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FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (In full) (Check if name is changed) Example: If typing, type over the lines. 12FEC/M5

OHIO AMBULANCE AND MEDICAL TRANSPORTATION ASSOCIATION PAC

ADDRESS (number and street) 5613 STOCKTON WAY

X (Check if address is changed)

DUBLIN OH 43016

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

SUEKYTE@AOL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

614-223-0855

2. DATE 02 23 2004

3. FEC IDENTIFICATION NUMBER ▶ C00383596

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

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Diane Ferabi

Signature of Treasurer Diane Ferabi Date 02 24 2004

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only				

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

FEC FORM 1
(Revised 02/2003)

PRINT FORM

5. TYPE OF COMMITTEE (Check One)

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

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

Name of Candidate

Candidate Party Affiliation ☐ Office Sought: ☐ House ☐ Senate ☐ President State ☐ District ☐

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

Name of Candidate

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

(e) X This committee is a separate segregated fund

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

6. Name of Any Connected Organization or Affiliated Committee

OHIO AMBULANCE AND MEDICAL TRANSPORTATION ASSOCIATION

Mailing Address 5613 STOCKTON WAY

DUBLIN OH 43016

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship SPONSOR

Type of Connected Organization:

X Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization

☐ Membership Organization ☐ Trade Association ☐ Cooperative

FEC Form 1 (Revised 02/2003)

Write or Type Committee Name

OHIO AMBULANCE AND MEDICAL TRANSPORTATION ASSOCIATION PAC

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

Full Name: DIANNE FARABI

Mailing Address: 5613 STOCKTON WAY

DUBLIN OH 43016

CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼: TREASURER

Telephone number: 614-659-0198

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

Full Name of Treasurer: DIANNE FARABI

Mailing Address: 5613 STOCKTON WAY

DUBLIN OH 43016

CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼: TREASURER

Telephone number: 614-659-0198

Full Name of Designated Agent: SUSAN J. KYTE

Mailing Address: 57 E. GAY ST.

COLUMBUS OH 43215

CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼: ASST. TREASURER

Telephone number: 614-228-0756

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

Name of Bank, Depository, etc.

HUNTINGTON BANK

Mailing Address 4661 REED RD

COLUMBUS OH 43220-

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Federal Election Commission

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PREPARER

3-10-04
DATE PREPARED

(2/2004)