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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 INC

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 OR AMENDED (N) OR (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)
X July 31 Mid-Year Report (Non-election Year Only) (MY)
Termination Report (TER)

Table with columns for report types: Monthly Report Due On (Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31) and their corresponding codes (M2, M3, M4, M5, M6, M7, M8, M9, M10, M11, M12, YE).

(c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), 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 04 01 2010 through 06 30 2010

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 09 30 2010

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

Office Use Only grid with 10 columns and 1 row. FEC FORM 3X Rev. 12/2004

10030442520

**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: <sup>M M / D D / Y Y Y Y</sup> 04 01 2010 To: <sup>M M / D D / Y Y Y Y</sup> 06 30 2010

COLUMN A  
This Period

COLUMN B  
Calendar Year-to-Date

6. (a) Cash on Hand January 1, <span style="float: right;">Y Y Y Y</span>			4,640.43
(b) Cash on Hand at Beginning of Reporting Period.....		4,640.43	
(c) Total Receipts (from Line 19).....		9,263.53	9,263.53
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....		13,903.96	13,903.96
<hr/>			
7. Total Disbursements (from Line 31).....		2,752.53	2,752.53
<hr/>			
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....		11,151.43	11,151.43
<hr/>			
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....			
<hr/>			
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....			

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

10030442521

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Ohio Ambulance and MEDICAL Transportation Association PAC

Report Covering the Period: From:

To:

10030442542

**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).....	9,263.53	
(ii) Unitemized.....		
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	9,263.53	9,263.53
(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).....▶	9,263.53	9,263.53
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)).....▶	9,263.53	9,263.53
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	9,263.53	9,263.53

6.511 + (\$2,792.93 in-kind)

**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 ..... <i>in kind</i>	2,752.53	2,752.53
(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.....	0	0
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)) ..	2,752.53	2,752.53
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2,752.53	2,752.53

10030442523

**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) .....	9,263.53	9,263.53
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) .....	,	,

10050442524

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

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

FOR LINE NUMBER: PAGE 6 OF 18  
(check only one)  
 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

Full Name (Last, First, Middle Initial)

A. Jennings, Lesley

Mailing Address

50 South Liberty St

City State Zip Code

Powell OH 43065

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Artina Promotional Product Product Representative

Receipt For:

Primary  General  
 Other (specify) In kind

Aggregate Year-to-Date ▼

255.00

Date of Receipt

06 09 2010

Amount of Each Receipt this Period

255.00

Full Name (Last, First, Middle Initial)

B. Popadak, Jack

Mailing Address

421 S. Street SE

City State Zip Code

Warren OH 43016

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Action Ambulance ambulance operator

Receipt For:

Primary  General  
 Other (specify) in kind

Aggregate Year-to-Date ▼

210.00

Date of Receipt

06 10 2010

Amount of Each Receipt this Period

210.00

Full Name (Last, First, Middle Initial)

C. Wermuth, Steve

Mailing Address

107 Mulberry St

City State Zip Code

Pickerington OH 43147

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Focus on Policy consultant

Receipt For:

Primary  General  
 Other (specify) in kind

Aggregate Year-to-Date ▼

112.53

Date of Receipt

06 10 2010

Amount of Each Receipt this Period

112.53

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

577.53

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

10030442525

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

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

FOR LINE NUMBER: PAGE **7** OF **18**  
(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**

**A.** Full Name (Last, First, Middle Initial) **Martens, Michelle**  
 Mailing Address **3058 Greenview Parkway**  
 City **Westlake** State **OH** Zip Code **44145**  
 Date of Receipt **06 10 2010**  
 Amount of Each Receipt this Period **800.00**  
 Name of Employer **Donald Martens & Sons Amb. ambulance operator**  
 Occupation **ambulance operator**  
 Receipt For:  Primary  General  Other (specify) **in kind**  
 Aggregate Year-to-Date **800.00**  
 FEC ID number of contributing federal political committee. **C**

**B.** Full Name (Last, First, Middle Initial) **Rose, Julie Anne**  
 Mailing Address **1123 Chestnut Dr.**  
 City **Achtabula** State **OH** Zip Code **44004**  
 Date of Receipt **06 10 2010**  
 Amount of Each Receipt this Period **175.00**  
 Name of Employer **Community Care Ambul. ambulance operator**  
 Occupation **ambulance operator**  
 Receipt For:  Primary  General  Other (specify) **in kind**  
 Aggregate Year-to-Date **175.00**  
 FEC ID number of contributing federal political committee. **C**

