

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Utah Medical Political Action Committee

ADDRESS (number and street) 540 East 500 South
 Check if different than previously reported. (ACC)
Salt Lake City, UT 84102

2. **FEC IDENTIFICATION NUMBER** C00003210
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 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
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 07 01 2006 through 09 30 2006

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 Electronically Filed by Val J Bateman Date 10 12 2006

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Utah Medical Political Action Committee

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		94549.80
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	103339.80									
(c) Total Receipts (from Line 19)	1650.00	26690.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	104989.80	121239.80								
7. Total Disbursements (from Line 31)	42950.00	59200.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	62039.80	62039.80								
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 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**

Write or Type Committee Name
Utah Medical Political Action Committee

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	0.00	500.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	1650.00	26190.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ▶	1650.00	26690.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ▶	1650.00	26690.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	1650.00	26690.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1650.00	26690.00

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	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 (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	42950.00	59200.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely 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
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	42950.00	59200.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	42950.00	59200.00

DETAILED SUMMARY PAGE
of Disbursements

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)	1650.00	26690.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1650.00	26690.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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

Full Name (Last, First, Middle Initial) A. Douglas C. Aagard		Transaction ID: SB29.4780 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6	
Mailing Address 1055 West 150 South		Amount of Each Disbursement this Period 500.00	
City Kaysville	State UT	Zip Code 84037	Category/ Type
Purpose of Disbursement Donation		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name Douglas C. Aagard			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) B. Jeff Alexander		Transaction ID: SB29.4824 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6	
Mailing Address 3127 Piute Drive		Amount of Each Disbursement this Period 800.00	
City Provo	State UT	Zip Code 84604	Category/ Type
Purpose of Disbursement Donation		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) C. American Medical Political Action Committee		Transaction ID: SB29.4842 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6	
Mailing Address 1101 Vermont Ave., NW		Amount of Each Disbursement this Period 300.00	
City Chicago,	State IL	Zip Code 20005	Category/ Type
Purpose of Disbursement Donation		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	1600.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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)

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<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)
Utah Medical Political Action Committee

Full Name (Last, First, Middle Initial) A. American Medical Political Action Committee		Transaction ID: SB29.4864 Date of Disbursement
Mailing Address 1101 Vermont Ave., NW		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2006"/>
City Chicago,	State IL	Zip Code 20005
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="150.00"/>
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 type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. American Medical Political Action Committee		Transaction ID: SB29.4846 Date of Disbursement
Mailing Address 1101 Vermont Ave., NW		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2006"/>
City Chicago,	State IL	Zip Code 20005
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="50.00"/>
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 type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. American Medical Political Action Committee		Transaction ID: SB29.4865 Date of Disbursement
Mailing Address 1101 Vermont Ave., NW		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2006"/>
City Chicago,	State IL	Zip Code 20005
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="50.00"/>
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 type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="250.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)
Utah Medical Political Action Committee

Full Name (Last, First, Middle Initial) A. Roger E. Barris		Transaction ID: SB29.4783 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6	
Mailing Address 322 E. 500 N.		Amount of Each Disbursement this Period 500.00	
City Centerville State UT Zip Code 84014	Purpose of Disbursement Donation	Category/ Type	
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 type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ralph Becker		Transaction ID: SB29.4789 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6	
Mailing Address 145 South 400 East		Amount of Each Disbursement this Period 300.00	
City Salt Lake City State UT Zip Code 84111	Purpose of Disbursement Donation	Category/ Type	
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 type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ron Bigelow		Transaction ID: SB29.4792 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6	
Mailing Address 4658 Water Wood Dr.		Amount of Each Disbursement this Period 500.00	
City West Valley City State UT Zip Code 84120	Purpose of Disbursement Donation	Category/ Type	
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 type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1300.00
TOTAL This Period (last page this line number only) ▶

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)
Utah Medical Political Action Committee

