12/14/2010 13:11

Image# 10992490764

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

F	FORM 3X	For	Other Than	An Autho	rized Com	mittee		Office Use Only	y
1.	NAME OF COMMITTEE (in fu		FEC MAILING		Example:If ty				
L	Utah Medical Politio	cal Action Comr	mittee					<u> </u>	
Ш					1				
AD	DRESS (number and	street)	10 East 4500 S	South					
	Check if differ than previously reported. (ACC	ent L	uite 500				UT	84107	_ 4250
2.	FEC IDENTIFICAT	ION NUMBER	₩	CITY	A		STATE	ZIPC	ODE 🛕
	C00003210			3. IS T REF	THIS PORT	NEW (N) OR		AMENDED (A)	
4.	X October Quarterly January 3 Quarterly July 31 N Report(N Year Only	Report(Q1) Report(Q2) 15 Report(Q3) 31 Report(YE) 1id-Year on-election	(d) 30-Da	Election t for the: Election	O (M3) Primary Convent	ion (12C)	Se	(12S) in the State	Special (30S)
5.	Covering Period	0 7		2010	throu		30	2010]
	ertify that I have exam be or Print Name of T	· ·	rt and to the be Michelle McOn	•	ledge and belie	it is true, correc	t and complete). 	
Sig	nature of Treasurer	Electronically	y Filed by Mi	chelle McOmb	per		Date 12	2 14	2010
NO	TE : Submission of f	alse, erroneous	s, or incomplete	information n	nay subject the	person signing t	his Report to th	ne penalties of 2 l	J.S.C 437g.
	Office Use							FEC FO	

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2/15

Write or Type Committee Name Utah Medical Political Action Committee

FEC Form 3X (Rev. 02/2003)

D [®]D 07 0 1 2010 0.9 3 0 2010 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2010° 56057.53 January 1 (b) Cash on Hand at 20546.97 Begining of Reporting Period 24005.00 31699.00 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 44551.97 87756.53 6(a) and 6(c) for Column B) 19265.13 62469.69 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 25286.84 25286.84 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed

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

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

the committee (Itemize all on

Schedule C and/or Schedule D)

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 15

Write or Type Committee Name

Utah Medical Political Action Committee

Report Covering the Period:

From: 0 7

01

2010

To:

м м

D D D

Y Y Y Y 2 0 1 0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) F (a) Individuals/Persons Other	rom:	
Than Political Committees (i) Itemized (use Schedule	A)	4250.00
(ii) Unitemized	19755.00	27449.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	24005.00	31699.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Line		0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	24005.00	31699.00
Transfers From Affiliated/Other Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditure		0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) . 6. Refunds of Contributions Made	0.00	0.00
to Federal candidates and Other Political Committees	0.00	0.00
 Other Federal Receipts (Dividends, Interest, etc.) 	0.00	0.00
3. Transfers from Non-Federal and I	Levin Funds	
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H	15)	0.00
(c) Total Transfer (add 18(a) and	18(b)). 0.00	0.00
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	24005.00	31699.00
). Total Federal Receipts (subtract Line 18(c) from Line 19)	24005.00	31699.00

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 15

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		1
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	0.00	0.00
	Expenditures(c) Total Operating Expenditures	0.00	0.00
	(add 21(a)(i), (a)(ii) and (b))	0.00	0.00
22.	Transfers to Affiliated/Other Party		
3	Committees Contributions to	2250.00	2250.00
.0.	Federal Candidates/Committees and Other Political Committees	0.00	0.00
4.	Independent Expenditure		
_	(use Schedule E)	0.00	0.00
.J.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
	(use scriedule r)		
26.	Loan Repayments Made	0.00	0.00
7-	Loans Made	0.00	0.00
28.	Refunds of Contributions To:		
	(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	0.00	0.00
	(add Lines 28(a), (b), and (c))	5.50	0.00
9.	Other Disbursements	17015.13	60219.69
RO.	Federal Election Activity (2 U.S.C 431(20))		
٥.	(a) Shared Federal Election Activity		
(b) (c) 22. Tra Cor 23. Cor Fecanc 24. Inde (us) 25. Coor (us) 26. Loa 27. Loa 28. Ref (a) (b) (c) (d) (e) (f) (c) 31. To 23 32. To (st	(from Schedule H6)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely		
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	0.00	0.00
	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))	19265.13	62469.69
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	10005 10	00400.00
	from Line 31)	19265.13	62469.69

