FEC FORM 3X	AN	EPORT O ID DISBU Other Than A	JRSEM	ENTS	ee		Office Use Only	
1. NAME OF COMMITTEE (in fu		FEC MAILING LA		ample:If typing er the lines	, type			
	cal Action Comr	mittee						
ADDRESS (number and	street)	10 East 4500 Sout	h 					
Check if differ than previousl reported. (AC	ent L	cuite 500					84107	4250
2. FEC IDENTIFICAT	ION NUMBER	▼	CITY 🛋		S	STATE	ZIPCOD	e 🔺
C00003210	•		3. IS THIS REPORT		NEW N) OR	X AM (A)	ENDED	
July 15 Quarterly October Quarterly January 3 Quarterly July 31 M Report(N Year Onl	orts: Report(Q1) Report(Q2) 15 Report(Q3) 31 Report(YE) 4id-Year on-election	(b) Monthly Report Due On: (c) 12-Day PRE -Elec Report for (d) 30-Day Post -Ele Report for	the: Election on)	12C)	Sep 2	20 (M9) 20 (M9) 20 (M10) 20 (M	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R) Special (30S)
 5. Covering Period I certify that I have exam Type or Print Name of T 		0 1 2 0 rt and to the best of Val J Bateman		through and belief it is	0 3 true, correct a	3 1 and complete.	2008	
Signature of Treasurer	Electronically	y Filed by Val J E	Bateman		D	ate 04	14	2008
NOTE : Submission of t	alse, erroneous	s, or incomplete info	ormation may s	ubject the pers	on signing this	s Report to the	penalties of 2 U.S.	.C 437g.
Office Use Only							FEC FORM (Rev. 12/2004	

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Utah Medical Political Action Committee MM DD Y W м м D D 01 01 2008 03 31 2008 Report Covering the Period: From: To: **COLUMN A** COLUMN B **This Period** Calendar Year-to-Date (a) Cash on Hand 6. 2008 74678.80 January 1 (b) Cash on Hand at 74678.80 Begining of Reporting Period 8365.00 8365.00 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 83043.80 83043.80 6(a) and 6(c) for Column B) 1337.50 1337.50 7. Total Disbursements (from Line 31) Cash on Hand at Close of 8. **Reporting Period** 81706.30 81706.30 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed то the committee (Itemize all on Schedule C and/or Schedule D) 0.00 10. Debts and Obligations owed ΒY the committee (Itemize all on

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

Schedule C and/or Schedule D)

For further information contact:

0.00

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

FE6AN026

Image	# 28932420585	DETAILED SUMMARY PAGE OF RECEIPTS	
v	FEC Form 3X (Rev. 06/2004) Vrite or Type Committee Name Utah Medical Political Action Comm	ittee	Page 3
F	eport Covering the Period: From:	M M D D Y	-o: M M D D Z V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	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)	0.00	0.00
	(ii) Unitemized	8365.00	8365.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	9265.00	8365.00
	(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)	8365.00	8365.00
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16.	Refunds of Contributions Made to Federal candidates and Other		0.00
	Political Committees	0.00	0.00
17.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18.	Transfers from Non-Federal and Levin Fun	ds	
	(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))	8365.00	8365.00
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	8365.00	8365.00

DETAILED SUMMARY PAGE

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 	0.00	0.00
(i) Federal Share		
(ii) Non-Federal Share (b) Other Federal Operating	0.00	0.00
Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	▶ 0.00	0.00
2. Transfers to Affiliated/Other Party Committees	0.00	0.00
 Contributions to Federal Candidates/Committees and Other Political Committees 		0.00
4. Independent Expenditure (use Schedule E)	0.00	0.00
 Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6. Loan Repayments Made	0.00	0.00
 Loans Made Refunds of Contributions To: (a) Individuals/Decessor Other 		0.00
(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
9. Other Disbursements	1337.50	1337.50
0. Federal Election Activity (2 U.S.C 431(20 (a) Shared Federal Election Activity	0))	
(from Schedule H6) (i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirel With Federal Funds	y 0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1. Total Disbursements (add Lines 21(c), 2 23. 24. 25. 26. 27. 29(d), 20 and 20(c))	1007 50	1337.50
23, 24, 25, 26, 27, 28(d), 29 and 30(c)).		
 Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) 		
from Line 31)	1337.50	1337.50

