

**FEC  
FORM 3X**

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

RECEIVED  
FEC MAIL CENTER  
2008 OCT 10 PM 12:48

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

WYOMING MEDICAL POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

PO BOX 4009

Check if different than previously reported. (ACC)

CHEYENNE WY 82003-4009

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

00028415

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

07 / 01 / 2008 through 09 / 30 / 2008

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 Maria Cowley

Signature of Treasurer Maria Cowley Date 10 / 08 / 2008

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

28039852351

**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: 07'01'2008 To: 09'30'2008

28039852352

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2008</u>		<u>1774511</u>
(b) Cash on Hand at Beginning of Reporting Period.....	<u>1803075</u>	
(c) Total Receipts (from Line 19).....	<u>65000</u>	<u>355000</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<u>1868075</u>	<u>2129511</u>
7. Total Disbursements (from Line 31).....	<u>930000</u>	<u>1191436</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<u>938075</u>	<u>938075</u>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....		

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:

07' 01' 2008

To:

09' 30' 2008

**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).....
  - (ii) Unitemized.....
  - (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

6500
6500

30000
325000
355000

- (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).....▶

6500
------

355000
--------

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).....

--

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(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)).....▶

6500
------

355000
--------

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

6500
------

355000
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**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

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 .....	25000	66436
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	25000	66436
22. Transfers to Affiliated/Other Party Committees .....	45000	265000
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	200000	200000
24. Independent Expenditures (use Schedule E) .....		
25. Coordinated Party Expenditures (2 U.S.C. §441a(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) .....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....		
29. Other Disbursements .....	660000	660000
30. Federal Election Activity (2 U.S.C. §431(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)) ..	930000	1191436
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	930000	1191436

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**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	65000	355000
34. Total Contribution Refunds (from Line 28(d)) .....		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	65000	355000
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	25000	66436
37. Offsets to Operating Expenditures (from Line 15, page 3) .....		
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	25000	66436

28039852355

**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	OF
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26			
	27	28a	28b	28c	29	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)

**A.** Full Name (Last, First, Middle Initial)  
The Wyoming Group, LLC  
David Picard

Date of Disbursement  
09 / 09 / 2008

Mailing Address  
P O Box 2070

City  
Cheyenne

State  
WY

Zip Code  
82003

Purpose of Disbursement  
Consulting Fees

Candidate Name

Category/Type  
003

Amount of Each Disbursement this Period  
25000

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

**B.** Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

**C.** Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ▶ 25000

TOTAL This Period (last page this line number only)..... ▶ 25000

28039852356

**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 1 OF 1

<input type="checkbox"/> 21b	<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WYOMING MEDICAL POLITICAL ACTION COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial) **AMPAC**

Date of Disbursement **09 / 30 / 2008**

Mailing Address **1101 Vermont Avenue**

City **Washington DC** State \_\_\_\_\_ Zip Code **20005**

Purpose of Disbursement **transfer**

Candidate Name \_\_\_\_\_

Amount of Each Disbursement this Period **45000**

Category/Type **008**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) **transfer**

State: \_\_\_\_\_ District: \_\_\_\_\_

**B.**

Full Name (Last, First, Middle Initial) \_\_\_\_\_

Date of Disbursement \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Purpose of Disbursement \_\_\_\_\_

Candidate Name \_\_\_\_\_

Amount of Each Disbursement this Period \_\_\_\_\_

Category/Type \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

State: \_\_\_\_\_ District: \_\_\_\_\_

**C.**

Full Name (Last, First, Middle Initial) \_\_\_\_\_

Date of Disbursement \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Purpose of Disbursement \_\_\_\_\_

Candidate Name \_\_\_\_\_

Amount of Each Disbursement this Period \_\_\_\_\_

Category/Type \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

State: \_\_\_\_\_ District: \_\_\_\_\_

**SUBTOTAL** of Disbursements This Page (optional)..... **45000**

**TOTAL** This Period (last page this line number only)..... **45000**

28039852357

**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 1 OF 1

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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 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. Enzi, Michael B

Date of Disbursement

09 / 17 / 2008

Mailing Address

431 Circle Drive

City

Gillette

State

WY

Zip Code

82716

Purpose of Disbursement

Campaign contribution

Candidate Name

Michael B Enzi

011  
Category/  
Type

Amount of Each Disbursement this Period

10,000.00

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: WY

District:

