

**FEC  
FORM 3X**

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

Office Use Only

1. NAME OF COMMITTEE (In full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

Utah Medical Political Action Committee

ADDRESS (number and street)

540 East 500 South

Check if different than previously reported. (ACC)

Salt Lake City,

UT

84102

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00003210

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- X April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

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

01

01

2005

through

03

31

2005

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

Val J Bateman

Signature of Treasurer

Electronically Filed by Val J Bateman

Date

04

11

2005

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. 02/2003)

**SUMMARY PAGE**

**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Utah Medical Political Action Committee

Report Covering the Period: From: <sup>M</sup>01 <sup>D</sup>01 <sup>Y</sup>2005 To: <sup>M</sup>03 <sup>D</sup>31 <sup>Y</sup>2005

	<b>COLUMN A</b> This Period	<b>COLUMN B</b> Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Y</sup> 2005		78651.30
(b) Cash on Hand at Beginning of Reporting Period .....	78651.30	
(c) Total Receipts (from Line 19) .....	5556.00	5556.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	84207.30	84207.30
<hr/>		
7. Total Disbursements (from Line 31) .....	2250.00	2250.00
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	81957.30	81957.30
<hr/>		
9. Debts and Obligations owed <b>TO</b> the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	

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**

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Write or Type Committee Name

Utah Medical Political Action Committee

Report Covering the Period: From: <sup>M</sup>01 <sup>-</sup>01 <sup>-</sup>2005 To: <sup>M</sup>03 <sup>-</sup>31 <sup>-</sup>2005

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 .....	4500.00	4500.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	4500.00	4500.00
(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) .....	4500.00	4500.00
12. Transfers From Affiliated/Other Party Committees .....	17.86	17.86
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	1038.14	1038.14
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(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)) .....	5556.00	5556.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	5556.00	5556.00

**DETAILED SUMMARY PAGE**

of Disbursements

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. 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 (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	2250.00	2250.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(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 ActMty (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	2250.00	2250.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	2250.00	2250.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	4500.00	4500.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4500.00	4500.00
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) .....	1038.14	1038.14
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-1038.14	-1038.14

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 9

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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) A. American Medical Political Action Committee Mailing Address 1101 Vermont Ave., NW <hr/> City State Zip Code Chicago, IL 20005 <hr/> FEC ID number of contributing federal political committee. <b>C</b> C00000422	Date of Receipt M / D / Y U / S / A 02 / 28 / 2005 <hr/> Transaction ID: SA12.4681 <hr/> Amount of Each Receipt this Period 17.86 <hr/> Joint Fundraising
Name of Employer  Receipt For: Primary General Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 17.86

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>17.86</b>
TOTAL This Period (last page this line number only) .....	▶	<b>17.86</b>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 9

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full) Utah Medical Political Action Committee	
Full Name (Last, First, Middle Initial) A. American Medical Political Action Committee	Date of Receipt M / D / Y U / S / A 02 / 28 / 2005
Mailing Address 1101 Vermont Ave., NW	Transaction ID: SA15.4682
City State Zip Code Chicago, IL 20005	Amount of Each Receipt this Period 1038.14
FEC ID number of contributing federal political committee. C C00000422	Sustaining Rebate
Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 1056.00

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1038.14</b>
TOTAL This Period (last page this line number only) .....	▶	<b>1038.14</b>

**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)

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<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)  
Utah Medical Political Action Committee

Full Name (Last, First, Middle Initial)  
A. American Medical Political Action Committee

Mailing Address 1101 Vermont Ave., NW

City Chicago, State IL Zip Code 20005

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: SB29.4688  
Date of Disbursement  
01 / 31 / 2005

Amount of Each Disbursement this Period  
1000.00

Full Name (Last, First, Middle Initial)  
B. American Medical Political Action Committee

Mailing Address 1101 Vermont Ave., NW

City Chicago, State IL Zip Code 20005

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: SB29.4689  
Date of Disbursement  
02 / 28 / 2005

Amount of Each Disbursement this Period  
250.00

Full Name (Last, First, Middle Initial)  
C. American Medical Political Action Committee

Mailing Address 1101 Vermont Ave., NW

City Chicago, State IL Zip Code 20005

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: SB29.4690  
Date of Disbursement  
03 / 31 / 2005

Amount of Each Disbursement this Period  
200.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **1450.00**

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



**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)

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<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)  
Utah Medical Political Action Committee

Full Name (Last, First, Middle Initial)  
A. Senate Rep. Campaign Committee

Mailing Address 80 W. Girard

City Salt Lake City State UT Zip Code 84103

Purpose of Disbursement  
Donation

Candidate Name

Office Sought: House  
Senate  
President  
State: District

Disbursement For:  
Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: SB29.4686

Date of Disbursement

01 / 04 / 2005

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Utah House Republicans

Mailing Address 4658 Waterwood Drive

City West Valley City State UT Zip Code 84120

Purpose of Disbursement  
Donation

Candidate Name

Office Sought: House  
Senate  
President  
State: District

Disbursement For:  
Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: SB29.4683

Date of Disbursement

01 / 04 / 2005

Amount of Each Disbursement this Period

300.00

SUBTOTAL of Disbursements This Page (optional) ▶

800.00

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

2250.00