**C.** Full Name (Last, First, Middle Initial) **Bitonte, Rich**  
 Mailing Address **17 S. High Street**  
 City **Columbus** State **OH** Zip Code **43215**  
 Date of Receipt **06 10 2010**  
 Amount of Each Receipt this Period **275.00**  
 Name of Employer **Strategic Health Care lobbyist**  
 Occupation **lobbyist**  
 Receipt For:  Primary  General  Other (specify) **in kind**  
 Aggregate Year-to-Date **\$275.00**  
 FEC ID number of contributing federal political committee. **C**

SUBTOTAL of Receipts This Page (optional) **1,250.00**  
 TOTAL This Period (last page this line number only)

10030442525

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

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

FOR LINE NUMBER: PAGE **8** OF **18**  
(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**

**A.** Full Name (Last, First, Middle Initial) Poston, Seth  
 Mailing Address 505 E. Jefferson St  
 City Bluffton State OH Zip Code 45817  
 Date of Receipt 06 10 2010  
 Amount of Each Receipt this Period 329.00  
 Name of Employer Buckeye Emergency Specialty Sales Occupation ambulance  
 Receipt For:  Primary  General  Other (specify) in kind Aggregate Year-to-Date 329.00  
 FEC ID number of contributing federal political committee. C

**B.** Full Name (Last, First, Middle Initial) Bottonari, Dennis  
 Mailing Address 802 Riverwatch Dr.  
 City Crescent Springs State KY Zip Code 41017  
 Date of Receipt 06 10 2010  
 Amount of Each Receipt this Period 240.00  
 Name of Employer Bethesda Patient Transport Occupation ambulance operator  
 Receipt For:  Primary  General  Other (specify) in kind Aggregate Year-to-Date 240.00  
 FEC ID number of contributing federal political committee. C

**C.** Full Name (Last, First, Middle Initial) Griggs, Lois  
 Mailing Address 260 Gregory Street  
 City Newark State OH Zip Code 43055  
 Date of Receipt 06 10 2010  
 Amount of Each Receipt this Period 120.00  
 Name of Employer Courtesy Ambulance Occupation ambulance operator  
 Receipt For:  Primary  General  Other (specify) in kind Aggregate Year-to-Date 120.00  
 FEC ID number of contributing federal political committee. C

SUBTOTAL of Receipts This Page (optional)..... 685.00  
 TOTAL This Period (last page this line number only).....

10058442527

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

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

FOR LINE NUMBER: PAGE 9 OF 18  
(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

A. Full Name (Last, First, Middle Initial) Viola, David  
 Mailing Address 207 Lincoln Way  
 City Minerva State OH Zip Code 44657  
 Date of Receipt 06 10 2010  
 Amount of Each Receipt this Period 80.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer CCS Ambulance Occupation ambulance operator  
 Receipt For:  Primary  General  Other (specify) in kind  
 Aggregate Year-to-Date 80.00

B. Full Name (Last, First, Middle Initial) Smith, Bob  
 Mailing Address 214 W. 3rd St  
 City Dover State OH Zip Code 44622  
 Date of Receipt 06 10 2010  
 Amount of Each Receipt this Period 85.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Smith Ambulance Occupation  
 Receipt For:  Primary  General  Other (specify) in kind  
 Aggregate Year-to-Date 85.00

C. Full Name (Last, First, Middle Initial) Bernato, Amy  
 Mailing Address 115 E 24th St.  
 City Ashtabula State OH Zip Code 44004  
 Date of Receipt 06 10 2010  
 Amount of Each Receipt this Period 75.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Community Care Occupation ambulance manager  
 Receipt For:  Primary  General  Other (specify) in kind  
 Aggregate Year-to-Date 75.00

SUBTOTAL of Receipts This Page (optional) ..... 240.00  
 TOTAL This Period (last page this line number only) ..... 2,752.53  
Total In Kind

10030442528

**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 10 OF 18

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NAME OF COMMITTEE (In Full)

Ohio Ambulance and Medical Transportation Assn. PAC

A. Full Name (Last, First, Middle Initial) Skinner, Michele  
 Mailing Address 951 Glendale Dr.  
 City Wadsworth State OH Zip Code 44281  
 Name of Employer Life Care Ambulance Occupation ambulance manager  
 Receipt For:  Primary  General  Other (specify) July quarterly  
 Aggregate Year-to-Date 45.00

