Image# 14952627261 PAGE 1 / 7

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than An	Authorized Co	illillittee		Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example over the	If typing, type lines.	12FE4M5	
Utah Medical Political	Action Committee	9			
ADDRESS (number and street)	310 East 4500 South				
•	Suite 500				
Check if different than previously reported. (ACC)	Salt Lake City,			UT	84107-4250
2. FEC IDENTIFICATION N	UMBER ▼	CITY 🛦		STATE 🛦	ZIP CODE ▲
C C00003210		3. IS THIS REPORT	× NEW (N) OR	AM (A)	ENDED
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2) Mar 20 (M3)	May 20 (M5)		20 (M8) Nov 20 (M11) (Non-Election Year Only) 20 (M9) Dec 20 (M12)
(a) Quarterly Reports:	H	Apr 20 (M4)	Jul 20 (M7)	Oct 2	(Non-Election Year Only) 20 (M10) Jan 31 (YE)
April 15 Quarterly Report (Q1) (c) 12-Day				
July 15 Quarterly Report (PRF-Electic	on	ention (12C)	General (Special (1	
October 15 Quarterly Report (Q3)				
January 31 Year-End Report (YE)	Election on	M / D D /	Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	POST-Elect Report for t		eral (30G)	Runoff (3	OR) Special (30S)
Termination Report (TER)			1 04	2014	in the State of
5. Covering Period 1		2014 th	rough 11	/ D D /	2014
I certify that I have examined t	his Report and to the be	est of my knowledg	e and belief it is tr	ue, correct and	complete.
Type or Print Name of Treasure	er Michelle McOmber				
Signature of Treasurer Micro	helle McOmber	[Elect	tronically Filed]	Date 11	/ 26 / Y Y Y Y Y Y 2014
NOTE: Submission of false, error	neous, or incomplete infor	rmation may subject	the person signing	this Report to th	e penalties of 2 U.S.C. §437g.
Office Use					FEC FORM 3X Rev. 12/2004

FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name		
Utah Medical Political Action Com	mittee	
Report Covering the Period: From:	10 16 2014 To	11 24 2014
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014		30986.75
(b) Cash on Hand at Beginning of Reporting Period	15688.43	
(c) Total Receipts (from Line 19)	17790.00	49641.68
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	33478.43	80628.43
7. Total Disbursements (from Line 31)	1285.99	48435.99
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	32192.44	32192.44
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
This committee has qualified as a multion	candidate 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)

Write or Type Committee Name

Utah Medical Political Action Committee

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
1. Co	ntributions (other than loans) From:				
(a)	Individuals/Persons Other				
	Than Political Committees		0750.00		
	(i) Itemized (use Schedule A)	250.00	2750.00		
	(ii) Unitemized	17540.00	26891.68		
	(iii) TOTAL (add	, 17340.00			
	Lines 11(a)(i) and (ii)▶	17790.00	29641.68		
(b)	Political Party Committees	0.00	0.00		
(c)	Other Political Committees	0.00	0.00		
(4)	(such as PACs) Total Contributions (add Lines	7	0.00		
(d)	11(a)(iii), (b), and (c)) (Carry				
	Totals to Line 33, page 5)	17790.00	29641.68		
. Tra	Insfers From Affiliated/Other				
	rty Committees	0.00	20000.00		
Δ.11	Loans Received	0.00	0.00		
All	Loans Received		0.00		
Lo	an Repayments Received	0.00	0.00		
	sets To Operating Expenditures	7			
	efunds, Rebates, etc.)				
	arry Totals to Line 37, page 5)	0.00	0.00		
. Re	funds of Contributions Made				
to	Federal Candidates and Other				
Po	itical Committees	0.00	0.00		
	ner Federal Receipts				
	vidends, Interest, etc.)	0.00	0.00		
	Insfers from Non-Federal and Levin Funds				
(a)	Non-Federal Account	0.00			
	(from Schedule H3)	0.00	0.00		
(h)	Levin Funds (from Schedule H5)	0.00	0.00		
(D)	Leviii i ulius (liolii ochedule 110)		7		
	Total Transfers (add 18(a) and 18(b))	0.00	0.00		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
. Operating Expenditures: (a) Allocated Federal/Non-Federal	10101 111101 01100	Calelidal Teal-IO-Date		
Activity (from Schedule H4)				
(i) Federal Share	0.00	0.00		
	0.00	0.00		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating Expenditures	0.00	0.00		
(c) Total Operating Expenditures	0.00	0.00		
(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00		
Transfers to Affiliated/Other Party				
Contributions to	0.00	0.00		
Contributions to Federal Candidates/Committees	0.00	200		
and Other Political Committees	0.00	0.00		
Independent Expenditures (use Schedule E)	0.00	0.00		
Coordinated Party Expenditures	7 7			
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
,				
Loan Repayments Made	0.00	0.00		
Loans Made	0.00	0.00		
(a) Individuals/Persons Other	0.00	0.00		
Than Political Committees	0.00	0.00		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees	7			
(such as PACs)	0.00	0.00		
(N = 110 1 N = 1				
(d) Total Contribution Refunds	0.00	0.00		
(add Lines 28(a), (b), and (c))▶		0.00		
Other Disbursements	1285.99	48435.99		
Carlor Biosdiscillorite	7			
Federal Election Activity (2 U.S.C. §431(20))				
(a) Allocated Federal Election Activity				
(from Schedule H6)	0.00	0.00		
(i) Federal Share	0.00	0.00		
(ii) "Levin" Share	0.00	0.00		
(ii) "Levin" Snare(b) Federal Election Activity Paid Entirely	0.00			
With Federal Funds	0.00	0.00		
(c) Total Federal Election Activity (add				
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00		
_				
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1285.99	48435.99		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	1285.99	48435.99		
	7			

