

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER
Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

2016 JUL 20 AM 10:16
12FE4M5

WYOMING MEDICAL POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

P.O. BOX 4009

Check if different than previously reported. (ACC)

CHEYENNE

WY

82009

4009

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 0 0 0 2 8 4 1 5

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

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

0 4 / 0 1 / 2 0 1 6

through

0 6 / 3 0 / 2 0 1 6

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

Sheila Bush

Date

0 7 / 1 4 / 2 0 1 6

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

**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:

/ /

To:

/ /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		<input type="text" value="1300604"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1275604"/>	
(c) Total Receipts (from Line 19).....	<input type="text" value="170000"/>	<input type="text" value="170000"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="1445604"/>	<input type="text" value="1470604"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="105000"/>	<input type="text" value="130000"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1340604"/>	<input type="text" value="1340604"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value=""/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value=""/>	

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

WYOMING MEDICAL POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	4

 /

D	D
0	1

 /

Y	Y	Y	Y	Y	Y
2	0	1	6		

 To:

M	M

 /

D	D

 /

Y	Y	Y	Y	Y	Y

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

	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).....	5 0 0 0 0	5 0 0 0 0
(ii) Unitemized.....	1 2 0 0 0 0	1 2 0 0 0 0
(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).....▶	1 7 0 0 0 0	1 7 0 0 0 0
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)).....▶	1 7 0 0 0 0	1 7 0 0 0 0
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1 7 0 0 0 0	1 7 0 0 0 0

NON-FEDERAL RECEIPTS

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 1 OF 1
(check only one)

<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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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)
Wheeler, David B.

Mailing Address
1427 Hornchurch Ave.

City Casper State WY Zip Code 82609

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

Name of Employer Wyoming Neurologic Associates Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2 5 0 0 0

Date of Receipt
0 6 / 1 0 / 2 0 1 6

Amount of Each Receipt this Period
2 5 0 0 0

B. Full Name (Last, First, Middle Initial)
Brown, Stephen L.

Mailing Address
5260 Skyline Alcova Route

City Casper State WY Zip Code 82604

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

Name of Employer Stephen Brown Psychiatric Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2 5 0 0 0

Date of Receipt
0 6 / 1 0 / 2 0 1 6

Amount of Each Receipt this Period
2 5 0 0 0

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)..... ▶ 5 0 0 0 0

TOTAL This Period (last page this line number only)..... ▶ 5 0 0 0 0

2016-01-01 10:00:00 AM

**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 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 checked="" 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. Fred Baldwin for Senate

Date of Disbursement

M M M	D D D	Y Y Y Y Y Y
0 6	2 3	2 0 1 6

Mailing Address
P.O. Box 1032

City State Zip Code
Kemmerer WY 83101

Purpose of Disbursement
Campaign Contribution

0 1 1

Amount of Each Disbursement this Period

2 5 0 0 0

Candidate Name
Fred Baldwin

Category/
Type

Office Sought: House Senate President
State: WY District: 14

Disbursement For: Primary General
Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. Committee to Elect Michael Von Flatern

Date of Disbursement

M M M	D D D	Y Y Y Y Y Y
0 6	2 3	2 0 1 6

Mailing Address
1318 Columbine

City State Zip Code
Gillette WY 82717

Purpose of Disbursement
Campaign Contribution

0 1 1

Amount of Each Disbursement this Period

1 0 0 0 0

Candidate Name
Michael Von Flatern

Category/
Type

Office Sought: House Senate President
State: WY District: 24

Disbursement For: Primary General
Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. Wilson for Wyoming

Date of Disbursement

M M M	D D D	Y Y Y Y Y Y
0 6	2 3	2 0 1 6

Mailing Address
P.O. Box 21035

City State Zip Code
Cheyenne WY 82003

Purpose of Disbursement
Campaign Contribution

0 1 1

Amount of Each Disbursement this Period

1 0 0 0 0

Candidate Name
Sue Wilson

Category/
Type

Office Sought: House Senate President
State: WY District: 7

Disbursement For: Primary General
Other (specify) ▼

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

4 5 0 0 0

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

4 5 0 0 0

**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 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 checked="" 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. Committee to Elect Tim Hallinan		Date of Disbursement MM / DD / YYYY 06 / 23 / 2016
Mailing Address 1401 Three Forks Court		Amount of Each Disbursement this Period 2 5 0 0 0
City Gillette	State WY	
Zip Code 82718	Purpose of Disbursement Campaign Contribution	Category/ Type 0 1 1
Candidate Name Tim Hallinan	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: WY District: 32	

Full Name (Last, First, Middle Initial) B. Committee to Elect Ray Pacheco		Date of Disbursement MM / DD / YYYY 06 / 23 / 2016
Mailing Address 1221 Ivy Lane		Amount of Each Disbursement this Period 2 5 0 0 0
City Casper	State WY	
Zip Code 82609	Purpose of Disbursement Campaign Contribution	Category/ Type 0 1 1
Candidate Name Ray Pacheco	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: WY District: 57	

Full Name (Last, First, Middle Initial) C. Ifland for House		Date of Disbursement MM / DD / YYYY 06 / 23 / 2016
Mailing Address 406 E. 8th Street		Amount of Each Disbursement this Period 1 0 0 0 0
City Casper	State WY	
Zip Code 82601	Purpose of Disbursement Campaign Contribution	Category/ Type 0 1 1
Candidate Name Jane Ifland	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: WY District: 57	

SUBTOTAL of Disbursements This Page (optional).....▶	6 0 0 0 0
TOTAL This Period (last page this line number only).....▶	1 0 5 0 0 0

2010-07-20 10:00:00 AM

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 Date of Receipt
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) <i>7/15/2016</i>
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	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

PREPARER

MP

DATE PREPARED

7/20/2016

(3/2015)

20160715 10:00:00 AM