

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20483

JUL 24 9 11 AM '95

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <b>Utah Medical Political Action Committee</b>		2. FEC IDENTIFICATION NUMBER <b>C00000000 3210</b>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <b>540 East 500 South</b>		
CITY, STATE and ZIP CODE <b>Salt Lake City, UT 84102</b>		
3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M) prior to Jan 1, 1994		

## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report  
 July 15 Quarterly Report  
 October 15 Quarterly Report  
 January 31 Year End Report  
 July 31 Mid Year Report (Non-election Year Only)  
 Termination Report

Monthly Report Due On:

- February 20     June 20     October 20  
 March 20     July 20     November 20  
 April 20     August 20     December 20  
 May 20     September 20     January 31

- Twelfth day report preceding \_\_\_\_\_ (Type of Election) election on \_\_\_\_\_ in the State of \_\_\_\_\_  
 Thirtieth day report following the General Election on \_\_\_\_\_ in the State of \_\_\_\_\_

(b) Is this Report an Amendment?     YES     NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	01/01/95 through 6/30/95		
6. (a)	Cash on Hand January 1, 1995		\$ 10,816.13
(b)	Cash on Hand at Beginning of Reporting Period	\$ 10,816.13	
(c)	Total Receipts (from Line 19)	\$ 8,940.96	\$ 8,940.96
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 19,757.09	\$ 19,757.09
7.	Total Disbursements (from Line 30)	\$ 4,457.50	\$ 4,457.50
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 15,299.59	\$ 15,299.59
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ --	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20483 Toll Free 800-424-9630 Local 202-219-3420
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ --	

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  
**Val J Bateman**

Signature of Treasurer



Date

7/14/95

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

FEC FORM 3X

(revised 9/93)

9 5 0 3 9 0 6 2 2 5

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE

**Utah Medical Political Action Com.**

REPORT COVERING PERIOD

FROM 1/01/95

TO: 6/30/95

### I. Receipts

	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees:			
i. Itemized (use Schedule A) .....			11(a)(i)
ii. Unitemized .....			11(a)(ii)
iii. Total .....	8,915.00	8,915.00	11(a)(iii)
..... (add i and ii) >	8,915.00	8,915.00	11(a)(iii)
b. Political Party Committees .....			11(b)
c. Other Political Committees (such as PACs) .....			11(c)
d. Total Contributions .....	8,915.00	8,915.00	11(d)
..... (add a ii, b and c) >			
12. Transfers From Affiliated/Other Party Committees .....	15.00	15.00	12
13. All Loans Received .....			13
14. Loan Repayments Received .....			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) .....			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees .....			16
17. Other Federal Receipts (Dividends, Interest, etc.) .....	10.96	10.96	17
18. Transfers from Nonfederal Account for Joint Activity .....			18
19. Total Receipts .....	8,940.96	8,940.96	19
..... (add 11d, 12, 13, 14, 15, 16, 17, and 18) >			
20. Total Federal Receipts .....			20
..... (subtract line 18 from line 19) >			

### II. Disbursements

21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4):			
i. Federal Share .....			21(a)(i)
ii. Non-Federal Share .....			21(a)(ii)
b. Other Federal Operating Expenditures .....			21(b)
c. Total Operating Expenditures .....			21(c)
..... (add a i, a ii, and b) >			
22. Transfers to Affiliated/Other Party Committees .....	4,457.50	4,457.50	22
23. Contributions to Federal Candidates/Committees and Other Political Committees .....			23
24. Independent Expenditures (use Schedule E) .....			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) ..			25
26. Loan Repayments Made .....			26
27. Loans Made .....			27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees .....			28(a)
b. Political Party Committees .....			28(b)
c. Other Political Committees (such as PACs) .....			28(c)
d. Total Contribution Refunds .....			28(d)
..... (add a, b and c) >			
29. Other Disbursements .....			29
30. Total Disbursements .....	4,457.50	4,457.50	30
..... (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >			
31. Total Federal Disbursements .....			31
..... (subtract line 21 a ii from line 30) >			

### III. Net Contributions/Operating Expenditures

32. Total Contributions (other than loans) (from line 11d) .....	8,915.00	8,915.00	32
33. Total Contribution Refunds (from line 28d) .....			33
34. Net Contributions (other than loans) (subtract line 33 from 32) .....	8,915.00	8,915.00	34
35. Total Federal Operating Expenditures .....			35
..... (add 21 a i and 21 b) >			
36. Offsets to Operating Expenditures (from line 15) .....			36
37. Net Operating Expenditures .....			37
..... (subtract line 36 from 35) >			

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 19

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)

**UTAH MEDICAL POLITICAL ACTION COMMITTEE**

9503962297

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Contributions from Utah Physicians & Spouses - Utah Medical Association			8,915.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Am. Med. Political Action Com 1101 Vermont Avenue, NW Washington, DC 20005		2/10/95	15.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Sustaining Rebate	Occupation		
Aggregate Year-to-Date > \$			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
First Security Bank 79 South Main Street Salt Lake City, UT 84101		3/31/95	5.43
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Interest	Occupation	6/30/95	5.53
Aggregate Year-to-Date > \$			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			

SUBTOTAL of Receipts This Page (optional)	8,940.96
TOTAL This Period (last page this line number only)	8,940.96

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 30

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**NAME OF COMMITTEE (In Full)**

**UTAH MEDICAL POLITICAL ACTION COMMITTEE**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Am. Med. Political Action Com 1101 Vermont Avenue, NW Washington, DC 20005	Transfer Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/31/95	2,832.50
" "	" Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/28/95	775.00
" "	" Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/01/95	600.00
" "	" Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/15/95	250.00
" "	" Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
" "	" Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
" "	" Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
" "	" Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
" "	" Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

95039062268

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4,457.50
<b>TOTAL</b> This Period (last page this line number only) .....	4,457.50

**Federal Election Commission  
ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

Hand Delivered DATE OF RECEIPT

First Class Mail POSTMARKED  
7-17-95

Registered/Certified Mail POSTMARKED

No Postmark

Postmark Illegible

Received from the House Office of Records and Registration DATE OF RECEIPT

Received from the Senate Office of Public Records DATE OF RECEIPT

Other (Specify): POSTMARKED  
and/or DATE OF RECEIPT

*JS*  
PREPARER

7-24-95  
DATE PREPARED

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