

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS
For Other Than An Authorized Committee

RECEIVED

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12 FEB 4 M5
FEC MAIL CENTER

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines.
WYOMING MEDICAL POLITICAL ACTION COMMITTEE

ADDRESS (number and street) **P.O. BOX 4009**
CHEYENNE **WY** **82003-4009**

2. **FEC IDENTIFICATION NUMBER** ▼ **C00028415** **CITY** ▲ **STATE** ▲ **ZIP CODE** ▲

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)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

Election on M J M / D D D / Y Y Y Y Y in the State of

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

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

Election on M J M / D D D / Y Y Y Y Y in the State of

5. Covering Period **07** ' **09** ' **2011** through **12** ' **31** ' **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 **Sheila Bush**

Signature of Treasurer  Date **07** ' **24** ' **2012**

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

12030722168

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Wyoming Medical Political Action Committee

Report Covering the Period:

From:

07 ' 01 ' 2011

To:

12 ' 31 ' 2011

**COLUMN A
This Period**

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

6. (a) Cash on Hand January 1,	2011	10,847.34
(b) Cash on Hand at Beginning of Reporting Period.....	11,886.23	
(c) Total Receipts (from Line 19).....	3,300.00	5,200.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	15,186.23	16,047.34
7. Total Disbursements (from Line 31).....	2,084.03	2,945.14
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	13,102.20	13,102.20
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	00	



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

12030722169

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Wyoming Medical Political Action Committee

Report Covering the Period:

From:

07' 01' 2011

To:

12' 31' 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).....

1,100.00

1,600.00

(ii) Unitemized.....

22,000.00

36,000.00

(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).....▶

3,300.00

5,200.00

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)).....▶

3,300.00

5,200.00

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

3,300.00

5,200.00

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DETAILED SUMMARY PAGE
of Disbursements

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	6245	12356
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	6245	12356
22. Transfers to Affiliated/Other Party Committees	130000	210000
28. 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	72158	72158
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)) ..	208403	294514
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	208403	294514

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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)	330000	520000
34. Total Contribution Refunds (from Line 28(d))	00	00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	330000	520000
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	6245	12356
37. Offsets to Operating Expenditures (from Line 15, page 3)	00	00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	6245	12356

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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 1 OF 2
	<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)
Wyoming Medical Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ribnik, Harlan

Mailing Address
P.O. Box 628

City **Cheyenne** State **WY** Zip Code **82003**

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

Name of Employer Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt **09 ' 19 ' 2011**

Amount of Each Receipt this Period **5000.00**

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

Mailing Address
P.O. Box 1480

City **Sundance** State **WY** Zip Code **82729**

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

Name of Employer Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4000.00**

Date of Receipt **11 ' 08 ' 2011**

Amount of Each Receipt this Period **2000.00**

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

Mailing Address
6896 Casper Mountain Road

City State Zip Code

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

Name of Employer Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4000.00**

Date of Receipt **12 ' 13 ' 2011**

Amount of Each Receipt this Period **2000.00**

SUBTOTAL of Receipts This Page (optional)..... ▶ **9000.00**

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

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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: PAGE **2** OF **2**

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
13	14	15	16	

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NAME OF COMMITTEE (In Full)
Wyoming Medical¹ Political Action Committee

A. Full Name (Last, First, Middle Initial)
Murphy, Mark

Mailing Address
P.O. Box 688

City **Douglas** State **WY** Zip Code **82633**

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

Name of Employer _____ Occupation **Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **40000**

Date of Receipt **12 / 15 / 2011**

Amount of Each Receipt this Period **20000**

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).....▶ **20000**

TOTAL This Period (last page this line number only).....▶ **110000**

1203072174

**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 2

<input type="checkbox"/> 21b	<input checked="" 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

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NAME OF COMMITTEE (In Full)

Wyoming Medical Political Action Committee

Full Name (Last, First, Middle Initial)

A. AMPAC		Date of Disbursement
Mailing Address 1101 Vermont Avenue		07 / 27 / 2011
City Washington DC	State DC	Zip Code 20005
Purpose of Disbursement Transfer	Category/Type 008	Amount of Each Disbursement this Period 20000
Candidate Name	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) Transfer
State:	District:	

B. AMPAC		Date of Disbursement
Mailing Address 1101 Vermont Avenue		10 / 18 / 2011
City Washington DC	State DC	Zip Code 20005
Purpose of Disbursement Transfer	Category/Type 008	Amount of Each Disbursement this Period 10000
Candidate Name	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) Transfer
State:	District:	

C. AMPAC		Date of Disbursement
Mailing Address 1101 Vermont Avenue		11 / 08 / 2011
City Washington DC	State DC	Zip Code 20005
Purpose of Disbursement Transfer	Category/Type 008	Amount of Each Disbursement this Period 20000
Candidate Name	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) Transfer
State:	District:	

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

50000

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

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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)

<input type="checkbox"/> 21b	<input checked="" 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

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NAME OF COMMITTEE (In Full)

Wyoming Medical Political Action Committee

Full Name (Last, First, Middle Initial)

A.

Ampac

Date of Disbursement

12 / 13 / 2011

Mailing Address

1101 Vermont Avenue

City

Washington DC 20005

Purpose of Disbursement

Transfer

008
Category/
Type

Amount of Each Disbursement this Period

80000

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) transfer

State:

District:

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:

House
 Senate
 President

Disbursement For:

Primary General
 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:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

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

800.00

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

130000

12030722176

**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 checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input checked="" type="checkbox"/> 25 29	<input type="checkbox"/> 26 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)
Wyoming Medical Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Tray Printing

Mailing Address
P.O. Box 13600

City
Glen Burnie MD State Zip Code
21061

Purpose of Disbursement
Direct mail solicitation

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)
solicitation

State: District:

Date of Disbursement
10 / 28 / 2011

Amount of Each Disbursement this Period
0.03 *721.58*

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).....▶

721.58

12030722177

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 Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	Postmarked
<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>ups</i>	Shipping Date <i>1/27/12</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

Amv

PREPARER
(3/2005)

1/30/12

DATE PREPARED

12030722178