Date of Receipt  
 # # / D D / Y Y Y Y  
06 10 2010  
 Amount of Each Receipt this Period  
45.00

B. Full Name (Last, First, Middle Initial) White, Connie  
 Mailing Address 116 Circle Drive  
 City Baltimore State OH Zip Code 43105  
 Name of Employer Ohio Med. Transp. Bd. Occupation Office staff  
 Receipt For:  Primary  General  Other (specify) July quarterly  
 Aggregate Year-to-Date 85.00

Date of Receipt  
 # # / D D / Y Y Y Y  
06 10 2010  
 Amount of Each Receipt this Period  
85.00

C. Full Name (Last, First, Middle Initial) Bitonte, Rick  
 Mailing Address 17 S. High Street  
 City Columbus State OH Zip Code 43215  
 Name of Employer Strategic Health Care Occupation lobbyist  
 Receipt For:  Primary  General  Other (specify) July quarterly  
 Aggregate Year-to-Date 35.00

Date of Receipt  
 # # / D D / Y Y Y Y  
06 10 2010  
 Amount of Each Receipt this Period  
35.00

SUBTOTAL of Receipts This Page (optional) ..... 165.00  
 TOTAL This Period (last page this line number only) .....

10030442529

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

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

FOR LINE NUMBER: PAGE **11** OF **18**  
(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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NAME OF COMMITTEE (In Full)

**Ohio Ambulance and Medical Transportation Assn. PAC**

**A. Martens, Dean**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: **30158 Greenview Parkway**  
 City: **Westlake** State: **OH** Zip Code: **44145**  
 Date of Receipt: **05 11 2010**  
 Amount of Each Receipt this Period: **5,000.00**  
 Name of Employer: **Donald Martens & Sons Amb.** Occupation: **ambulance operator**  
 Receipt For:  Primary  General  Other (specify) **July quarterly**  
 Aggregate Year-to-Date: **5,000.00**

**B. Rose, Julie Anne**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: **1123 Chestnut Drive**  
 City: **Ashtabula** State: **OH** Zip Code: **44004**  
 Date of Receipt: **06 10 2010**  
 Amount of Each Receipt this Period: **325.00**  
 Name of Employer: **Community Care Amb.** Occupation: **ambulance operator**  
 Receipt For:  Primary  General  Other (specify) **July quarterly**  
 Aggregate Year-to-Date: **325.00**

**C. Wappner, Tom**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: **2269 Bennington**  
 City: **Mansfield** State: **OH** Zip Code: **44004**  
 Date of Receipt: **06 10 2010**  
 Amount of Each Receipt this Period: **105.00**  
 Name of Employer: **Medic Response** Occupation: **ambulance operator**  
 Receipt For:  Primary  General  Other (specify) **July quarterly**  
 Aggregate Year-to-Date: **105.00**

SUBTOTAL of Receipts This Page (optional)..... **5,430.00**  
 TOTAL This Period (last page this line number only).....

10050442530

**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 12 OF 18

<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) Roston, Seth

Mailing Address 505 E. Jefferson St

City Bluffton State OH Zip Code 45817

FEC ID number of contributing federal political committee. C

Name of Employer Buckeye Emer + Specialty Truck Occupation ambulance sales

Receipt For:  Primary  General  Other (specify) July quarterly

Aggregate Year-to-Date 90.00

Date of Receipt 06 10 2010

Amount of Each Receipt this Period 90.00

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Clemente Ambulance Occupation Gen. Manager

Receipt For:  Primary  General  Other (specify) July quarterly

Aggregate Year-to-Date 45.00

Date of Receipt 06 10 2010

Amount of Each Receipt this Period 45.00

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

Mailing Address 5613 Stockton Way

City Dublin State OH Zip Code 43016

FEC ID number of contributing federal political committee. C

Name of Employer Association Mgmt Solutions Occupation Association Management

Receipt For:  Primary  General  Other (specify) July quarterly

Aggregate Year-to-Date 165.00

Date of Receipt 06 10 2010

Amount of Each Receipt this Period 165.00

SUBTOTAL of Receipts This Page (optional) 300.00

TOTAL This Period (last page this line number only)

