

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
FEC MAIL CENTER  
2008 DEC -2 PM 12:30  
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

MM / DD / YYYY

in the State of

XX

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

MM / DD / YYYY

in the State of

OH

5. Covering Period

MM / DD / YYYY

through

MM / DD / YYYY

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

David Viola

Date

MM / DD / YYYY

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)

28039931689

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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Page 2

Write or Type Committee Name

Ohio Ambulance and Medical Transportation Association PAC

Report Covering the Period:

From:

10 / 16 / 2008

To:

11 / 24 / 2008

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2008	2008	334543
(b) Cash on Hand at Beginning of Reporting Period	334543	
(c) Total Receipts (from Line 19)	0	160000
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	334543	494543
7. Total Disbursements (from Line 31)	25000	185000
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	309543	309543
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

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**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: 10 16 2008 To: 11 24 2008

**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 .....
  - (iii) TOTAL (add Lines 11(a)(i) and (ii)) .....

0

0

160000

- (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) .....

0

0

160000

12. Transfers From Affiliated/Other Party Committees .....

0

0

13. All Loans Received .....

0

0

14. Loan Repayments Received .....

0

0

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....

0

0

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees .....

0

0

17. Other Federal Receipts (Dividends, Interest, etc.) .....

0

0

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)).

0

0

0

0

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....

0

160000

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

0

160000

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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) .....	0	16.00 <sup>00</sup>
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)) .....		
37. Offsets to Operating Expenditures (from Line 15, page 3) .....		
38. Net Operating Expenditures (subtract Line 36 from Line 35) .....		

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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)

<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"/> 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)

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

**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) ..... ▶

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

Amount of Each Receipt this Period

Amount of Each Receipt this Period

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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 7 OF 7

<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. **Republican Senate Campaign Committee**

Date of Disbursement

MM	DD	YYYY
10	17	2008

Mailing Address

**211 South Fifth Street**

City

**Columbus**

State

**OH**

Zip Code

**43215**

Purpose of Disbursement

**Fundraiser for caucus**

Candidate Name

011
-----

Category/  
Type

Amount of Each Disbursement this Period

250.00
--------

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input checked="" type="checkbox"/>	Other (specify) ▼		

State: **OH**

District:

**fundraiser**

Full Name (Last, First, Middle Initial)

B. \_\_\_\_\_

Date of Disbursement

MM	DD	YYYY

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

--

Category/  
Type

Amount of Each Disbursement this Period

--

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. \_\_\_\_\_

Date of Disbursement

MM	DD	YYYY

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

--

Category/  
Type

Amount of Each Disbursement this Period

--

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

250.00
--------

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

250.00
--------

28039931695

**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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>FedEx</i>	Shipping Date <i>11/27/08</i>
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*Jms*  
 PREPARER  
 (3/2005)

*12/2/08*  
 DATE PREPARED

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