

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

07/10/2000 16:11

<b>1. NAME OF COMMITTEE (in full)</b> Utah Medical Political Action Committee		<b>2. FEC IDENTIFICATION NUMBER</b> C00003210
<b>ADDRESS (number and street)</b> 540 East 500 South	<input type="checkbox"/> Check if different than previously reported	
<b>CITY, STATE, and ZIP CODE</b> Salt Lake City, UT 84102		3. <input type="checkbox"/> This committee has qualified as a multi-candidate committee (see FEC Form 1M)

## 4. TYPE OF REPORT

(a)  April 15 Quarterly Report

July 15 Quarterly Report

October 15 Quarterly Report

January 31 Year End Report

July 31 Mid-Year Report (Non-election Year Only)

Termination report

Monthly Report Due On:

<input type="checkbox"/> February 20	<input type="checkbox"/> June 20	<input type="checkbox"/> October 20
<input type="checkbox"/> March 20	<input type="checkbox"/> July 20	<input type="checkbox"/> November 20
<input type="checkbox"/> April 20	<input type="checkbox"/> August 20	<input type="checkbox"/> December 20
<input type="checkbox"/> May 20	<input type="checkbox"/> September 20	<input type="checkbox"/> January 31

Twelfth day report preceding \_\_\_\_\_  
(election type) \_\_\_\_\_  
election on \_\_\_\_\_ in the State of \_\_\_\_\_

Thirtieth day report following the General Election  
on \_\_\_\_\_ in the State of \_\_\_\_\_

(b) Is this Report an Amendment  YES  NO

<b>SUMMARY</b>	<b>COLUMN A This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
5. Covering Period <u>04/01/2000</u> through <u>08/30/2000</u>		
6. (a) Cash on Hand, January 1, <u>2000</u> .....		50496.70
(b) Cash on Hand at Beginning of Reporting Period .....	54624.20	
(c) Total Receipts (from line 19) .....	10515.00	18620.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	65139.20	69116.70
7. Total Disbursements (from line 30) .....	6722.50	10700.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	58416.70	58416.70
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	For further information contact: Federal Election Commission 989 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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  
**Electronically Filed by Val J Bateman,**

Signature of Treasurer \_\_\_\_\_ Date 07/10/2000

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

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**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

(PAGE 2, FEC FORM 3X)

(revised 1/1/91)

NAME OF COMMITTEE <b>Utah Medical Political Action Committee</b>		REPORT COVERING PERIOD FROM 04/01/2000 TO: 06/30/2000	
<b>I. Receipts</b>		<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year</b>
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A) .....	0.00	0.00	11.a.i.
ii. Unitemized .....	10515.00	18470.00	11.a.ii.
iii. Total .....	10515.00	18470.00	11.a.iii.
b. Political Party Committees .....	0.00	0.00	11.b.
c. Other Political Committees (such as PACs) .....	0.00	0.00	11.c.
d. Total Contributions .....	10515.00	18470.00	11.d.
12. Transfers From Affiliated/Other Party Committees .....	0.00	150.00	12.
13. All Loans Received .....	0.00	0.00	13.
14. Loan Repayments Received .....	0.00	0.00	14.
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) .....	0.00	0.00	15.
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees ..	0.00	0.00	16.
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00	17.
18. Transfers From Nonfederal Account for Joint Activity .....	0.00	0.00	18.
19. Total Receipts .....	10515.00	18620.00	19.
20. Total Federal Receipts .....	10515.00	18620.00	20.
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share .....	0.00	0.00	21.a.i.
ii. Non-Federal Share .....	0.00	0.00	21.a.ii.
b. Other Federal Operating Expenditures .....	0.00	0.00	21.b.
c. Total Operating Expenditures .....	0.00	0.00	21.c.
22. Transfers to Affiliated/Other Party Committees .....	5257.50	9235.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	0.00	0.00	23.
24. Independent Expenditures (use Schedule E) .....	0.00	0.00	24.
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Sch. F)	0.00	0.00	25.
26. Loan Repayments Made .....	0.00	0.00	26.
27. Loans Made .....	0.00	0.00	27.
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees .....	0.00	0.00	28.a.
b. Political Party Committees .....	0.00	0.00	28.b.
c. Other Political Committees (such as PACs) .....	0.00	0.00	28.c.
d. Total Contributions Refunds .....	0.00	0.00	28.d.
29. Other Disbursements .....	1465.00	1465.00	29.
30. Total Disbursements .....	6722.50	10700.00	30.
31. Total Federal Disbursements .....	6722.50	10700.00	31.
<b>III. Net Contributions / Operating Expenditures</b>			
32. Total Contributions (other than loans) (from line 11d) .....	10515.00	18470.00	32.
33. Total Contribution Refunds (from line 28d) .....	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32) .....	10515.00	18470.00	34.
35. Total Federal Operating Expenditures .....	0.00	0.00	35.
36. Offsets to Operating Expenditures (from line 15) .....	0.00	0.00	36.
37. Net Operating Expenditures .....	0.00	0.00	37.

<b>SCHEDULE B</b>	<b>ITEMIZED DISBURSEMENTS</b>		<b>3 / 4</b>
		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER <b>22</b>
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.			
<b>NAME OF COMMITTEE (In Full)</b> <b>Utah Medical Political Action Committee</b>			
<b>Full Name, Mailing Address, and ZIP Code</b> American Medical Political Action Committee 1101 Vermont Ave., NW  Chicago, IL 20005	Purpose of Disbursement Contributions  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 04/28/2000	Amount of Each Disbursement This Period 3877.50
<b>Full Name, Mailing Address, and ZIP Code</b> American Medical Political Action Committee 1101 Vermont Ave., NW  Chicago, IL 20005	Purpose of Disbursement Contributions  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/30/2000	Amount of Each Disbursement This Period 720.00
<b>Full Name, Mailing Address, and ZIP Code</b> American Medical Political Action Committee 1101 Vermont Ave., NW  Chicago, IL 20005	Purpose of Disbursement Contributions  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 06/27/2000	Amount of Each Disbursement This Period 660.00
<b>SUBTOTALS</b> of Disbursements This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			<b>5257.50</b>

<b>SCHEDULE B</b>	<b>ITEMIZED DISBURSEMENTS</b>		4 / 4
		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER 28
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<b>NAME OF COMMITTEE (In Full)</b> <b>Utah Medical Political Action Committee</b>			
<b>Full Name, Mailing Address, and ZIP Code</b> Sheryl Allen  620 Larsen Drive  Bountiful, UT 84010	Purpose of Disbursement Donation  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/24/2000	Amount of Each Disbursement This Period 500.00
<b>Full Name, Mailing Address, and ZIP Code</b> Committee to Elect Steve Poulton 8106 S. Cottonwood Hills Dr.  Sandy, UT 84094	Purpose of Disbursement Donation  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 06/06/2000	Amount of Each Disbursement This Period 500.00
<b>Full Name, Mailing Address, and ZIP Code</b> Greg Curtis  8639 Snowville Drive  Sandy UT 84093	Purpose of Disbursement Donation  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 06/14/2000	Amount of Each Disbursement This Period 400.00
<b>SUBTOTALS</b> of Disbursements This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			<b>1400.00</b>