Full Name (Last, First, Middle Initial) A. Jim Bird		Transaction ID: SB29.4803 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6	
Mailing Address 5111 W. Woodworth Rd.		Amount of Each Disbursement this Period 500.00	
City West Jordan State UT Zip Code 84084	Purpose of Disbursement Donation		
Candidate Name	Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. DeMar 'Bud' Bowman		Transaction ID: SB29.4834 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6	
Mailing Address 109 North 800 West		Amount of Each Disbursement this Period 500.00	
City Cedar City State UT Zip Code 84720	Purpose of Disbursement Donation		
Candidate Name	Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. David G. Buxton		Transaction ID: SB29.4777 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6	
Mailing Address 4162 S. 2340 W.		Amount of Each Disbursement this Period 500.00	
City Roy State UT Zip Code 84067	Purpose of Disbursement Donation		
Candidate Name	Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	500.00

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)

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<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)
Utah Medical Political Action Committee

Full Name (Last, First, Middle Initial) A. David Clark		Transaction ID: SB29.4836 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6
Mailing Address 1831 Red Mountain		Amount of Each Disbursement this Period 800.00
City Santa Clara State UT Zip Code 84765	Category/ Type	
Purpose of Disbursement Donation		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Stephen D. Clark		Transaction ID: SB29.4765 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 7 / 2 0 0 6
Mailing Address 968 E. Fir Ave.		Amount of Each Disbursement this Period 500.00
City Provo State UT Zip Code 84604	Category/ Type	
Purpose of Disbursement Donation		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Tim M. Cosgrove		Transaction ID: SB29.4806 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6
Mailing Address 477 E. 6325 S.		Amount of Each Disbursement this Period 500.00
City Murray State UT Zip Code 84107	Category/ Type	
Purpose of Disbursement Donation		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1800.00
TOTAL This Period (last page this line number only) ▶

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)

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<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)
Utah Medical Political Action Committee

Full Name (Last, First, Middle Initial) A. Greg J. Curtis		Transaction ID: SB29.4812 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6
Mailing Address 8387 Red River Rd.		Amount of Each Disbursement this Period 1000.00
City Sandy State UT Zip Code 84093	Purpose of Disbursement Donation Candidate Name Category/Type	
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 type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) B. Gene Davis		Transaction ID: SB29.4849 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6
Mailing Address 865 Parkway Ave.		Amount of Each Disbursement this Period 700.00
City Salt Lake City State UT Zip Code 84106	Purpose of Disbursement Donation Candidate Name Category/Type	
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 type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) C. Brad Dee		Transaction ID: SB29.4776 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6
Mailing Address 111 West 5600 South		Amount of Each Disbursement this Period 500.00
City Ogden State UT Zip Code 84405	Purpose of Disbursement Donation Candidate Name Category/Type	
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 type="checkbox"/> Other (specify) ▼		
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	2200.00
TOTAL This Period (last page this line number only) ▶

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)

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<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)
Utah Medical Political Action Committee

Full Name (Last, First, Middle Initial) A. Glenn A. Donnelson		Transaction ID: SB29.4774 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6	
Mailing Address 874 E. 2100 N.		Amount of Each Disbursement this Period 300.00	
City North Ogden State UT Zip Code 84414	Purpose of Disbursement Donation	Category/ Type	
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 type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Carl Duckworth		Transaction ID: SB29.4787 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6	
Mailing Address 2901 S. 8750 W.		Amount of Each Disbursement this Period 500.00	
City Magna State UT Zip Code 84404	Purpose of Disbursement Donation	Category/ Type	
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 type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Jim Dunnigan		Transaction ID: SB29.4799 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6	
Mailing Address 3070 Eugene Hill Way		Amount of Each Disbursement this Period 500.00	
City Taylorsville State UT Zip Code 84118	Purpose of Disbursement Donation	Category/ Type	
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 type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	1300.00
TOTAL This Period (last page this line number only) ▶	

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)

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<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)
Utah Medical Political Action Committee