10030442551

**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 3 OF 10

<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) Delaney, Anita  
 Mailing Address 4307 Lottages Grove  
 City Uniontown State OH Zip Code 44685  
 Date of Receipt 06 10 2010  
 Amount of Each Receipt this Period 66.00  
 FEC ID number of contributing federal political committee. C

Name of Employer Ambulance Associates Occupation office administrator  
 Receipt For:  Primary  General  Other (specify) July quarterly  
 Aggregate Year-to-Date 66.00

B. Full Name (Last, First, Middle Initial) Clemens, Wes  
 Mailing Address 5715 Canal Rd  
 City Cleveland State OH Zip Code 44125  
 Date of Receipt 06 10 2010  
 Amount of Each Receipt this Period 350.00  
 FEC ID number of contributing federal political committee. C

Name of Employer Valley Ford Occupation sales representative  
 Receipt For:  Primary  General  Other (specify) July quarterly  
 Aggregate Year-to-Date 350.00

C. Full Name (Last, First, Middle Initial) Spronz, Mitch  
 Mailing Address 26420 Lakeland Blvd.  
 City Cleveland State OH Zip Code 44132  
 Date of Receipt 06 10 2010  
 Amount of Each Receipt this Period 100.00  
 FEC ID number of contributing federal political committee. C

Name of Employer Ohio Ambulance Occupation manager  
 Receipt For:  Primary  General  Other (specify) July quarterly  
 Aggregate Year-to-Date 100.00

SUBTOTAL of Receipts This Page (optional) 516.00  
 TOTAL This Period (last page this line number only)

10050442532

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

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

FOR LINE NUMBER: PAGE 14 OF 18  
(check only one)

<input checked="" 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

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)  
**Martens, Michelle**

Mailing Address  
**30158 Greenview Parkway**

City State Zip Code  
**Westlake OH 44145**

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

Name of Employer Occupation  
**Donald Martens & Sons ambulance operator**

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ **July quarterly**

Date of Receipt  
**06 10 2010**

Amount of Each Receipt this Period  
**100.00**

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: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt

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: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ▶ **100.00**

TOTAL This Period (last page this line number only)..... ▶ **6,515.00**

10030442533

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: PAGE 15 OF 18  
(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. Jennings, Lesley

Mailing Address

50 South Liberty St

City Powell State OH Zip Code 43065

FEC ID number of contributing federal political committee. C

Name of Employer

Occupation

Artiva Promotions Product Product Representative

Receipt For:

Primary  General  
 Other (specify) In kind

Aggregate Year-to-Date

255.00

Date of Receipt

06 09 2010

Amount of Each Receipt this Period

255.00

Full Name (Last, First, Middle Initial)

B. Popadak, Jack

Mailing Address

421 S. Street SE

City Warren State OH Zip Code 43016

FEC ID number of contributing federal political committee. C

Name of Employer

Occupation

Action Ambulance ambulance operator

Receipt For:

Primary  General  
 Other (specify) in kind

Aggregate Year-to-Date

210.00

Date of Receipt

06 10 2010

Amount of Each Receipt this Period

210.00

Full Name (Last, First, Middle Initial)

C. 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

Occupation

Focus on Policy consultant

Receipt For:

Primary  General  
 Other (specify) in kind

Aggregate Year-to-Date

112.53

Date of Receipt

06 10 2010

Amount of Each Receipt this Period

112.53

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

577.53

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

10030442534

**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 <b>6</b> OF <b>8</b>
	<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**

A. Full Name (Last, First, Middle Initial) <b>Martens, Michelle</b>		Date of Receipt # # / # # / # # # # # # <b>06 10 2010</b>
Mailing Address <b>30158 Greenview Parkway</b>		Amount of Each Receipt this Period <b>800.00</b>
City <b>Westlake</b>	State Zip Code <b>OH 44145</b>	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>Donald Martens Sons Amb.</b>	Occupation <b>ambulance operator</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>in kind</b>	Aggregate Year-to-Date <b>800.00</b>	

B. Full Name (Last, First, Middle Initial) <b>Rose, Julie Anne</b>		Date of Receipt # # / # # / # # # # # # <b>06 10 2010</b>
Mailing Address <b>1133 Chestnut Dr.</b>		Amount of Each Receipt this Period <b>175.00</b>
City <b>Ashtabula</b>	State Zip Code <b>OH 44204</b>	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>Community Care Ambul.</b>	Occupation <b>ambulance operator</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>in kind</b>	Aggregate Year-to-Date <b>175.00</b>	

