

5613 Stockton Way

City

Dublin

State

OH

Zip Code

43016

FEC ID number of contributing federal political committee.

C

Date of Receipt

06 / 11 / 2009

Amount of Each Receipt this Period

175.00

Name of Employer

Association Management Solutions Association Mgr.

Receipt For:

Primary General
 Other (specify) ▼

in kind contrib.

Aggregate Year-to-Date ▼

175.00

SUBTOTAL of Receipts This Page (optional) ▶

685.00

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

29030132511

**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 17 OF 24

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Ohio Ambulance and Medical Transportation Assn. PAC

Full Name (Last, First, Middle Initial)

A. Popadak, Jack

Mailing Address

421 S. Street SE

City

Warren

State

OH

Zip Code

44481

FEC ID number of contributing federal political committee.

C

Date of Receipt

06 / 11 / 2009

Amount of Each Receipt this Period

100.00

Name of Employer

Action Ambulance

Occupation

ambulance operator

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

In kind contrib.

Full Name (Last, First, Middle Initial)

B. Wirth, Steve

Mailing Address

5010 E. Trindle

City

Mechanicsburg

State

PA

Zip Code

17090

FEC ID number of contributing federal political committee.

C

Date of Receipt

06 / 11 / 2009

Amount of Each Receipt this Period

600.00

Name of Employer

Page, Wolfberg and Wirth

Occupation

consultant

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

In kind contrib.

Full Name (Last, First, Middle Initial)

C. Bernato, Amy

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Date of Receipt

06 / 11 / 2009

Amount of Each Receipt this Period

Name of Employer

Community Care Ambulance ambulance manager

Occupation

Aggregate Year-to-Date ▼

Receipt For:

Primary General
 Other (specify) ▼

In kind contrib

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

29030132512

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

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

FOR LINE NUMBER: PAGE 18 OF 24

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)
A. Wernuth, Steve

Mailing Address
107 Mulberry St

City Pickerington State OH Zip Code 43147

FEC ID number of contributing federal political committee. C

Name of Employer Strategic Health Care Occupation consultant/lobbyist

Receipt For:
 Primary General
 Other (specify) in-kind contrib.

Aggregate Year-to-Date 519.00

Date of Receipt
06 / 11 / 2009

Amount of Each Receipt this Period
185.00

Full Name (Last, First, Middle Initial)
B.

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

Full Name (Last, First, Middle Initial)
C.

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) 185.00

TOTAL This Period (last page this line number only) 2919.00

Total in-kind

29030132513

**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 19 OF 24

<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 Assn. PAC

Full Name (Last, First, Middle Initial)

A. Friends of Dale Miller

Mailing Address: 4300 West 143rd Street
City: Cleveland State: OH Zip Code: 44135

Purpose of Disbursement: O.P.I. Category/Type

Candidate Name: Dale Miller

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) contribution

State: OH District:
Date of Disbursement: 06 / 15 / 2009

Amount of Each Disbursement this Period: 100.00

B. Citizens to Elect John Carney

Mailing Address: 357 E. Torrence Rd
City: Columbus State: OH Zip Code: 43214

Purpose of Disbursement: O.P.I. Category/Type

Candidate Name: John Carney

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) contribution

State: OH District: 22

Date of Disbursement: 06 / 22 / 2009

Amount of Each Disbursement this Period: 250.00

C.

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Purpose of Disbursement: _____

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement: _____

Amount of Each Disbursement this Period: _____

SUBTOTAL of Disbursements This Page (optional)

350.00

TOTAL This Period (last page this line number only)

350

29030132514

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 Assn. PAC

Full Name (Last, First, Middle-Initial)

A.

Hamilton, Kim

Mailing Address
8008 Garret, NE

City Canton State OH Zip Code 44721

Purpose of Disbursement
in kind contribution - silent auction

Candidate Name

Category/
Type

Date of Disbursement

06 / 11 / 2009

Amount of Each Disbursement this Period

75.00

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) silent

State: District:

in kind contribution - silent auction

Full Name (Last, First, Middle-Initial)

B.

Martens, Dean

Mailing Address
30198 Greenview Parkway

City Westlake State OH Zip Code 44145

Purpose of Disbursement
in kind contribution - silent auction

Candidate Name

Category/
Type

Date of Disbursement

06 / 11 / 2009

Amount of Each Disbursement this Period

425.00

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) silent

State: District:

in kind contribution - silent auction

Full Name (Last, First, Middle-Initial)

C.