DETAILED SUMMARY PAGE

	III. Net Contributions/Operating		COLUMN B
	Expenditures	COLUMN A Total This Period	Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	8365.00	8365.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	8365.00	8365.00
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

FE6AN026

SCHEE	OULE B (FEC Form 3X)	Use separate schedule(s)		NUMBER: PAGE 6/9
ITEMIZ	ED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	y one) 22 23 24 25 2 28a 28b 28c x 29 3
	ation copied from such Reports and Staten nercial purposes, other than using the nam		d by any person f	for the purpose of soliciting contributions
	OF COMMITTEE (In Full)	e and address of any politica		
\ \	Medical Political Action Committee			
	me (Last, First, Middle Initial) can Medical Political Action Commit	tee		Transaction ID: SB29.5017 Date of Disbursement
Mailing	Address 1101 Vermont Ave., NW			$ \begin{bmatrix} M & M \\ 0 & 2 \end{bmatrix} \begin{pmatrix} D & D \\ 0 & 6 \end{bmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} $
City Chica	go,	State Zip Code IL 20005	_	Amount of Each Disbursement this Period
Comm				2525.00
Candid	late Name		Category/ Type	
	Senate President	ement For: Primary General Other (specify)		
State:	District:			
	me (Last, First, Middle Initial) can Medical Political Action Commit	tee		Transaction ID: SB29.5018 Date of Disbursement
Mailing	Address 1101 Vermont Ave., NW			$\begin{bmatrix} M & M \\ 0 & 2 \end{bmatrix} \begin{pmatrix} D & D \\ 0 & 6 \end{pmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \\ 0 & 8 \end{pmatrix}$
City Chica	go,	State Zip Code IL 20005		Amount of Each Disbursement this Period
Purpos Comm	e of Disbursement ission			950.00
Candic	late Name		Category/ Type	
Office State:	Sought: House Disburse Senate President District:	ement For: Primary General Other (specify) ▼		
	me (Last, First, Middle Initial) can Medical Political Action Commit	tee		Transaction ID: SB29.5020 Date of Disbursement
Mailing	Address 1101 Vermont Ave., NW			$ \begin{bmatrix} M & M \\ 0 & 2 \end{bmatrix} \begin{pmatrix} D & D \\ 0 & 6 \end{bmatrix} \begin{pmatrix} Y & Y \\ 2 & 0 & 0 \\ 0 & 8 \end{bmatrix} $
City Chica	go,	State Zip Code IL 20005		Amount of Each Disbursement this Period
Comm				1950.00
	late Name		Category/ Type	
Office	Senate President	ement For: Primary General Other (specify)		
State:	District:			
SUBTOT	AL of Disbursements This Page (optional)		····· ►	5425.00
TOTAL	This Period (last page this line number only)			
	(0 · · · · · · · · · · · · · · · · · ·		-	

FE6AN026

FEC Schedule B (Form 3X) (Revised 02/2003)

