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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)

51613 STOCKTON WAY

Check if different than previously reported. (ACC)

DUBLIN

OH

43016

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C 0 0 3 8 3 5 9 6

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

X

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)

(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
	Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:	Primary (12P)	General (12G)	Runoff (12R)
	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 01 01 2011 through 06 30 2011

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 06 11 2011

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. 12/2004

11030620873

**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: 01 01 2011 To: 06 30 2011

11030620874

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <small>Y Y Y Y</small>		9,446.43
(b) Cash on Hand at Beginning of Reporting Period.....	9,446.43	
(c) Total Receipts (from Line 19).....	4,085.00	4,085.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	13,531.43	13,531.43
7. Total Disbursements (from Line 31).....	500.00	500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	13,031.43	13,031.43
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:

MM / DD / YYYY
01 / 01 / 2011

To:

MM / DD / YYYY
06 / 30 / 2011

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).....

4,085⁰⁰

4,085⁰⁰

(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).....▶

4,085⁰⁰

4,085⁰⁰

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)).....▶

4,085⁰⁰

4,085⁰⁰

20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

11030620875

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

11030620876

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.....	,	,
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).....	,	,

∅

∅

500.00

500.00

∅

∅

+ 500.00

+ 500.00

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)	4,085 ⁰⁰	4,085 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)	- 0 -	- 0 -

11030620877

**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 <u>6</u> OF <u>12</u>
	<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	

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)
Viola, David

Mailing Address
208 N. Main Street

City Minerva State OH Zip Code 44657

FEC ID number of contributing federal political committee. C

Name of Employer CCS/Smith Amb. Occupation Ambulance Operator

Receipt For:
 Primary General
 Other (specify) contribution/mid year

Aggregate Year-to-Date 40.00

Date of Receipt
M M / D D / Y Y Y Y
06 09 2011

Amount of Each Receipt this Period
40.00

B. Full Name (Last, First, Middle Initial)
Shade, Bruce

Mailing Address
115 E. 24th

City Ashtabula State OH Zip Code 44004

FEC ID number of contributing federal political committee. C

Name of Employer Community Care Occupation Ambulance Operator

Receipt For:
 Primary General
 Other (specify) contribution/mid year

Aggregate Year-to-Date 20.00

Date of Receipt
M M / D D / Y Y Y Y
06 09 2011

Amount of Each Receipt this Period
20.00

C. Full Name (Last, First, Middle Initial)
Niebel, Robert

Mailing Address
130 Grandview Ave

City Pittsburgh State PA Zip Code 15211

FEC ID number of contributing federal political committee. C

Name of Employer TJ+S Occupation Insurance Exec.

Receipt For:
 Primary General
 Other (specify) contribution/mid year

Aggregate Year-to-Date 10.00

Date of Receipt
M M / D D / Y Y Y Y
06 09 2011

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional).....	<u>\$ 70.00</u>
TOTAL This Period (last page this line number only).....	

11030620878

**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 12		
	(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. Full Name (Last, First, Middle Initial)
Stephenson, Garry

Mailing Address
3474 Park St.

City
Grove City State
OH Zip Code
43123

FEC ID number of contributing federal political committee.
C

Name of Employer
Sound Communications Occupation
Communications Cons.

Receipt For:
 Primary General
 Other (specify) **contribution/mid year**

Aggregate Year-to-Date
20.00

Date of Receipt
M M / D D / Y Y Y Y
06 09 / 20 11

Amount of Each Receipt this Period
20.00

B. Full Name (Last, First, Middle Initial)
Burdick, Bill

Mailing Address
24340 Sperry Dr.

City
Westlake State
OH Zip Code
44143

FEC ID number of contributing federal political committee.
C

Name of Employer
PharMed Occupation
Medical Equipment Rep

Receipt For:
 Primary General
 Other (specify) **contribution/mid year**

Aggregate Year-to-Date
20.00

Date of Receipt
M M / D D / Y Y Y Y
06 09 / 20 11

Amount of Each Receipt this Period
20.00

C. Full Name (Last, First, Middle Initial)
Elbert, Cindy

Mailing Address
3320 W. Cheryl Dr.

City
Phoenix State
AZ Zip Code
85051

FEC ID number of contributing federal political committee.
C

Name of Employer
Cindy Elbert Insurance Occupation
Insurance Exec.

Receipt For:
 Primary General
 Other (specify) **contribution/mid year**

Aggregate Year-to-Date
20.00

Date of Receipt
M M / D D / Y Y Y Y
06 09 / 20 11

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)..... **60.00**

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

11030620879

**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 <u>6</u> OF <u>12</u>
<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)
Hess, Ronald

