

2009 JUL 29 AM 10:38

**FEC  
FORM 3X**

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

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)

P.O. BOX 4009

Check if different than previously reported. (ACC)

CHEYENNE

WY

82003-4009

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00028415

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)
- Jan 31 (YE)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)

(c)

- 12-Day PRE-Election Report for the:
  - Primary (12P)
  - Convention (12C)
  - General (12G)
  - Special (12S)
  - Runoff (12R)

Election on

MM / DD / YYYY

in the State of

State

(d)

- 30-Day POST-Election Report for the:
  - General (30G)
  - Runoff (30R)
  - Special (30S)

Election on

MM / DD / YYYY

in the State of

State

5. Covering Period

07 / 07 / 2009

through

06 / 30 / 2009

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

07 / 28 / 2009

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

29030132580

**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:

01 ' 01 ' 2009

To:

06 ' 30 ' 2009

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2009</u>		<u>1119880</u>
(b) Cash on Hand at Beginning of Reporting Period.....	<u>1119880</u>	
(c) Total Receipts (from Line 19) .....	<u>210000</u>	<u>210000</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<u>1329880</u>	<u>1329880</u>
7. Total Disbursements (from Line 31).....	<u>73718</u>	<u>73718</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<u>1256162</u>	<u>1256162</u>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	<u>00</u>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	<u>00</u>	



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

29030132581

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

WYOMING MEDICAL PAC

Report Covering the Period: From:

01 ' 01 ' 2009

To:

06 ' 30 ' 2009

**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))..... ▶

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ 210000

\_\_\_\_\_ 210000

\_\_\_\_\_ 210000

\_\_\_\_\_ 210000

- (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)..... ▶

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ 210000

\_\_\_\_\_ 210000

12. Transfers From Affiliated/Other Party Committees.....

\_\_\_\_\_

\_\_\_\_\_

13. All Loans Received.....

\_\_\_\_\_

\_\_\_\_\_

14. Loan Repayments Received.....

\_\_\_\_\_

\_\_\_\_\_

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

\_\_\_\_\_

\_\_\_\_\_

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

\_\_\_\_\_

\_\_\_\_\_

17. Other Federal Receipts (Dividends, Interest, etc.).....

\_\_\_\_\_

\_\_\_\_\_

18. Transfers from Non-Federal and Levin Funds

- (a) Non-Federal Account (from Schedule H3).....

\_\_\_\_\_

\_\_\_\_\_

- (b) Levin Funds (from Schedule H5).....

\_\_\_\_\_

\_\_\_\_\_

- (c) Total Transfers (add 18(a) and 18(b))..

\_\_\_\_\_

\_\_\_\_\_

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶

\_\_\_\_\_ 210000

\_\_\_\_\_ 210000

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

\_\_\_\_\_ 210000

\_\_\_\_\_ 210000

29030132582

**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 .....	8718	8718
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	8718	8718
22. Transfers to Affiliated/Other Party Committees.....	80000	80000
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		
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 .....	15000	15000
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))..	73718	73718
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	73718	73718

29030132583

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

<b>III. Net Contributions/Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	2100.00	2100.00
34. Total Contribution Refunds (from Line 28(d)) .....		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2100.00	2100.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	87.18	87.18
37. Offsets to Operating Expenditures (from Line 15, page 3) .....		
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	87.18	87.18

29030132584

**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 2

<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

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 PAC

Full Name (Last, First, Middle Initial)

A.

Ampac

Date of Disbursement

07' 27' 2009

Mailing Address

1101 Vermont Avenue

City

Washington DC

State

Zip Code

20005

Purpose of Disbursement

transfer

008

Amount of Each Disbursement this Period

200.00

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B.

Ampac

Date of Disbursement

03' 04' 2009

Mailing Address

1101 Vermont Avenue

City

Washington DC

State

Zip Code

20005

Purpose of Disbursement

transfer

008

Amount of Each Disbursement this Period

2000.00

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

04' 21' 2009

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

1000.00

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

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

600.00

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

29030132585

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 2 OF 2
	<input type="checkbox"/> 21b 27	<input checked="" type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 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 PAC**

Full Name (Last, First, Middle Initial) <b>Ampac</b>		Date of Disbursement <b>05 / 18 / 2009</b>
Mailing Address <b>1101 Vermont Avenue</b>		Amount of Each Disbursement this Period <b>100.00</b>
City <b>Washington DC</b>	State Zip Code <b>20005</b>	
Purpose of Disbursement <b>Transfer</b>		Category/Type <b>008</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>Ampac</b>		Date of Disbursement <b>06 / 29 / 2009</b>
Mailing Address <b>1101 Vermont Avenue</b>		Amount of Each Disbursement this Period <b>1000.00</b>
City <b>Washington DC</b>	State Zip Code <b>20005</b>	
Purpose of Disbursement <b>Transfer</b>		Category/Type <b>008</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement
Mailing Address		
City	State Zip Code	
Purpose of Disbursement		Amount of Each Disbursement this Period
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).....▶	<b>2000.00</b>
TOTAL This Period (last page this line number only).....▶	<b>8000.00</b>

29030132586

**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 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 PAC

Full Name (Last, First, Middle Initial)

A. Quarberg for State Representative

Date of Disbursement

Mailing Address

P.O. Box 1365

06 / 04 / 2009

City

Thermopolis

State

WY

Zip Code

82443

Purpose of Disbursement

declined contribution

011

Amount of Each Disbursement this Period

Candidate Name

Lorraine Quarberg

Category/Type

<15000>

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

WY

District:

28

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

Mailing Address

MM / DD / YYYY

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:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

MM / DD / YYYY

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).....▶

<15000>

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

<15000>

29030132587

**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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked  
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): *UPS* Shipping Date  
*7/28/09*  
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

  
 PREPARER

*7/29/09*  
 DATE PREPARED

29030132588