	LE B (FEC Form 3X)	Use separate schedule(s)			FOR LINE NUMBER: PAGE (check only one)							7/9	7/9			
	D DISBURSEMENTS	for each category of the Detailed Summary Page			21b 27	22 28a		23 28b	F	24 28c	x	25 29				
	n copied from such Reports and State cial purposes, other than using the nar												S			
	COMMITTEE (In Full)															
\	dical Political Action Committee															
	(Last, First, Middle Initial) Medical Political Action Commi	ttee				Trans Date				SB29 ment	.502	!1				
Mailing Ad	dress 1101 Vermont Ave., NV	I				0 ^M 2	М	/ D	0	6 /	Ý Ž	οò	3 ^Y			
City Chicago,		State Zip Code IL 20005				Amou	int o	f Eac	h [Disburs	emen	t this	Period			
Purpose of Commission	f Disbursement on										8	387.5	0			
Candidate	Name			atego Type	-											
Office Sou	Senate President	ement For: Primary General Other (specify)														
State:	District:															
	(Last, First, Middle Initial) Medical Political Action Commi	ttee				Date	of D	isburs	sei							
Mailing Ad	dress 1101 Vermont Ave., NV	I				0 ^M 2	М	/ D	0	^D [/]	Ý Ž	οòε	З ^Ү			
City Chicago,		State Zip Code IL 20005				Amou	int o	f Eac	h [Disburs		-				
Purpose of void ck #44	f Disbursement 40					L.					-19	900.0	0			
Candidate				atego Type												
Office Sou	ght: House Disburs Senate President	sement For: Primary General Other (specify) ▼														
State:	District:															
	(Last, First, Middle Initial) Medical Political Action Commi	ttee				Date	of D	isburs	sei							
Mailing Ad	dress 1101 Vermont Ave., NV	l				0 2	М	/ D	0	6	Ý 2	οò	3 [×]			
City Chicago,		StateZip CodeIL20005				Amou	int o	f Eac	h [Disburs		-				
void ck 323	-										-26	625.0	0			
Candidate				atego Type												
Office Sou	ght: House Disburs Senate President	sement For: Primary General Other (specify) ▼														
State:	District:															
SUBTOTAL	of Disbursements This Page (optional)			►						-36	37.5	0			
TOTAL This	Period (last page this line number only	/)			•											
		•														

FE6AN026

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Fo	orm 3X)	e separate schedule(s	s)			NUMBE	R:			PA	GE	8 / 9	
ITEMIZED DISBURSEN	MENTS for	each category of the ailed Summary Page	<i>'</i>		eck onl 21b 27	22 28a	\square	23 28b	\square	24 28c		25 29	
Any Information copied from such R or for commercial purposes, other th													5
	0	address of any politica	al com	Imitte	ee to so	licit cont	ibuti	ons n	rom s	ucn c	omm	ittee	
NAME OF COMMITTEE (In Ful Utah Medical Political Actio	,												
Full Name (Last, First, Middle Ini	itial)												
American Medical Political						Trans Date	of Di	sburs	semer				
Mailing Address 1101 Verr	mont Ave., NW					0 2	M		2 ^D	/ Y	ž	ο ὁ ε	3 ^Y
City Chicago,	State IL	Zip Code 20005				Amou	int of	Each	n Disl	oursei	ment	this F	Period
Purpose of Disbursement				U	-						30	00.00	0
Commission Candidate Name				atego									
				Туре									
Office Sought: House Senate President	Disbursement I Prima t Othe		•										
State: District:													
Full Name (Last, First, Middle In American Medical Political	,					Trans Date			-	-	5022	2	
							м		2 9 2 9	/ Y	à	٥ ð ð	Y
Mailing Address 1101 Verr	mont Ave., NW					02		4	29		2	000	
City Chicago,	State IL	Zip Code 20005				Amou	int of	Each	n Disl	oursei	ment	this F	Period
Purpose of Disbursement Commission				0		L.					2	50.00	0
Candidate Name				atego Type									
Office Sought: House Senate President	Disbursement I Prima t Othe		1	,,									
State: District: Full Name (Last, First, Middle Ini	itial)					-							
Allen Christensen						Trans Date	of Di	sburs	semer	-			N/
Mailing Address						0 1	M	D (01	/	ź	οòε	3
City	City State Zip Code					Amou	int of	Each	n Disl	oursei	ment	this F	Period
Purpose of Disbursement Campaign Contribution				0				-			50	00.00	0
Candidate Name				atego Type	-								
Office Sought: House Senate President	Disbursement I Prima t Othe		1	- 78	-								
State: District:													
State: District: SUBTOTAL of Disbursements Thi	s Page (optional)				►						105	50.00	D

