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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 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

C

3. IS THIS REPORT X NEW (N) OR AMENDED (A)

Table with 4 columns: (a) Quarterly Reports (April 15, July 15, October 15, January 31, July 31, Termination Report), (b) 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), (c) 12-Day PRE-Election Report for the (Primary, Convention, General, Special), (d) 30-Day POST-Election Report for the (General, Runoff, Special).

X

5. Covering Period 07 01 2010 through 09 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. §437g.

Office Use Only grid and FEC FORM 3X Rev. 12/2004

10030442540

**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: ^{M M / D D / Y Y Y Y} 07 01 2010 To: ^{M M / D D / Y Y Y Y} 09 30 2010

10030442541

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand ^{Y Y Y Y} January 1,		4,640.43
(b) Cash on Hand at Beginning of Reporting Period.....	11,151.43	
(c) Total Receipts (from Line 19).....	1,145.00	10,408.33
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	12,296.43	15,048.76
7. Total Disbursements (from Line 31).....	2,850.00	5,602.53
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	9,446.43	9,446.23
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....		
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

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: 07 01 2010 To: 09 30 2010

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).....	1,145.00	10,408.33
(ii) Unitemized.....		
(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).....▶	1,145.00	10,408.33
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)).....▶	1,145.00	10,408.33
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶		

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		
(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.....	2,850 ⁰⁰	5,602.53
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 Contributing Refunds (add Lines 28(a), (b), and (c)).....		
29. Other Disbursements	Ø	
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))..	2,850 ⁰⁰	5,602.53
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....		

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DETAILED SUMMARY PAGE
of Disbursements

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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)	1,145.00	10,408.33
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)	,	,

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

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

FOR LINE NUMBER:
(check only one)

PAGE **6** OF **6**

<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

Full Name (Last, First, Middle Initial)

A. **Babb, Richard**

Mailing Address

2501 Treetop Circle NE

City

Canton

State

OH

Zip Code

44705

FEC ID number of contributing federal political committee.

C

Date of Receipt

07 26 2010

Amount of Each Receipt this Period

200.00

Name of Employer

Ambulance Associates. Ambulance Operator

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Full Name (Last, First, Middle Initial)

B. **Bakes, Michael**

Mailing Address

P.O. Box

City

Kent

State

OH

Zip Code

44240

FEC ID number of contributing federal political committee.

C

Date of Receipt

07 26 2010

Amount of Each Receipt this Period

200.00

Name of Employer

Emerald Transportation Transp. Operator

Occupation **medicat**

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

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

07 26 2010

Amount of Each Receipt this Period

165.00

Name of Employer

Association Mgmt Solutions Manager

Occupation **association**

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

165.00

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

565.00

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

10030442545

**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"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <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)
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 ambulance operator

Receipt For:
 Primary General
 Other (specify)
quarterly

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
08 27 2010

Amount of Each Receipt this Period
500.00

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

Mailing Address
279 Stratton Rd

City State Zip Code
Rutland VT 05701

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
Regional Ambulance ambulance operator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
160.00

Date of Receipt
M M / D D / Y Y Y Y
08 27 2010

Amount of Each Receipt this Period
80.00

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
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	580.00
TOTAL This Period (last page this line number only).....▶	1,145.00

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**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>8</u> OF <u>8</u>
	<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	

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. Friends of Kenny Yuko Date of Disbursement: 07 27 2010

Mailing Address: 479 Pierson Drive

City: Richmond Heights OH State: OH Zip Code: 44143

Purpose of Disbursement: Contribution Amount of Each Disbursement this Period: 2,000⁰⁰

Candidate Name: Kenny Yuko Category/Type: 011

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

State: OH District: _____

B. Committee to Elect Sue Morano Date of Disbursement: 08 23 2010

Mailing Address: 928 Broadway

City: Lorain OH State: OH Zip Code: 44052

Purpose of Disbursement: Contribution Amount of Each Disbursement this Period: 500⁰⁰

Candidate Name: Sue Morano Category/Type: 011

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

State: OH District: _____

C. Citizens for Mc Gregor Date of Disbursement: 09 29 2010

Mailing Address: PO Box 3088

City: Springfield OH State: OH Zip Code: 45501

Purpose of Disbursement: contribution Amount of Each Disbursement this Period: 350⁰⁰

Candidate Name: Ross Mc Gregor Category/Type: 011

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

State: _____ District: _____

SUBTOTAL of Disbursements This Page (optional).....	<u>2,850⁰⁰</u>
TOTAL This Period (last page this line number only).....	<u>2,850⁰⁰</u>

10030442547

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
 (3/2005)

10030442548