

**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:

04 01 2012

To:

06 30 2012

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand
January 1, Y Y Y Y

10,131.48

(b) Cash on Hand at
Beginning of Reporting Period.....

9,731.48

(c) Total Receipts (from Line 19).....

1,000.00

1,000.00

(d) Subtotal (add Lines 6(b) and
6(c) for Column A and Lines
6(a) and 6(c) for Column B).....

10,731.48

11,131.48

7. Total Disbursements (from Line 31).....

1,000.00

1,400.00

8. Cash on Hand at Close of
Reporting Period
(subtract Line 7 from Line 6(d)).....

9,731.48

9,731.48

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

12030824559

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:

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).....

1,000.00

1,000.00

(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).....▶

1,000.00

1,000.00

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)).....▶

1,000.00

1,000.00

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

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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.....		1,000.00	1,000.00
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).....	▶	1,000.00	1,000.00

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)	1,000. ⁰⁰	1,000. ⁰⁰
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	OF
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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)
George, William

Mailing Address
714 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) **contribution**

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

Date of Receipt
04 25 2012

Amount of Each Receipt this Period
1,000.00

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:
 Primary General
 Other (specify)

Aggregate Year-to-Date

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:
 Primary General
 Other (specify)

Aggregate Year-to-Date

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1,000.00
TOTAL This Period (last page this line number only).....▶	1,000.00

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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 OF

<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

Full Name (Last, First, Middle Initial)

A.

Citizens for McGregor
Mailing Address
5524 Old Columbus Rd
City *Springfield* State *OH* Zip Code *45502*
Purpose of Disbursement
Fundraiser
Candidate Name
Ross McGregor
Office Sought: House Senate President
Disbursement For: Primary General
 Other (specify) *fundraiser contrib.*
State: *OH* District: *12*

Date of Disbursement

04 25 2012

Amount of Each Disbursement this Period

1,000.00

B.

Full Name (Last, First, Middle Initial)
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

C.

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

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

1,000.00

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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
6/27/12
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

GP
PREPARER

6/29/12
DATE PREPARED

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