C. Full Name (Last, First, Middle Initial) <b>Bitonte, Rich</b>		Date of Receipt # # / # # / # # # # # # <b>06 10 2010</b>
Mailing Address <b>17 S. High Street</b>		Amount of Each Receipt this Period <b>275.00</b>
City <b>Columbus</b>	State Zip Code <b>OH 43215</b>	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>Strategic Health Care</b>	Occupation <b>lobbyist</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>in kind</b>	Aggregate Year-to-Date <b>275.00</b>	

SUBTOTAL of Receipts This Page (optional).....	<b>1,250.00</b>
TOTAL This Period (last page this line number only).....	

10030942535

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: PAGE **17** OF **18**  
(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. **Roston, Seth**

Mailing Address

**505 E. Jefferson St**

City

**Bluffton**

State

**OH**

Zip Code

**45817**

FEC ID number of contributing federal political committee.

**C**

Name of Employer

**Buckeye Emergency**

Occupation

**ambulance**

Receipt For:

Primary  General

Other (specify) ▼

**in kind**

Aggregate Year-to-Date ▼

**325.00**

Date of Receipt

**06 10 2010**

Amount of Each Receipt this Period

**325.00**

Full Name (Last, First, Middle Initial)

B. **Bottonari, Dennis**

Mailing Address

**802 Riverwatch Dr.**

City

**Crescent Springs**

State

Zip Code

**KY 41017**

FEC ID number of contributing federal political committee.

**C**

Name of Employer

**Bethesda Patient Transport**

Occupation

**ambulance**

Receipt For:

Primary  General

Other (specify) ▼

**in kind**

Aggregate Year-to-Date ▼

**240.00**

Date of Receipt

**06 10 2010**

Amount of Each Receipt this Period

**240.00**

Full Name (Last, First, Middle Initial)

C. **Griggs, Lois**

Mailing Address

**260 Gregory Street**

City

**Newark**

State

**OH**

Zip Code

**43055**

FEC ID number of contributing federal political committee.

**C**

Name of Employer

**Courtesy Ambulance**

Occupation

**ambulance**

Receipt For:

Primary  General

Other (specify) ▼

**in kind**

Aggregate Year-to-Date ▼

**120.00**

Date of Receipt

**06 10 2010**

Amount of Each Receipt this Period

**120.00**

SUBTOTAL of Receipts This Page (optional).....

**685.00**

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

10030442536

**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 18 OF 18

<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. <u>Viola, David</u>		Date of Receipt M M / D D / Y Y Y Y <u>06 10 2010</u>
Mailing Address <u>207 Lincoln Way</u>		Amount of Each Receipt this Period <u>80.00</u>
City <u>Minerva</u>	State <u>OH</u>	
Zip Code <u>44657</u>		
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer <u>C+S Ambulance</u>	Occupation <u>ambulance operator</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>in kind</u>	Aggregate Year-to-Date <u>80.00</u>	

Full Name (Last, First, Middle Initial) B. <u>Smith, Bob</u>		Date of Receipt M M / D D / Y Y Y Y <u>06 10 2010</u>
Mailing Address <u>214 W. 3rd St</u>		Amount of Each Receipt this Period <u>85.00</u>
City <u>Dover</u>	State <u>OH</u>	
Zip Code <u>44622</u>		
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer <u>Smith Ambulance</u>	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>in kind</u>	Aggregate Year-to-Date <u>85.00</u>	

Full Name (Last, First, Middle Initial) C. <u>Bernato, Amy</u>		Date of Receipt M M / D D / Y Y Y Y <u>06 10 2010</u>
Mailing Address <u>115 E 24th St.</u>		Amount of Each Receipt this Period <u>75.00</u>
City <u>Ashtabula</u>	State <u>OH</u>	
Zip Code <u>44004</u>		
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer <u>Community Care</u>	Occupation <u>ambulance manager</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>in kind</u>	Aggregate Year-to-Date <u>75.00</u>	

SUBTOTAL of Receipts This Page (optional).....	<u>240.00</u>
TOTAL This Period (last page this line number only).....	<u>2,752.53</u>
<u>Total In Kind</u>	

10030442537

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™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): *Fed Ex* Shipping Date  
*10/12/10*  
 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

*EA* *10/14/10*  
 PREPARER DATE PREPARED

10030442538