Rose, Julie Anne

Mailing Address
1123 Chestnut Drive

City Ashtabula State OH Zip Code 44004

Purpose of Disbursement
in kind contribution - silent auction

Candidate Name

Category/
Type

Date of Disbursement

06 / 11 / 2009

Amount of Each Disbursement this Period

185.00

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) silent

State: District:

in kind contribution - silent auction

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

685.00

29030132515

**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 21 OF 24

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 Assn. PAC

Full Name (Last, First, Middle Initial)

A. Hobbs, Don

Mailing Address
115 E. 24th St.

City Ashtabula State OH Zip Code 44004

Purpose of Disbursement
In kind contribution - silent auction

Candidate Name

Category/
Type

Date of Disbursement

06 / 11 / 2009

Amount of Each Disbursement this Period

220.00

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Viola, David

Mailing Address
207 Lincolnway

City Minerva State OH Zip Code 44657

Purpose of Disbursement
In kind contribution - silent auction

Candidate Name

Category/
Type

Date of Disbursement

06 / 11 / 2009

Amount of Each Disbursement this Period

225.00

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Dudgeon, Eileen

Mailing Address
12900 Bolen Rd, NE

City Newark State OH Zip Code 43055

Purpose of Disbursement
In kind contribution - silent auction

Candidate Name

Category/
Type

Date of Disbursement

06 / 11 / 2009

Amount of Each Disbursement this Period

40.00

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

485.00

.....

29030132516

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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

PAGE **27** OF **27**

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

A. **Jennings, Lesley**
 Full Name (Last, First, Middle Initial)
 Mailing Address: **20 South Liberty St**
 City: **Powell** State: **OH** Zip Code: **43065**
 Purpose of Disbursement: **In kind contribution - silent auction**
 Candidate Name: _____
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) **▼**
 State: _____ District: _____
 Date of Disbursement: **06 / 11 / 2009**
 Amount of Each Disbursement this Period: **425.00**

B. **Griggs, Lois**
 Full Name (Last, First, Middle Initial)
 Mailing Address: **260 Gregory St.**
 City: **Newark** State: **OH** Zip Code: **43055**
 Purpose of Disbursement: **In kind contribution - silent auction**
 Candidate Name: _____
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) **▼**
 State: _____ District: _____
 Date of Disbursement: **06 / 11 / 2009**
 Amount of Each Disbursement this Period: **85.00**

C. **Farabi, Dianne**
 Full Name (Last, First, Middle Initial)
 Mailing Address: **5613 Stockton Way**
 City: **Dublin** State: **OH** Zip Code: **43016**
 Purpose of Disbursement: **In kind contribution - silent auction**
 Candidate Name: _____
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) **▼**
 State: _____ District: _____
 Date of Disbursement: **06 / 11 / 2009**
 Amount of Each Disbursement this Period: **1,750.00**

SUBTOTAL of Disbursements This Page (optional) **6,850.00**

TOTAL This Period (last page this line number only) **6,850.00**

1527103082

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 Assn. PAC

Full Name (Last, First, Middle Initial)

A. *Popadak, Jack*

Mailing Address

421 S. Street SE

City

Warren

State

OH

Zip Code

44481

Purpose of Disbursement

Candidate Name

In kind contribution - silent auction

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

06 / *11* / *2009*

Amount of Each Disbursement this Period

100.00

B.

Wirth, Steve

Mailing Address

5010 E. Trindle

City

Mechanicsburg

State

OH

Zip Code

17050

Purpose of Disbursement

In kind contribution - silent auction

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

06 / *11* / *2009*

Amount of Each Disbursement this Period

6.00.00

C.

Full Name (Last, First, Middle Initial)

Bernato, Amy

Mailing Address

115 E. 24th St.

City

Ashtabula

State

OH

Zip Code

44004

Purpose of Disbursement

In kind contribution - silent auction

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

06 / *11* / *2009*

Amount of Each Disbursement this Period

175.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

875.00

29030132518

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

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

Full Name (Last, First, Middle-Initial)

A. **Wernuth, Steve**

Date of Disbursement
MEM / DD / YYYY
06 / 11 / 2009

Mailing Address
107 Mulberry St.

City **Pickerington** State **OH** Zip Code **43147**

Amount of Each Disbursement this Period
1,850.00

Purpose of Disbursement

Candidate Name
In kind contribution - silent auction

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

B. Full Name (Last, First, Middle Initial)

Date of Disbursement
MEM / DD / YYYY

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

C. Full Name (Last, First, Middle Initial)

Date of Disbursement
MEM / DD / YYYY

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) **1,850.00**
TOTAL This Period (last page this line number only) **Total In Kind 29,150.00**

29030132518

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

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

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): *Fed Ex* Shipping Date
7/21/09
 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

[Signature]
 PREPARER

7/29/09
 DATE PREPARED

29030132520