Full Name (Last, First, Middle Initial)

B. Barrasso, John

Date of Disbursement

09 / 17 / 2008

Mailing Address

P.O. Box 52008

City

Casper

State

WY

Zip Code

82605

Purpose of Disbursement

Campaign contribution

Candidate Name

John Barrasso

011  
Category/  
Type

Amount of Each Disbursement this Period

10,000.00

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: WY

District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

MM / DD / YYYY

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

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

20,000.00

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

20,000.00

28039852358

**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 1 OF 1

<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. Anderson, Jim

Date of Disbursement

09 / 17 / 2008

Mailing Address

92 Running Nutchman Rd.

City

Glenrock

State

WY

Zip Code

82637

Purpose of Disbursement

Campaign Contribution

011

Candidate Name

Jim Anderson

Category/  
Type

Amount of Each Disbursement this Period

30000

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  
 General  
 Other (specify) ▼

State: WY

District: 2

Full Name (Last, First, Middle Initial)

B. Cooper, Stan

Date of Disbursement

09 / 17 / 2008

Mailing Address

417 Agate Street

City

Kemmerer

State

WY

Zip Code

83101

Purpose of Disbursement

Campaign Contribution

011

Candidate Name

Stan Cooper

Category/  
Type

Amount of Each Disbursement this Period

15000

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  
 General  
 Other (specify) ▼

State: WY

District: 14

Full Name (Last, First, Middle Initial)

C. Schiffer, John

Date of Disbursement

09 / 17 / 2008

Mailing Address

561 E Sussex Rt

City

Kaycee

State

WY

Zip Code

82639

Purpose of Disbursement

Campaign Contribution

011

Candidate Name

John Schiffer

Category/  
Type

Amount of Each Disbursement this Period

15000

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  
 General  
 Other (specify) ▼

State: WY

District: 22

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

60000

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

65572586502

**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 11
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input checked="" 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) <b>Landen for Legislature</b>		Date of Disbursement <b>09' 17' 2008</b>
Mailing Address <b>2010 Kingsbury</b>		Amount of Each Disbursement this Period <b>1500</b>
City <b>Casper</b>	State <b>WY</b>	
Zip Code <b>82609</b>		Category/Type <b>011</b>
Purpose of Disbursement <b>Campaign Contribution</b>		
Candidate Name <b>Bill Landen</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President	State: <b>WY</b> District: <b>27</b>	

Full Name (Last, First, Middle Initial) <b>Friends for Bert Toews</b>		Date of Disbursement <b>09' 17' 2008</b>
Mailing Address <b>4911 East 14th Street</b>		Amount of Each Disbursement this Period <b>1500</b>
City <b>Casper</b>	State <b>WY</b>	
Zip Code <b>82609</b>		Category/Type <b>011</b>
Purpose of Disbursement <b>Campaign Contribution</b>		
Candidate Name <b>Bert Toews</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President	State: <b>WY</b> District: <b>27</b>	

Full Name (Last, First, Middle Initial) <b>Kit for Senate District 28</b>		Date of Disbursement <b>09' 17' 2008</b>
Mailing Address <b>P.O. Box 51190</b>		Amount of Each Disbursement this Period <b>300.00</b>
City <b>Casper</b>	State <b>WY</b>	
Zip Code <b>82605</b>		Category/Type <b>011</b>
Purpose of Disbursement <b>Campaign Contribution</b>		
Candidate Name <b>Kit Jennings</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President	State: <b>WY</b> District: <b>28</b>	

SUBTOTAL of Disbursements This Page (optional).....▶	<b>600.00</b>
TOTAL This Period (last page this line number only).....▶	

28039852360

**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 3 OF 11

21b  
 22  
 23  
 24  
 25  
 26  
 27  
 28a  
 28b  
 28c  
 29  
 30b

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NAME OF COMMITTEE (In Full)

WYOMING MEDICAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.**

Full Name (Last, First, Middle Initial): Scott, Charles

Date of Disbursement: 09 / 17 / 2008

Mailing Address: 13900 State Highway 487

City: Casper State: WY Zip Code: 82604

Purpose of Disbursement: Campaign contribution Category/Type: 011

Candidate Name: Charles Scott Amount of Each Disbursement this Period: 30000

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify)