Full Name (Last, First, Middle Initial) A. Ben C. Ferry		Transaction ID: SB29.4770 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6	
Mailing Address 905 North 6800 West		Amount of Each Disbursement this Period 500.00	
City Corinne State UT Zip Code 84307	Purpose of Disbursement Donation	Category/ Type	
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 type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Julie Fisher		Transaction ID: SB29.4782 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6	
Mailing Address 865 South Orchard Court		Amount of Each Disbursement this Period 500.00	
City Fruit Heights State UT Zip Code 84037	Purpose of Disbursement Donation	Category/ Type	
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 type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Craig Frank		Transaction ID: SB29.4821 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6	
Mailing Address 825 East 1300 North		Amount of Each Disbursement this Period 300.00	
City Pleasant Grove State UT Zip Code 84062	Purpose of Disbursement Donation	Category/ Type	
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 type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	1300.00
TOTAL This Period (last page this line number only) ▶

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)

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<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)
Utah Medical Political Action Committee

Full Name (Last, First, Middle Initial) A. Kevin S. Garn		Transaction ID: SB29.4781 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6
Mailing Address 2206 E. Summerwood Dr.		Amount of Each Disbursement this Period 500.00
City Layton State UT Zip Code 84040	Category/ Type	
Purpose of Disbursement Donation		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Kerry W. Gibson		Transaction ID: SB29.4772 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6
Mailing Address 5454 West 1150 South		Amount of Each Disbursement this Period 500.00
City West Weber State UT Zip Code 84404	Category/ Type	
Purpose of Disbursement Donation		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Brent H. Goodfellow		Transaction ID: SB29.4857 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6
Mailing Address 3620 S. 6000 W.		Amount of Each Disbursement this Period 1000.00
City West Valley City State UT Zip Code 84128	Category/ Type	
Purpose of Disbursement Donation		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2000.00
TOTAL This Period (last page this line number only) ▶	[]

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)

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<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)
Utah Medical Political Action Committee

Full Name (Last, First, Middle Initial) A. James R. Gowans		Transaction ID: SB29.4785 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6
Mailing Address 240 S. 200 W.		Amount of Each Disbursement this Period 500.00
City Tooele State UT Zip Code 84074		
Purpose of Disbursement Donation	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Wayne A. Harper		Transaction ID: SB29.4805 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6
Mailing Address 6683 S. Nottingham Dr.		Amount of Each Disbursement this Period 500.00
City West Jordan State UT Zip Code 84084		
Purpose of Disbursement Donation	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Kory M. Holdaway		Transaction ID: SB29.4793 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6
Mailing Address 4352 Rupp Court		Amount of Each Disbursement this Period 500.00
City Taylorsville State UT Zip Code 84119		
Purpose of Disbursement Donation	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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)

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<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)
Utah Medical Political Action Committee

Full Name (Last, First, Middle Initial) A. House Republican Elections Committee		Transaction ID: SB29.4839 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6
Mailing Address 245 South 1060 West		Amount of Each Disbursement this Period 1250.00
City Lndon State UT Zip Code 84042	Purpose of Disbursement Donation/4th Annual Bowler's Ball Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Gregory Hughes		Transaction ID: SB29.4815 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6
Mailing Address 14057 S. New Saddle Rd.		Amount of Each Disbursement this Period 500.00
City Draper State UT Zip Code 84020	Purpose of Disbursement Donation Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Fred R Hunsaker		Transaction ID: SB29.4771 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6
Mailing Address 1190 North 1700 East		Amount of Each Disbursement this Period 500.00
City Logan State UT Zip Code 84341	Purpose of Disbursement Donation Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	2250.00
TOTAL This Period (last page this line number only) ▶

**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)

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<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)
Utah Medical Political Action Committee

Full Name (Last, First, Middle Initial) A. Eric Hutchings		Transaction ID: SB29.4797	
Mailing Address 5438 W. Stony Ridge Circle		Date of Disbursement MM / DD / YYYY 07 / 13 / 2006	
City Kears	State UT	Zip Code 84118	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Donation		Category/ Type	
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 type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Joseph Q Jarvis		Transaction ID: SB29.4848	
Mailing Address 51 North Wolcott Street		Date of Disbursement MM / DD / YYYY 07 / 13 / 2006	
City Salt Lake City	State UT	Zip Code 84103	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Donation		Category/ Type	
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 type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Bryce Jolley		Transaction ID: SB29.4852	
Mailing Address 1530 Ken Rey St.		Date of Disbursement MM / DD / YYYY 07 / 13 / 2006	
City Salt Lake City	State UT	Zip Code 84108	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Donation		Category/ Type	
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 type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	

