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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. 12FE4M5

WYOMING MEDICAL POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ▼ PO Box 4009

☐ (Check if address is changed)

CHEYENNE WY 82003-4009

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

307-632-1973

2. DATE 09 / 06 / 2005

3. FEC IDENTIFICATION NUMBER ▶ C00028415

4. IS THIS STATEMENT ☐ NEW (N) OR ☒ 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 Susie M. Pouliot - Secretary/Treasurer

Signature of Treasurer Susie M Pouliot Date 02 / 14 / 2006

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)

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5. TYPE OF COMMITTEE (Check One)

No Change

(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) ☐ 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

No Change

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

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

☐ Membership Organization ☐ Trade Association ☐ Cooperative

26020010912

Write or Type Committee Name

Wyoming Medical Political Action Committee.

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: SUSIE M POULIOT

Mailing Address: PO BOX 4009

CHEYENNE | WY | 82003-4009

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

SECRETARY-TREASURER | Telephone number 307-635-2424

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: SUSIE M POULIOT

Mailing Address: PO BOX 4009

CHEYENNE | WY | 82003-4009

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

SECRETARY-TREASURER | Telephone number 307-632-1973

Full Name of Designated Agent:

Mailing Address:

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

Telephone number

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. No Changes

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

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Federal Election Commission

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Jm U PREPARER	2-21-06 DATE PREPARED

(3/2005)

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