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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	17790.00	29641.68
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17790.00	29641.68
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:				PAGE	6	OF	7		
	(che	ck only	or	ne)					
	×	11a		11b		11c	12		
		13		14		15	16		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.

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) Utah Medical Political Action	Committee				
Full Name (Last, First, Middle Initial) Scott Leckman Mailing Address 310 E. 4500 So. Suite 500	Date of Receipt				
City SLC	State Zip Code UT 84107	11 14 2014 Transaction ID : SA11AI.6500 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer n/a Receipt For:	Occupation	Contribution			
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00				
Full Name (Last, First, Middle Initial) 3. Mailing Address		Date of Receipt			
City	State Zip Code	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C				
Name of Employer	Occupation				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼				
Full Name (Last, First, Middle Initial)		Date of Receipt			
Mailing Address City	State Zip Code	M = M / D = D / Y = Y = Y			
FEC ID number of contributing federal political committee.	C	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)	250.00			
TOTAL This Period (last page this line numl	per only)	250.00			

ľ

Use separate schedule(s) for each category of the Detailed Summary Page	SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER:	PAGE 7 OF 7	
Detailed Summary Page 27 28 28 28 28 28 28 28 28 28 28 28 28 28	TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)		
uny information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) Utah Medical Political Action Committee Full Name (Last, First, Middle Initial) Sitate Sought: Disbursement Disbu						
NAME OF COMMITTEE (in Full) Utah Medical Political Action Committee Full Name (Last, First, Middle Initial) Office Sought: House Disbursement For: Senate President Disbursement For: Senate President Disbursement Disbursement						
Utah Medical Political Action Committee Full Name (Last, First, Middle Initial) Amount of Each Disbursement Cardidate Name City State Zip Code Cardidate Name Office Sought: House President Primary General Primary Ge						
Full Name (Last, First, Middle Initial) Smith Powell & Co. LLC Mailing Address 68 So. Main City State Zip Code UT 84101 Purpose of Disbursement Auding fees Candidate Name Candidate Name Category/ Office Sought: House Primary General Primary General Purpose of Disbursement Mailing Address City State Zip Code Primary General Primary General Purpose of Disbursement Candidate Name Category/ Office Sought: House Senate Primary General Purpose of Disbursement Candidate Name Category/ Office Sought: House Senate Primary General	NAME OF COMMITTEE (In Full)					
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Office Sought:	Candidate Name				1285.99	
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Office Sought: House Disbursement For: Senate Primary General President Other (specify) State: District: Subtrotal of Disbursements This Page (optional)	Candidate Name		Category/	Amount of Each	Disbursement this Period	
Senate Primary General Other (specify) State: District: SUBTOTAL of Disbursements This Page (optional)	Office Sought: House Dishursem	ent For:	Type			
State: District: Other (specify) SUBTOTAL of Disbursements This Page (optional)						
SUBTOTAL of Disbursements This Page (optional)		-				
1295 00	State: District:					
1295 00						
1205.00	SUBTOTAL of Disbursements This Page (optional)				1285.99	
					1205.00	