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)

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<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)
Utah Medical Political Action Committee

Full Name (Last, First, Middle Initial) A. Patricia Jones		Transaction ID: SB29.4850 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6	
Mailing Address 4571 Sycamore Dr.		Amount of Each Disbursement this Period 1000.00	
City Holladay State UT Zip Code 84117	Purpose of Disbursement Donation Candidate Name Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Sheldon Killpack		Transaction ID: SB29.4859 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6	
Mailing Address 3406 South 875 West		Amount of Each Disbursement this Period 1000.00	
City Syracuse State UT Zip Code 84075	Purpose of Disbursement Donation Candidate Name Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Brad King		Transaction ID: SB29.4831 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6	
Mailing Address 635 N. 500 E.		Amount of Each Disbursement this Period 500.00	
City Price State UT Zip Code 84501	Purpose of Disbursement Donation Candidate Name Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	

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)

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<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)
Utah Medical Political Action Committee

Full Name (Last, First, Middle Initial) A. Todd E. Kiser		Transaction ID: SB29.4802	
Mailing Address 10702 South 540 East		Date of Disbursement MM / DD / YYYY 07 / 13 / 2006	
City Sandy,	State UT	Zip Code 84070	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Donation		Category/ Type	
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 type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Peter C. Knudsen		Transaction ID: SB29.4767	
Mailing Address 1209 Michelle Dr.		Date of Disbursement MM / DD / YYYY 07 / 13 / 2006	
City Brigham City	State UT	Zip Code 84302	Amount of Each Disbursement this Period 1500.00
Purpose of Disbursement Donation		Category/ Type	
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 type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Brad Last		Transaction ID: SB29.4833	
Mailing Address 1194 S. 180 W.		Date of Disbursement MM / DD / YYYY 07 / 13 / 2006	
City Hurricane	State UT	Zip Code 84737	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Donation		Category/ Type	
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 type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

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)
Utah Medical Political Action Committee

Full Name (Last, First, Middle Initial) A. Susan Lawrence		Transaction ID: SB29.4794 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6
Mailing Address 2434 East 3225 South		Amount of Each Disbursement this Period 500.00
City Salt Lake City State UT Zip Code 84109		
Purpose of Disbursement Donation		Category/ Type
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 type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. David Litvack		Transaction ID: SB29.4790 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6
Mailing Address 181 E. Edith Ave.		Amount of Each Disbursement this Period 300.00
City Salt Lake City State UT Zip Code 84111		
Purpose of Disbursement Donation		Category/ Type
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 type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Rebecca Lockhart		Transaction ID: SB29.4766 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 7 / 2 0 0 6
Mailing Address 1754 So. Nevada Ave.		Amount of Each Disbursement this Period 700.00
City Provo State UT Zip Code 84606		
Purpose of Disbursement Donation		Category/ Type
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 type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶

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)

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<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)
Utah Medical Political Action Committee

Full Name (Last, First, Middle Initial) A. Steven R. Mascaro		Transaction ID: SB29.4811 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6
Mailing Address 3075 West 9050 South		Amount of Each Disbursement this Period 500.00
City West Jordan State UT Zip Code 84088	Category/ Type	
Purpose of Disbursement Donation		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Ed Mayne		Transaction ID: SB29.4851 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6
Mailing Address 5044 W. Bannock Circle		Amount of Each Disbursement this Period 500.00
City West Valley City State UT Zip Code 84120	Category/ Type	
Purpose of Disbursement Donation		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Roz McGee		Transaction ID: SB29.4791 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6
Mailing Address 2552 East 1700 South		Amount of Each Disbursement this Period 500.00
City Salt Lake City State UT Zip Code 84108	Category/ Type	
Purpose of Disbursement Donation		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶

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)

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<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)
Utah Medical Political Action Committee

Full Name (Last, First, Middle Initial) A. Ronda Rudd Menlove		Transaction ID: SB29.4768 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6
Mailing Address 17680 North 5200 West		Amount of Each Disbursement this Period 500.00
City Garland State UT Zip Code 84312	Purpose of Disbursement Donation	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Duane B. Millard		Transaction ID: SB29.4800 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6
Mailing Address PO Box 27911		Amount of Each Disbursement this Period 500.00
City Salt Lake City State UT Zip Code 84122	Purpose of Disbursement Donation	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Karen W. Morgan		Transaction ID: SB29.4810 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6
Mailing Address 8378 Austrian Way		Amount of Each Disbursement this Period 500.00
City Salt Lake City State UT Zip Code 84121	Purpose of Disbursement Donation	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶

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)
Utah Medical Political Action Committee

Full Name (Last, First, Middle Initial) A. Mike Morley		Transaction ID: SB29.4826 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6	
Mailing Address 678 West 350 North		Amount of Each Disbursement this Period 300.00	
City Spanish Fork State UT Zip Code 84660	Purpose of Disbursement Donation	Category/ Type	
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 type="checkbox"/> Other (specify) ▼		
State: District:	State: District:		

Full Name (Last, First, Middle Initial) B. Merlynn Newbold		Transaction ID: SB29.4814 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6	
Mailing Address 10454 S. 1440 W.		Amount of Each Disbursement this Period 500.00	
City South Jordan State UT Zip Code 84095	Purpose of Disbursement Donation	Category/ Type	
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 type="checkbox"/> Other (specify) ▼		
State: District:	State: District:		

Full Name (Last, First, Middle Initial) C. Michael E. Noel		Transaction ID: SB29.4835 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6	
Mailing Address PO Box 301		Amount of Each Disbursement this Period 500.00	
City Kanab State UT Zip Code 84741	Purpose of Disbursement Donation	Category/ Type	
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 type="checkbox"/> Other (specify) ▼		
State: District:	State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	1300.00
TOTAL This Period (last page this line number only) ▶

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)
Utah Medical Political Action Committee

Full Name (Last, First, Middle Initial) A. Curtis Oda		Transaction ID: SB29.4779 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6
Mailing Address PO Box 924		Amount of Each Disbursement this Period 500.00
City Clearfield	State UT Zip Code 84089	
Purpose of Disbursement Donation		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Patrick Painter		Transaction ID: SB29.4827 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6
Mailing Address PO Box 10		Amount of Each Disbursement this Period 300.00
City Mona	State UT Zip Code 84645	
Purpose of Disbursement Donation		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Darin Glen Peterson		Transaction ID: SB29.4860 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6
Mailing Address 451 E. 1250 N.		Amount of Each Disbursement this Period 1000.00
City Nephi	State UT Zip Code 84648	
Purpose of Disbursement Donation		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1800.00
TOTAL This Period (last page this line number only) ▶	

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)

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<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)
Utah Medical Political Action Committee

Full Name (Last, First, Middle Initial) A. Stephen Eric Sandstrom		Transaction ID: SB29.4822 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6
Mailing Address 1775 Skyline Dr.		Amount of Each Disbursement this Period 500.00
City Orem State UT Zip Code 84097	Purpose of Disbursement Donation	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Gordon E. Snow		Transaction ID: SB29.4817 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6
Mailing Address 1046 W. 290 S.		Amount of Each Disbursement this Period 500.00
City Roosevelt State UT Zip Code 84066	Purpose of Disbursement Donation	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Howard A. Stephenson		Transaction ID: SB29.4856 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6
Mailing Address 1038 E. 13590 S.		Amount of Each Disbursement this Period 1000.00
City Draper State UT Zip Code 84020	Purpose of Disbursement Donation	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2000.00
TOTAL This Period (last page this line number only) ▶	[]

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)
Utah Medical Political Action Committee