FE6AN026

FEC Schedule B (Form 3X) (Revised 02/2003)

		Lice congrete schedule(c) FOR LINE				IE NUMBER: PAGE 9/9							
EMIZED DISBURSEMENT	S for each	category of the	(ch		- ' '								
	Detailed	Summary Page		21b 27	22 28a			24 28c		_	26 30b		
NAME OF COMMITTEE (In Full)													
Utah Medical Political Action Committee													
Full Name (Last, First, Middle Initial)								B29.5	5025				
Senate Rep. Campaign Committee	9				Date c	of Disb		ent			_		
Mailing Address 80 W. Girard					0 1	M /	^D 0 1	/ Y	ž0	Ϋ́8΄			
^{City} Salt Lake City	State UT	Zip Code 84103			Amou	nt of E	Each Dis			-	riod		
Purpose of Disbursement void ck 327									-1500	0.00			
Candidate Name			-	-									
Office Sought: House	Disbursement For:												
		Ciry) 🔻											
	EMIZED DISBURSEMENT	EMIZED DISBURSEMENTS for each Detailed Information copied from such Reports and Statements may nor commercial purposes, other than using the name and addree NAME OF COMMITTEE (In Full) Utah Medical Political Action Committee Full Name (Last, First, Middle Initial) Senate Rep. Campaign Committee Mailing Address 80 W. Girard City State Salt Lake City UT Purpose of Disbursement UT void ck 327 Candidate Name Office Sought: House Disbursement For: President Office Sought: House President Disbursement For:	EMIZED DISBURSEMENTS Use separate schedule(s) for each category of the Detailed Summary Page Information copied from such Reports and Statements may not be sold or used or commercial purposes, other than using the name and address of any political NAME OF COMMITTEE (In Full) Utah Medical Political Action Committee Full Name (Last, First, Middle Initial) Senate Rep. Campaign Committee Mailing Address 80 W. Girard City State Zip Code Salt Lake City UT 84103 Purpose of Disbursement void ck 327 Candidate Name Disbursement For: Office Sought: House Disbursement For: General Office Sought: House Disbursement For: General	Image: Separate schedule(s) for each category of the Detailed Summary Page (cf Information copied from such Reports and Statements may not be sold or used by any or commercial purposes, other than using the name and address of any political committee (not see the sold or used by any or commercial purposes, other than using the name and address of any political committee NAME OF COMMITTEE (In Full) Utah Medical Political Action Committee Full Name (Last, First, Middle Initial) Senate Rep. Campaign Committee Mailing Address 80 W. Girard City State Zip Code Salt Lake City UT 84103 Purpose of Disbursement void ck 327 Categ Candidate Name Disbursement For: Categ Office Sought: House Disbursement For: General Other (specify) View View View	EMIZED DISBURSEMENTS Use separate schedule(s) for each category of the Detailed Summary Page (check only 21b 27 Information copied from such Reports and Statements may not be sold or used by any person for or commercial purposes, other than using the name and address of any political committee to soli NAME OF COMMITTEE (In Full) Use separate schedule(s) Detailed Summary Page VAME OF COMMITTEE (In Full) Utah Medical Political Action Committee Full Name (Last, First, Middle Initial) Senate Rep. Campaign Committee Senate Rep. Campaign Committee UT Mailing Address 80 W. Girard City State Zip Code Salt Lake City UT 84103 Purpose of Disbursement void ck 327 Category/ Type Office Sought: House Disbursement For: Senate Primary General Office Sought: House Disbursement For: Senate Primary General	EMIZED DISBURSEMENTS Use separate schedule(s) for each category of the Detailed Summary Page (check only one) Information copied from such Reports and Statements may not be sold or used by any person for the purcement and address of any political committee to solicit contribution committee (In Full) 21b 22 28a Information copied from such Reports and Statements may not be sold or used by any person for the purcement and address of any political committee to solicit contribution. NAME OF COMMITTEE (In Full) Trans Utah Medical Political Action Committee Full Name (Last, First, Middle Initial) Trans Date of 0 Senate Rep. Campaign Committee 0 1 0 1 City State Zip Code Amou Salt Lake City UT 84103 Amou Purpose of Disbursement void ck 327 Candidate Name Category/ Type Office