State: WY District: 30

**B.**

Full Name (Last, First, Middle Initial): Buchanan, Ed

Date of Disbursement: 09 / 17 / 2008

Mailing Address: 2969 Main Street

City: Torrington State: WY Zip Code: 82240

Purpose of Disbursement: Campaign contribution Category/Type: 011

Candidate Name: Ed Buchanan Amount of Each Disbursement this Period: 15000

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify)

State: WY District: 4

**C.**

Full Name (Last, First, Middle Initial): WY House of Repres District #6 - Cannady

Date of Disbursement: 09 / 17 / 2008

Mailing Address: P.O. Box 1597

City: Glenrock State: WY Zip Code: 82637

Purpose of Disbursement: Campaign contribution Category/Type: 011

Candidate Name: Richard Cannady Amount of Each Disbursement this Period: 15000

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify)

State: WY District: 6

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

60000

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

60000

28039852361

**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)

Date of Disbursement

09' 17' 2008

A. Pedersen for House

Mailing Address

2572 Wind River Trail

City

Cheyenne

State

WY

Zip Code

82009

Purpose of Disbursement

Campaign contribution

Candidate Name

Bryan Pedersen

011

Category/Type

Amount of Each Disbursement this Period

300.00

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State: WY

District: 7

Full Name (Last, First, Middle Initial)

Date of Disbursement

09' 17' 2008

B. Lori millin for WY State House

Mailing Address

308 Stetson Drive

City

Cheyenne

State

WY

Zip Code

82009

Purpose of Disbursement

Campaign contribution

Candidate Name

Lori millin

011

Category/Type

Amount of Each Disbursement this Period

300.00

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State: WY

District: 8

Full Name (Last, First, Middle Initial)

Date of Disbursement

09' 17' 2008

C. Comm to Elect Rodney Anderson

Mailing Address

P.O. Box 930

City

Pine Bluffs

State

WY

Zip Code

82082

Purpose of Disbursement

Campaign Contribution

Candidate Name

Rodney Anderson

011

Category/Type

Amount of Each Disbursement this Period

150.00

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State: WY

District: 10

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

750.00

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

28039852362

**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)

Date of Disbursement

09 ' 17 ' 2008

A.

Jaggi, Allen M.

Mailing Address

P.O. Box 326

City

Lyman

State WY

Zip Code

82937

Purpose of Disbursement

Campaign contribution

011

Candidate Name

Allen M. Jaggi

Category/Type

Amount of Each Disbursement this Period

15000

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State: WY

District: 18

Full Name (Last, First, Middle Initial)

Date of Disbursement

09 ' 17 ' 2008

B.

Committee to Elect Owen Petersen

Mailing Address

P.O. Box 590

City

Mountain View WY

State

Zip Code

82939

Purpose of Disbursement

Campaign contribution

011

Candidate Name

Owen Petersen

Category/Type

Amount of Each Disbursement this Period

15000

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State: WY

District: 19

Full Name (Last, First, Middle Initial)

Date of Disbursement

09 ' 17 ' 2008

C.

McKim, Robert

Mailing Address

10964 Hiway 238

City

Afton

State

Zip Code

WY 83110

Purpose of Disbursement

Campaign Contribution

011

Candidate Name

Robert McKim

Category/Type

Amount of Each Disbursement this Period

15000

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State: WY

District: 21

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

45000

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

28039852363

**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 **6** OF **11**

<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**

**A.** Full Name (Last, First, Middle Initial)  
**Elaine Harvey for House**

Mailing Address  
**792 Garfield**

City  
**Lovell** State  
**WY** Zip Code  
**82431**

Purpose of Disbursement  
**Campaign Contribution** Category/Type  
**011**

Candidate Name  
**Elaine Harvey** Amount of Each Disbursement this Period  
**300.00**

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify)

State: **WY** District: **26**

**B.** Full Name (Last, First, Middle Initial)  
**Quarberg for State Representative**

Mailing Address  
**P.O. Box 1365**

City  
**Thermopolis** State  
**WY** Zip Code  
**82443**

Purpose of Disbursement  
**Campaign contribution** Category/Type  
**011**

Candidate Name  
**Lorraine Quarberg** Amount of Each Disbursement this Period  
**150.00**

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify)