Mailing Address
4495 Cranwood Parkway

City Gates Mills State OH Zip Code 44040

FEC ID number of contributing federal political committee. C

Name of Employer Physicians Ambulance Occupation Ambulance Operator

Receipt For: Primary General Other (specify) contribution/mid year

Aggregate Year-to-Date 100.00

Date of Receipt
M M / D D / Y Y Y Y
06 09 2011

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Novak, Rich

Mailing Address
1090 W. Wilbeth Rd

City Akron State OH Zip Code 44310

FEC ID number of contributing federal political committee. C

Name of Employer Mobility Works Occupation Vehicle sales rep

Receipt For: Primary General Other (specify) contribution/mid year

Aggregate Year-to-Date 20.00

Date of Receipt
M M / D D / Y Y Y Y
06 09 2011

Amount of Each Receipt this Period
20.00

C. Full Name (Last, First, Middle Initial)
Hathaway, Brian

Mailing Address
1340 Converse Rd

City Union City State OH Zip Code 45390

FEC ID number of contributing federal political committee. C

Name of Employer Spirit Medical Transportation Occupation ambulance operator

Receipt For: Primary General Other (specify) contribution/mid year

Aggregate Year-to-Date 550.00

Date of Receipt
M M / D D / Y Y Y Y
06 09 2011

Amount of Each Receipt this Period
550.00

SUBTOTAL of Receipts This Page (optional)..... 670.00

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

11030620880

**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 **12**
(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. George, William

Mailing Address

714 W. Columbia

City

Springfield

State

OH

Zip Code

45504

FEC ID number of contributing federal political committee.

C

Date of Receipt

06 09 2011

Amount of Each Receipt this Period

250.00

Name of Employer

Med Trans

Occupation

ambulance operator

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

contribution/mid year

Full Name (Last, First, Middle Initial)

B. Auble, Mark

Mailing Address

512 E. Oak St.

City

Orrville

State

OH

Zip Code

44667

FEC ID number of contributing federal political committee.

C

Date of Receipt

06 09 2011

Amount of Each Receipt this Period

175.00

Name of Employer

Amb. Auble Funeral Home

Occupation

ambulance operator

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

175.00

contribution/mid year

Full Name (Last, First, Middle Initial)

c. Shields, Rick

Mailing Address

12513 W. Rt. 250 N.

City

Milan

State

OH

Zip Code

44846

FEC ID number of contributing federal political committee.

C

Date of Receipt

06 09 2011

Amount of Each Receipt this Period

110.00

Name of Employer

North Central EMS

Occupation

ambulance operator

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

110.00

contribution/mid year

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

535.00

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

11030620881

**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 10 OF 12
	<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)
Monter, Justin

Mailing Address
3749 Co. Rd 55

City **Bellefontaine** State **OH** Zip Code **43311**

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

Name of Employer **Watson & Associates** Occupation **accountant**

Receipt For:
 Primary General
 Other (specify) **contribution/mid year**

Aggregate Year-to-Date **100.00**

Date of Receipt
M M ' D D ' Y Y Y Y
06 09 2011

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Rose, Julie

Mailing Address
115 E. 24th St.

City **Ashtabula** State **OH** Zip Code **44004**

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

Name of Employer **Community Care Amb.** Occupation **ambulance operator**

Receipt For:
 Primary General
 Other (specify) **contribution/mid year**

Aggregate Year-to-Date **500.00**

Date of Receipt
M M ' D D ' Y Y Y Y
06 09 2011

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Martens, Dean

Mailing Address
6900 Lake Abram

City **Middleburg Hts** State **OH** Zip Code **44130**

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

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

Receipt For:
 Primary General
 Other (specify) **contribution/mid year**

Aggregate Year-to-Date

Date of Receipt
M M ' D D ' Y Y Y Y
06 09 2011

Amount of Each Receipt this Period
2,000.00

SUBTOTAL of Receipts This Page (optional)..... **2,600.00**

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

11030620882

**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 11	OF 12
	<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	

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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
6900 Lake Abram

City State Zip Code
Middleburg Heights OH 44130

FEC ID number of contributing federal political committee.
C

Date of Receipt
M M / D D / Y Y Y Y
06 09 2011

Amount of Each Receipt this Period
190.00

Name of Employer
Donald Martens + Sons Ambulance

Occupation
ambulance operator

Receipt For:
 Primary General
 Other (specify) **contribution/midyear**

Aggregate Year-to-Date ▼
150.00

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.
C

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Name of Employer

Occupation

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.
C

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Name of Employer

Occupation

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

SUBTOTAL of Receipts This Page (optional)..... **150.00**

TOTAL This Period (last page this line number only)..... **4,085.00**

11030620883

**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 **2** OF **2**

<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)

<p>A.</p> <p>Ohio House Republican Organizational Comm.</p> <p>Mailing Address 20 South Front Street</p> <p>City Columbus State OH Zip Code 43215</p> <p>Purpose of Disbursement contribution</p> <p>Candidate Name 011</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) semi-annual/fundraiser</p> <p>Full Name (Last, First, Middle Initial)</p>		<p>Date of Disbursement 03 22 2011</p> <p>Amount of Each Disbursement this Period \$500.00</p>
---	--	--

<p>B.</p> <p>Mailing Address</p> <p>City _____ State _____ Zip Code _____</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____</p> <p>Full Name (Last, First, Middle Initial)</p>		<p>Date of Disbursement</p> <p>Amount of Each Disbursement this Period</p>
---	--	--

<p>C.</p> <p>Mailing Address</p> <p>City _____ State _____ Zip Code _____</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____</p> <p>Full Name (Last, First, Middle Initial)</p>		<p>Date of Disbursement</p> <p>Amount of Each Disbursement this Period</p>
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SUBTOTAL of Disbursements This Page (optional)..... ▶

\$500.00

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

500.00

11030620884

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): *FedEx* Shipping Date
6/15/11
 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

Chilo

PREPARER

(3/2005)

7/5/11

DATE PREPARED

11030620885