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 15

	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)	24005.00	31699.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	24005.00	31699.00
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

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 15 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perse name and address of any political committee to	
Utah Medical Political Action Commit	ee	
Full Name (Last, First, Middle Initial) Henriksen Butler Mailing Address 249 So. 400 East		Date of Receipt
City	State Zip Code	0 9 2 7 2 0 1 0 Transaction ID: SA11AI.5510
Salt Lake City	UT 84111	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	Fundraiser
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Jordan Valley Medical Center		Date of Receipt
Mailing Address 3580 W. 9000 So.		09 / 30 / 2010
City	State Zip Code	Transaction ID: SA11AI.5603
W. Jordan	UT 84088	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	750.00 Golf Sponsorship Fundrais-
Name of Employer	Occupation	er
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	750.00	
Full Name (Last, First, Middle Initial) Tanner Clinic		Date of Receipt
Mailing Address 380 No. 400 W.		09 / 30 / 2010
City Kaysville	State Zip Code UT 84037	Transaction ID: SA11AI.5604 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1500.00
Name of Employer	Occupation	Golf sponsorship fundraiser
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1500.00	
SUBTOTAL of Receipts This Page (optional)		2750.00

A.

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 7/15 Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 17 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) Utah Medical Political Action Committee Full Name (Last, First, Middle Initial) Date of Receipt Utah Radiology Mailing Address 283 E. 930 So. 09 27 2010 City State Zip Code Transaction ID: SA11AI.5516 Orem UT 84058 Amount of Each Receipt this Period FEC ID number of contributing C 1500.00 federal political committee. Fundraiser Name of Employer Occupation Receipt For: Aggregate Year-to-Date Primary General 1500.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	1500.00
TOTAL This Period (last page this line number only)	•	4250.00

	SCHEDULE B (FEC Form 3X)		1		T			
		SEMENTS See Separate Schedules Cicheck only one) 21b 22 23 24 25 26 26 27 28a 28b 28c 29 30b 30b	PAGE 8/15					
	ITEMIZED DISBURSEMENTS		1 — -	<u></u>	04 🗖 05 🗖 00			
		Detailed Summary Page						
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k		arrie ariu address or arry political c	committee to so		Such committee			
	NAME OF COMMITTEE (In Full)							
	Utah Medical Political Action Committee	e						
L								
Α.	Full Name (Last, First, Middle Initial)			_				
Α.	Jordan Valley Medical Center			Date of Disburseme	nt			
	Mailian Adalasa			M M / D D	7 Y Y Y Y Y Y Y			
	Mailing Address			0.0	2010			
	City	State Zin Code		Amount of Each Dis	bureament this Bariad			
	City	State Zip Code		Amount of Each Dis	bursement this Feriod			
	Purpose of Disbursement	1.			750.00			
	transfer to a non federal account							
	Candidate Name		Category/					
	Cardidate Hame							
	Office Sought: House Disbu	irsement For:	. 76-2					
	Senate							
	President							
	State: District:	Carlos (opeosity)						
-	Full Name (Last, First, Middle Initial)							
В.	Tanner Clinic			_				
	Tariffer Cliffic							
	Mailing Address	Mailing Address						
	. J							
	City	State Zip Code		Amount of Each Dis	bursement this Period			
	Purpose of Disbursement	Purpose of Disbursement						
	transfer to non federal account							
	Candidate Name] '	Category/					
			Type					
	Office Sought: House Disbu	rsement For:						
	Senate	Primary General						
	President	Other (specify)						
	State: District:							

SUBTOTAL of Disbursements This Page (optional)	>	2250.00
TOTAL This Period (last page this line number only)	•	2250.00

SCHEDULE B (FEC Form 3X)

