

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

WYOMING MEDICAL POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 7 |

 /

| | |
|---|---|
| D | D |
| 0 | 1 |

 /

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 6 |

 To:

| | |
|---|---|
| M | M |
| 0 | 9 |

 /

| | |
|---|---|
| D | D |
| 3 | 0 |

 /

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 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 | | |
| (i) Itemized (use Schedule A)..... | [Empty Box] | [5 0 0 0 0] |
| (ii) Unitemized..... | [Empty Box] | [1 2 0 0 0 0] |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | [Empty Box] | [Empty Box] |
| (b) Political Party Committees..... | [Empty Box] | [Empty Box] |
| (c) Other Political Committees (such as PACs)..... | [Empty Box] | [Empty Box] |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶ | [Empty Box] | [1 7 0 0 0 0] |
| 12. Transfers From Affiliated/Other Party Committees..... | [Empty Box] | [Empty Box] |
| 13. All Loans Received..... | [Empty Box] | [Empty Box] |
| 14. Loan Repayments Received..... | [Empty Box] | [Empty Box] |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | [Empty Box] | [Empty Box] |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | [Empty Box] | [Empty Box] |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | [Empty Box] | [Empty Box] |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3)..... | [Empty Box] | [Empty Box] |
| (b) Levin Funds (from Schedule H5)..... | [Empty Box] | [Empty Box] |
| (c) Total Transfers (add 18(a) and 18(b)).. | [Empty Box] | [Empty Box] |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶ | [Empty Box] 0 0 | [1 7 0 0 0 0] |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | [Empty Box] 0 0 | [1 7 0 0 0 0] |

2025 RELEASE UNDER E.O. 14176

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

| | | |
|---|-------------|-------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | | |
| (ii) Non-Federal Share | | |
| (b) Other Federal Operating Expenditures | | 2 5 0 0 0 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | | 2 5 0 0 0 |
| 22. Transfers to Affiliated/Other Party Committees | | |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | | |
| 24. Independent Expenditures (use Schedule E) | | |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F) | | |
| 26. Loan Repayments Made | | |
| 27. Loans Made | | |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (b) Political Party Committees | | |
| (c) Other Political Committees (such as PACs) | (1 0 0 0 0) | (1 0 0 0 0) |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | (1 0 0 0 0) | (1 0 0 0 0) |
| 29. Other Disbursements | | 1 0 5 0 0 0 |
| 30. Federal Election Activity (52 U.S.C. § 30101(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | | |
| (ii) "Levin" Share | | |
| (b) Federal Election Activity Paid Entirely With Federal Funds | | |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) | | |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | (1 0 0 0 0) | 1 2 0 0 0 0 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) | (1 0 0 0 0) | 1 2 0 0 0 0 |

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|------------------------------|---|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input 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 checked="" type="checkbox"/> 28c | <input 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)
WYOMING MEDICAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A.

Ifland for House

Mailing Address
406 E. 8th Street

City Casper State WY Zip Code 82601

Purpose of Disbursement
Refund of Campaign Contribution made on 6/23/16

Candidate Name
Jane Ifland (Decided not to run for office)

Office Sought: House Senate President
State: WY District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
07 / 03 / 2016

Amount of Each Disbursement this Period
_____(10000)____

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify)

Date of Disbursement
MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement
MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ _____(10000)_____

TOTAL This Period (last page this line number only).....▶ _____(10000)_____

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.

| | |
|---|---|
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| <input type="checkbox"/> USPS First Class Mail | Date of Receipt |
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| <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 checked="" type="checkbox"/> Overnight Delivery Service (Specify): FED EX | Shipping Date 10/11/16 |
| | 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 
 (3/2015)

10/13/16
 DATE PREPARED

2016-10-13 10:11:16 AM