State: **WY** District: **28**

**C.** Full Name (Last, First, Middle Initial)  
**House of Representative - Jack Landon**

Mailing Address  
**120 Paradise Park Rd**

City  
**Sheridan** State  
**WY** Zip Code  
**82801**

Purpose of Disbursement  
**Campaign contribution** Category/Type  
**011**

Candidate Name  
**Jack Landon, Jr.** Amount of Each Disbursement this Period  
**150.00**

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify)

State: **WY** District: **30**

SUBTOTAL of Disbursements This Page (optional)..... **600.00**

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

28039852364

**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 7 OF 11			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input checked="" type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b

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NAME OF COMMITTEE (In Full)  
**WYOMING MEDICAL POLITICAL ACTION COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**Committee to Elect Tim Hallinan**

Date of Disbursement  
**09' 17' 2008**

Mailing Address  
**1401 Three Forks Court**

City  
**Gillette** State **WY** Zip Code **82718**

Purpose of Disbursement  
**Campaign Contribution** Category/Type **011**

Candidate Name  
**Tim Hallinan**

Office Sought:  House  Senate  President  
State: **WY** District: **32**

Disbursement For:  Primary  General  Other (specify) **▼**

Amount of Each Disbursement this Period  
**30000**

**B.**

Full Name (Last, First, Middle Initial)  
**Philp, Frank**

Date of Disbursement  
**09' 17' 2008**

Mailing Address  
**375 South Hidden Valley Rd**

City  
**Shoshoni** State **WY** Zip Code **82649**

Purpose of Disbursement  
**Campaign Contribution** Category/Type **011**

Candidate Name  
**Frank Philp**

Office Sought:  House  Senate  President  
State: **WY** District: **34**

Disbursement For:  Primary  General  Other (specify) **▼**

Amount of Each Disbursement this Period  
**15000**

**C.**

Full Name (Last, First, Middle Initial)  
**ROY Cohee for House**

Date of Disbursement  
**09' 17' 2008**

Mailing Address  
**2046 Rustic Drive**

City  
**Casper** State **WY** Zip Code **82609**

Purpose of Disbursement  
**Campaign Contribution** Category/Type **011**

Candidate Name  
**ROY Cohee**

Office Sought:  House  Senate  President  
State: **WY** District: **35**

Disbursement For:  Primary  General  Other (specify) **▼**

Amount of Each Disbursement this Period  
**15000**

**SUBTOTAL** of Disbursements This Page (optional)..... **60000**

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

28039852365

**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 8 OF 11				
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input checked="" type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b	

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NAME OF COMMITTEE (In Full)  
**WYOMING MEDICAL POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. madden, mike</b>		Date of Disbursement <b>09' 17' 2008</b>
Mailing Address <b>63 Langdon Road</b>		Amount of Each Disbursement this Period <b>15000</b>
City <b>Buffalo</b>	State <b>WY</b>	
Zip Code <b>82834</b>		Category/Type <b>011</b>
Purpose of Disbursement <b>Campaign Contribution</b>		
Candidate Name <b>Mike Madden</b>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>WY</b> District: <b>40</b>
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Hinkley for House</b>		Date of Disbursement <b>09' 17' 2008</b>
Mailing Address <b>2756 Olive Drive</b>		Amount of Each Disbursement this Period <b>30000</b>
City <b>Cheyenne</b>	State <b>WY</b>	
Zip Code <b>82001</b>		Category/Type <b>011</b>
Purpose of Disbursement <b>Campaign contribution</b>		
Candidate Name <b>Becket Hinkley</b>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>WY</b> District: <b>41</b>
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Illoway for House Committee</b>		Date of Disbursement <b>09' 17' 2008</b>
Mailing Address <b>839 Bridgeland</b>		Amount of Each Disbursement this Period <b>15000</b>
City <b>Cheyenne</b>	State <b>WY</b>	
Zip Code <b>82009</b>		Category/Type <b>011</b>
Purpose of Disbursement <b>Campaign contribution</b>		
Candidate Name <b>Pete Illoway</b>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>WY</b> District: <b>42</b>
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional).....	<b>60000</b>
TOTAL This Period (last page this line number only).....	

28039852366

**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 9 OF 11				
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 28a	<input type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 26 <input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WYOMING MEDICAL POLITICAL ACTION COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**Committee to Re-Elect Jeb Steward**

Date of Disbursement  
**09 / 17 / 2008**

Mailing Address  
**P.O. BOX 21**

City  
**Encampment** State **WY** Zip Code **82325**

Purpose of Disbursement  
**Campaign Contribution**

Candidate Name  
**Jeb Steward**

Office Sought:  House  Senate  President  
State: **WY** District: **47**

Disbursement For:  Primary  General  Other (specify) ▼

Amount of Each Disbursement this Period  
**30000**

Category/Type  
**011**

**B.**

Full Name (Last, First, Middle Initial)  
**McOmie, Del**

Date of Disbursement  
**09 / 17 / 2008**

Mailing Address  
**680 Cliff Street**

City  
**Lander** State **WY** Zip Code **82520**

Purpose of Disbursement  
**Campaign Contribution**

Candidate Name  
**Del McOmie**

Office Sought:  House  Senate  President  
State: **WY** District: **54**

Disbursement For:  Primary  General  Other (specify) ▼

Amount of Each Disbursement this Period  
**15000**

Category/Type  
**011**

**C.**

Full Name (Last, First, Middle Initial)  
**Stampede for Stubson**

Date of Disbursement  
**09 / 17 / 2008**

Mailing Address  
**1645 S. Chestnut**

City  
**Casper** State **WY** Zip Code **82601**

Purpose of Disbursement  
**Campaign Contribution**

Candidate Name  
**Tim Stubson**

Office Sought:  House  Senate  President  
State: **WY** District: **56**

Disbursement For:  Primary  General  Other (specify) ▼

Amount of Each Disbursement this Period  
**30000**

Category/Type  
**011**

**SUBTOTAL of Disbursements This Page (optional)** ..... ▶ **75000**

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

28039852367

**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 0 OF 1

<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.** Lockhart for House Committee

Date of Disbursement: 09, 17, 2008

Mailing Address: 770 E. 12th Street

City: Casper State: WY Zip Code: 82601

Purpose of Disbursement: Campaign Contribution

Candidate Name: Thomas Lockhart

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: WY District: 57

Amount of Each Disbursement this Period: 3000.00

Category/Type: 011

**B.** Shepperson, Lisa

Date of Disbursement: 09, 17, 2008

Mailing Address: 31800 WY Hwy. 259

City: Casper State: WY Zip Code: 82601

Purpose of Disbursement: Campaign Contribution

Candidate Name: Lisa Shepperson

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: WY District: 58

Amount of Each Disbursement this Period: 1500.00

Category/Type: 511

**C.** Hammons, Debbie Healy

Date of Disbursement: 09, 18, 2008

Mailing Address: 100 Country Drive

City: Worland State: WY Zip Code: 82401

Purpose of Disbursement: Campaign Contribution

Candidate Name: Debbie Healy Hammons

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: WY District: 27

Amount of Each Disbursement this Period: 1500.00

Category/Type: 011

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

6000.00

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

28039852368

**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 1 OF 1
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 28a	<input type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 26 <input type="checkbox"/> 30b	

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NAME OF COMMITTEE (In Full)  
**WYOMING MEDICAL POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>Wonnacott, Paula</b>		Date of Disbursement <b>09' 24' 2008</b>
Mailing Address <b>711 C. Street</b>		Amount of Each Disbursement this Period <b>30000</b>
City <b>Rock Spring</b>	State <b>WY</b>	
Zip Code <b>82901</b>		Category/Type <b>011</b>
Purpose of Disbursement <b>Campaign Contribution</b>		
Candidate Name <b>Paula Wonnacott</b>		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>WY</b> District: <b></b>
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>Harshman, Steve</b>		Date of Disbursement <b>09' 17' 2008</b>
Mailing Address <b>P.O. BOX 40136</b>		Amount of Each Disbursement this Period <b>15000</b>
City <b>Casper</b>	State <b>WY</b>	
Zip Code <b>82604</b>		Category/Type <b>011</b>
Purpose of Disbursement <b>Campaign Contribution</b>		
Candidate Name <b>Steve Harshman</b>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>WY</b> District: <b>37</b>
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		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).....	<b>45000</b>
TOTAL This Period (last page this line number only).....	<b>660000</b>

28039852369

County Commissioner

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.

28039852370

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>DHC</i>	Shipping Date <i>10/9/08</i>
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
<i>Jmp</i> PREPARER	<i>10/10/08</i> DATE PREPARED