SCHEDOLE B (I LC I OHII 3X)	Use separate schedule(s	(check or	E NUMBER: PAGE 9/15
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 23 24 25 2 28a 28b 28c X 29
Any Information copied from such Reports and Stat or for commercial purposes, other than using the national NAME OF COMMITTEE (In Full) Utah Medical Political Action Committee	me and address of any politica		
Full Name (Last, First, Middle Initial) American Medical Political Action Comm Mailing Address 1101 Vermont Ave., N			Transaction ID: SB29.5552 Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Chicago,	State Zip Code IL 20005		Amount of Each Disbursement this Period
Purpose of Disbursement Comissions Candidate Name		Category/	917.50
Office Sought: House Disbu Senate President State: District:	rsement For: Primary General Other (specify)	Туре	
Full Name (Last, First, Middle Initial) American Medical Political Action Comm		Transaction ID: SB29.5553 Date of Disbursement 0 8	
Mailing Address 1101 Vermont Ave., N		08 31 2010	
City Chicago,	State Zip Code IL 20005		Amount of Each Disbursement this Period
Purpose of Disbursement Comissions			1200.00
Candidate Name Office Sought: House Disbu Senate President	rsement For: Primary General Other (specify)	Category/ Type	
State: District: Full Name (Last, First, Middle Initial) American Medical Political Action Comm	nittee		Transaction ID: SB29.5554 Date of Disbursement
Mailing Address 1101 Vermont Ave., N	W		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Chicago,	State Zip Code IL 20005		Amount of Each Disbursement this Period
Purpose of Disbursement Comissions Candidate Name		Category/ Type	1800.00
Office Sought: Senate President State: Disbu	rsement For: Primary General Other (specify)		

	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	FOR LIN (check or	E NUMBER: PAGE 10 / 15
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 23 24 25 28a 28b 28c X 29
	y Information copied from such Reports and State for commercial purposes, other than using the nan			
\rangle	NAME OF COMMITTEE (In Full) Utah Medical Political Action Committee			
<u> </u>	Full Name (Last, First, Middle Initial) American Medical Political Action Commi	tee		Transaction ID: SB29.5555 Date of Disbursement
	Mailing Address 1101 Vermont Ave., NW	,		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Chicago,	State Zip Code IL 20005		Amount of Each Disbursement this Period
	Purpose of Disbursement Comissions			1970.00
	Candidate Name Office Sought: House Disburs	ement For:	Category/ Type	
	Senate President	Primary General Other (specify)		
	State: District: Full Name (Last, First, Middle Initial) Brad L. Dee			Transaction ID: SB29.5550 Date of Disbursement
	Mailing Address 111 W. 5600 so.			0 9 M / 2 2 / Y 2 0 1 0
	City Ogden	State Zip Code UT 84405		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution			500.00
	Candidate Name		Category/ Type	
	Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)		
	Full Name (Last, First, Middle Initial) Brad Wilson			Transaction ID: SB29.5528 Date of Disbursement
	Mailing Address 1423 W. Whispering Me		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	
	City Kaysville	State Zip Code UT 84041		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name		Category/	300.00
	Senate	ement For: Primary General Other (specify)	Туре	
	State: President State:	Guici (Specify)		

	CHEDULE B (FEC FOIII 3X)		arate schedule(s)				E NUMBER: PAGE 11 / 15
	EMIZED DISBURSEMENTS	Detailed :	category of the Summary Page		À	21b 27	22 23 24 25 28a 28b 28c X 29
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam						
\rangle	NAME OF COMMITTEE (In Full) Utah Medical Political Action Committee						
	Full Name (Last, First, Middle Initial) Brent H. Goodfellow						Transaction ID: SB29.5540 Date of Disbursement
	Mailing Address 3620 S. 6000 W						$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City West Valley City	State UT	Zip Code 84128				Amount of Each Disbursement this Pe
	Purpose of Disbursement Contribution				0		350.00
	Candidate Name				ateg Typ	ory/ e	
	Office Sought: House Disburs	Primary Other (spe	General ecify) ▼				
	Full Name (Last, First, Middle Initial) Dan Liljenquest						Transaction ID: SB29.5536 Date of Disbursement
	Mailing Address 553 S. Davis Blvd						$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Bountiful	State UT	Zip Code 84010				Amount of Each Disbursement this Pe
	Purpose of Disbursement Contribution				0		750.00
	Candidate Name				ateg Typ	-	
	Office Sought: House Disburs	ement For: Primary Other (spe	General ecify) ▼				
	Full Name (Last, First, Middle Initial) Dean Sanpei						Transaction ID: SB29.5532 Date of Disbursement
	Mailing Address 2145 N. 1450 E.						08 26 2010
	City Provo	State UT	Zip Code 84604				Amount of Each Disbursement this Pe
	Purpose of Disbursement contribution Candidate Name			otoc	ony/	300.00	
					ateg Typ		
	Senate President	ement For: Primary Other (spe	General ecify) ▼				
	State: District:						