Full Name (Last, First, Middle Initial) A. Dennis E. Stowell		Transaction ID: SB29.4862 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6	
Mailing Address PO Box 796		Amount of Each Disbursement this Period 1000.00	
City Parawan State UT Zip Code 84761	Purpose of Disbursement Donation	Category/ Type	
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 type="checkbox"/> Other (specify) ▼		
State: District:	State: District:		

Full Name (Last, First, Middle Initial) B. Kenneth W. Sumsion		Transaction ID: SB29.4819 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6	
Mailing Address 1164 N. 560 W.		Amount of Each Disbursement this Period 500.00	
City American Fork State UT Zip Code 84003	Purpose of Disbursement Donation	Category/ Type	
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 type="checkbox"/> Other (specify) ▼		
State: District:	State: District:		

Full Name (Last, First, Middle Initial) C. Sandy Thackeray		Transaction ID: SB29.4795 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6	
Mailing Address 3041 Kohala Dr.		Amount of Each Disbursement this Period 500.00	
City Holladay State UT Zip Code 84117	Purpose of Disbursement Donation	Category/ Type	
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 type="checkbox"/> Other (specify) ▼		
State: District:	State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	2000.00
TOTAL This Period (last page this line number only) ▶

**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)

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<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)
Utah Medical Political Action Committee

Full Name (Last, First, Middle Initial) A. Aaron Tilton		Transaction ID: SB29.4825	
Mailing Address 2594 East 700 South		Date of Disbursement 07 / 13 / 2006	
City Springville	State UT	Zip Code 84663	Amount of Each Disbursement this Period 300.00
Purpose of Disbursement Donation		Category/ Type	
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 type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Stephen H. Urquhart		Transaction ID: SB29.4837	
Mailing Address 37 W. 1070 S., Ste, 102		Date of Disbursement 07 / 13 / 2006	
City St. George	State UT	Zip Code 84770	Amount of Each Disbursement this Period 800.00
Purpose of Disbursement Donation		Category/ Type	
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 type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Utah County Republication Party		Transaction ID: SB29.4840	
Mailing Address PO Box 452		Date of Disbursement 07 / 17 / 2006	
City Provo	State UT	Zip Code 84603	Amount of Each Disbursement this Period 1200.00
Purpose of Disbursement Lincoln Day Fundraiser		Category/ Type	
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 type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	2300.00
TOTAL This Period (last page this line number only)	

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)

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<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)
Utah Medical Political Action Committee

Full Name (Last, First, Middle Initial) A. Utah Republican Party		Transaction ID: SB29.4845 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 6
Mailing Address 117 E. South Temple		Amount of Each Disbursement this Period 2100.00
City Salt Lake City State UT Zip Code 84111	Category/ Type	
Purpose of Disbursement GOPen Golf Tournament & Summer BBQ		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Utah State Democratic Committee		Transaction ID: SB29.4843 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 6
Mailing Address 455 S. 300 E., Ste. 301		Amount of Each Disbursement this Period 750.00
City Salt Lake City State UT Zip Code 84111	Category/ Type	
Purpose of Disbursement Eleanor Roosevelt Award Luncheon		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Utah State Senate Democrats		Transaction ID: SB29.4866 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address PO Box 520291		Amount of Each Disbursement this Period 1200.00
City Salt Lake City State UT Zip Code 84152	Category/ Type	
Purpose of Disbursement Fundraiser		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4050.00
TOTAL This Period (last page this line number only) ▶

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)

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<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)
Utah Medical Political Action Committee

Full Name (Last, First, Middle Initial) A. Mark Walker		Transaction ID: SB29.4808 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6	
Mailing Address 887 E. Nighthawk Dr.		Amount of Each Disbursement this Period 500.00	
City Sandy State UT Zip Code 84094	Purpose of Disbursement Donation		
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Rick Wheeler		Transaction ID: SB29.4829 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6	
Mailing Address 215 E. 300 S.		Amount of Each Disbursement this Period 500.00	
City Ephraim State UT Zip Code 85467	Purpose of Disbursement Donation		
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	42950.00