Sought: House Disbursement For: General Other (specify) V	Semize Schedule(s) for each category of the Detailed Summary Page (check only one) 21b 22 27 28a 27 28a 27 28a 28 2 Information copied from such Reports and Statements may not be sold or used by any person for the purpose or commercial purposes, other than using the name and address of any political committee to solicit contribution NAME OF COMMITTEE (In Full) Utah Medical Political Action Committee Full Name (Last, First, Middle Initial) Senate Rep. Campaign Committee Mailing Address 80 W. Girard City State Zip Code Salt Lake City UT 84103 Purpose of Disbursement void ck 327 Category/ Candidate Name Disbursement For: Office Sought: House Disbursement For: Office Sought: House Disbursement For: President Other (specify)	EMIZED DISBURSEMENTS Use separate schedule(s) for each category of the Detailed Summary Page (check only one) 21b 22 23 27 28a 28b Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicit or commercial purposes, other than using the name and address of any political committee to solicit contributions from any NAME OF COMMITTEE (In Full) Utah Medical Political Action Committee Full Name (Last, First, Middle Initial) Senate Rep. Campaign Committee Mailing Address 80 W. Girard City State Zip Code Salt Lake City UT 84103 Purpose of Disbursement Category/ Type Office Sought: House Disbursement For: Orfice Sought: House Disbursement For: Office Sought: House Disbursement For: Office Sought: House Disbursement For: Office Sought: President Other (specify) ▼	Image: Second control of the Detailed Summary Page Check only one) Check only one) Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting commercial purposes, other than using the name and address of any political committee to solicit contributions from such commercial purposes, other than using the name and address of any political committee to solicit contributions from such commercial purposes, other than using the name and address of any political committee to solicit contributions from such commercial purposes, other than using the name and address of any political committee to solicit contributions from such commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) Image: Committee Utah Medical Political Action Committee Transaction ID: SB29.5 Senate Rep. Campaign Committee Disbursement Mailing Address 80 W. Girard City State Zip Code Salt Lake City UT 84103 Purpose of Disbursement void ck 327 Category/ Candidate Name Disbursement For: Category/ Office Sought: House Disbursement For: General Other (specify) Other (specify) Image: Committee Image: Committee	Use separate schedule(s) for each category of the Detailed Summary Page (check only one) 21b 22 23 24 22 21b 27 28a 28b 24 22 Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee VAME OF COMMITTEE (In Full) Utah Medical Political Action Committee Full Name (Last, First, Middle Initial) Senate Rep. Campaign Committee Mailing Address 80 W. Girard City State Zip Code Salt Lake City UT 84103 Purpose of Disbursement void ck 327 Category/ Type Office Sought: House Disbursement For: Other (specify) Office Sought: House Disbursement For: Other (specify) General Other (specify)	Use separate schedule(s) for each category of the Detailed Summary Page (check only one) 1 21 23 24 25 Information copied from such Reports and Statements may not be sold or used by any person for the purposes, other than using the name and address of any political committee to solicit contributions from such committee 21 23 24 25 24 25 Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee NAME OF COMMITTEE (In Full) Utah Medical Political Action Committee Full Name (Last, First, Middle Initial) Senate Rep. Campaign Committee Transaction ID: SB29.5025 Senate Rep. Campaign Committee Date of Disbursement 0 1 2 0 8 City State Zip Code Amount of Each Disbursement this Pe Amount of Each Disbursement this Pe Office Sought: House Disbursement For: Category/ Type -1500.00 Office Sought: House Disbursement For: Other (specify) Other (specify)		

	SUBTOTAL of Disbursements This Page (optional)	•	-1500.00
	TOTAL This Period (last page this line number only)	►	1337.50
i	FE6AN026		FEC Schedule B (Form 3X) (Revised 02/2003)