SCHEDULE B (FEC Form 3X)

		Use separate schedule(s)		neck only	NUMBE / one)					: 12/	10	
ΙT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	,		21b 27	22 28a	_	23 28b	24		25 29	F	3
	y Information copied from such Reports and Stater or commercial purposes, other than using the nam NAME OF COMMITTEE (In Full)												_
K	Utah Medical Political Action Committee												
	Full Name (Last, First, Middle Initial) Friends of Jim Nielson							burse	ment		30 2 0 1	o Y	
	Mailing Address 331 E. 1900 So.					0.8		2	Ь		201	U	
	City Bountiful	State Zip Code UT 84010				Amou	int of	Each	Disbur		nt this		od
	Purpose of Disbursement contribution					L.	_	-	•		250.0	0	_
	Candidate Name			ateg Typ	ory/ e								
	Office Sought: House Disburs Senate President State: District:	ement For: Primary Genera Other (specify)											
	Full Name (Last, First, Middle Initial)					Trans	actio	n ID:	SB2	 29.55	48		_
	Gage Froerer					Date		burse	ment			Υ	
	Mailing Address P.O. Box 379					0 9		^D 2	2 ′		201	0	
	City Huntsville	State Zip Code UT 84317				Amou	int of	Each	Disbur	seme	nt this	Perio	00
	Purpose of Disbursement Contribution			*							250.0	0	_
	Candidate Name			ateg Typ	jory/ e								
	Office Sought: Senate President State: Disburse	ement For: Primary Genera Other (specify)											
	Full Name (Last, First, Middle Initial) Gene Davis					Date	of Dis	burse					_
	Mailing Address 865 Parkway Ave.					0 9	M /	^D 2	^D /	Y . 2	201	0 ^Y	
	City Salt Lake City	State Zip Code UT 84106				Amou	int of	Each	Disbur	seme	nt this	Perio	00
	Purpose of Disbursement Contribution					L.				;	350.0	0	_
	Candidate Name			ateg Typ	jory/ e								
	Office Sought: Senate President State: Disburse	ement For: Primary Genera Other (specify)											
	Diotrioti												_

	CHEDOLE B (I	EC Form	3A)	Use sepa	rate schedule(s)			E NUMBER	:	PA	GE 13/	15
IT	EMIZED DISB	URSEMEN	TS	for each	category of the Summary Page		(check or 21b	22	23	24	25	
An	y Information copied fro	om such Reports	and Stateme	nts may no	ot be sold or used	d by a	27 ny person	for the pure	28b	28c	X 29	
	for commercial purpose											
\rangle	NAME OF COMMITT Utah Medical Polit		nmittee									
	Full Name (Last, First House Democrats	, Middle Initial)							ction ID: Disbursen		5522	
	Mailing Address 3	310 E.4500 So.						0 8 M	/ D 1 7	7 / Y	ž 0 1 () ^Y
	City SLC			ate IT	Zip Code 84107			Amoun	of Each D	isburse		
	Purpose of Disbursement Contribution Candidate Name					Cat	egory/			•	250.00	, ,
	Office Sought:	House	Disbursem	ent For:			ype					
		Senate President	F	Primary Other (spe	General cify) ▼							
		strict:										
	Full Name (Last, First, Middle Initial) Jerry Stevenson							Date of	ction ID: Disbursen	nent		
	Mailing Address 466 S. 1700 W							0 9	[/] 22	8 / Y	ž 0 1 () Y
	City Layton			ate IT	Zip Code 84041			Amoun	of Each D	isburse	•	
	Purpose of Disbursen Contribution					L.		0 0	600.00)		
	Candidate Name						egory/ ype					
	Office Sought:	House Senate President		ent For: Primary Other (spe	General							
		strict:										
	Full Name (Last, First, Middle Initial) Jim Dunnigan							Date of	ction ID: Disbursen	nent		Y
	Mailing Address 3105 W. 5400 So. Ste 6							0 8	[/] 3 1		2010)
	City Taylorsville			ate IT	Zip Code 84118			Amoun	of Each D	isburse	•	
	Purpose of Disbursement Contribution						·				300.00	,
	Candidate Name						egory/ ype					
	Office Sought:	House Senate		ent For: Primary Other (spe	General							
		President		J 1 (OPO	oj/ ₩							
	State: Dis	President strict:			<u> </u>							

SCHEDULE B (FEC Form 3X)

SCHEDOLL B (I LC I O	(S) /	-	LINE NUMBER: PAGE 14 / 1 k only one)					
ITEMIZED DISBURSEM	IENTS for De	each category of the etailed Summary Pag	1 –	21b 27	22 28a	23 28b	24 28c X	25 29
Any Information copied from such Re or for commercial purposes, other that NAME OF COMMITTEE (In Full) Utah Medical Political Action	n using the name and							
Full Name (Last, First, Middle Initive Keith Grover Mailing Address 1374 W. 19						Disbursen		6 0 1 0 Y
City Provo Purpose of Disbursement Campaign Contribution Candidate Name	State UT	Zip Code 84604		egory/ ype	Amour	t of Each D	isbursemen 5	t this Period
Office Sought: House Senate President State: District:				урс				
Margaret Dayton						ction ID: Disbursen		6 0 1 0 °
City Orem Purpose of Disbursement Contribution Candidate Name	State UT	Zip Code 84058		egory/ ype	Amour	t of Each D	isbursemen 10	t this Period
Office Sought: House Senate President State: District:			al					
Full Name (Last, First, Middle Initi Patricia Jones Mailing Address 4571 Syca	, 					Disbursen	_	2 0 1 0 °
City Salt Lake City Purpose of Disbursement Contribution Candidate Name	State TN	Zip Code 84117		egory/ ype	Amour	t of Each D	isbursemen 6	t this Period
Office Sought: House Senate President State: District:	Disbursement Prin Othe		al					
	•							00.00

A.

В.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only						
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 23 24 25 26 28a 28b 28c X 29 30b					
Any Information copied from such Reports and Stateme or for commercial purposes, other than using the name	ents may not be sold or used b and address of any political co	y any person for mittee to sol	or the purpose of soliciting contributions cit contributions from such committee					
NAME OF COMMITTEE (In Full) Utah Medical Political Action Committee								
Full Name (Last, First, Middle Initial) Utah Medical Association			Transaction ID: SB29.5525 Date of Disbursement					
Mailing Address 310 E. 4500 So. Ste 500			099 / 030 / 2010					
	state Zip Code JT 84107		Amount of Each Disbursement this Period					
Purpose of Disbursement PAC Lunch for Annual House of Delegates Meeting			3477.63					
Candidate Name		Category/ Type						
President	nent For: Primary General Other (specify)							
State: District:								
Full Name (Last, First, Middle Initial) Utah Senate Republican Campaign Commit		Transaction ID: SB29.5524 Date of Disbursement						
Mailing Address 1220 Harrison Ave			$\begin{bmatrix} 0 & 9 & M \\ 0 & 9 & M \end{bmatrix}$ $\begin{bmatrix} 1 & 2 & 9 \\ 0 & 2 & 0 \end{bmatrix}$ $\begin{bmatrix} 1 & 2 & 2 \\ 0 & 2 & 0 \end{bmatrix}$					
,	itate Zip Code JT 84105		Amount of Each Disbursement this Period					
Purpose of Disbursement Contribution			1350.00					
Candidate Name		Category/ Type						
	nent For: Primary General Other (specify) ▼							

		4827.63
SUBTOTAL of Disbursements This Page (optional)		7027.03
TOTAL This Period (last page this line number only)	•	17015.13

State:

District: