

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION COMMISSION
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93 OCT 18 PM 5:53

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <p style="text-align: center;">Utah Medical Political Action Committee</p>	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <p style="text-align: center;">540 East 500 South</p>	2. FEC IDENTIFICATION NUMBER <p style="text-align: center;">CD0000000 3210</p>
CITY, STATE and ZIP CODE <p style="text-align: center;">Salt Lake City, UT 84102</p>	3. <input type="checkbox"/> This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date).

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:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31

Twelfth day report preceding _____ (Type of Election)
 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

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>D7/D1/93</u> through <u>09/30/93</u>		
6. (a) Cash on Hand January 1, 19 <u>93</u>		\$ 9,689.22
(b) Cash on Hand at Beginning of Reporting Period	\$ 9,554.10	
(c) Total Receipts (from Line 19)	\$ 2,579.88	\$ 8,049.76
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 12,133.98	\$ 17,738.98
7. Total Disbursements (from Line 30)	\$ 1,227.50	\$ 6,832.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 10,906.48	\$ 10,906.48
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 900 E Street, NW Washington, DC 20483 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)	\$	

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 <p style="text-align: center;">J. Leon Sorenson</p>	
Signature of Treasurer 	Date <p style="text-align: center;">10/13/93</p>

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 Utah Medical Political Action Committee		REPORT COVERING PERIOD FROM 07/01/93 TO: 09/30/93	
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual Persons Other Than Political Committees			
i. Itemized (use Schedule A)		2,455.00	7,355.00
ii. Unitemized			
ii. Total	{add i and ii} >	2,455.00	7,355.00
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
c. Total Contributions	{add a iii, b and c} >	2,455.00	7,355.00
12. Transfers From Affiliated/Other Party Committees		120.00	680.00
13. All Loans Received			
14. Loan Repayments Received			
15. Officers To Operating Expenditures (Refunds, Receipts, etc.)			
15. Refunds of Contributions Made to Federal Candidates and Other Political Committees			
17. Other Federal Receipts (Dividends, Interest, etc.)		4.88	14.76
18. Transfers from Nonfederal Account for Joint Activity			
19. Total Receipts	{add 11d, 12, 13, 14, 15, 16, 17, and 18} >	2,579.88	8,049.76
20. Total Federal Receipts	{subtract line 18 from line 19} >		
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			
ii. Non-Federal Share			
b. Other Federal Operating Expenditures			
c. Total Operating Expenditures	{add a i, a ii, and b} >		
22. Transfers to Affiliated/Other Party Committees		1,227.50	5,632.50
23. Contributions to Federal Candidates/Committees and Other Political Committees			
24. Independent Expenditures (use Schedule E)			
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) ..			
26. Loan Repayments Made			
27. Loans Made			
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees			
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contribution Refunds	{add a, b and c} >		
29. Other Disbursements		--	1,200.00
30. Total Disbursements	{add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29} >	1,227.50	6,832.50
31. Total Federal Disbursements	{subtract line 21 a ii from line 30} >		
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11c)		2,455.00	7,355.00
33. Total Contribution Refunds (from line 28d)			
34. Net Contributions (other than loans){subtract line 33 from 32}		2,455.00	7,355.00
35. Total Federal Operating Expenditures	{add 21 a i and 21 b} >		
36. Offsets to Operating Expenditures (from line 15)			
37. Net Operating Expenditures	{subtract line 36 from 35} >		

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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

93038634361

A. Full Name, Mailing Address and ZIP Code Contributions from Utah Physicians/Spouses - Utah Medical Association	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period 2,455.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Sustaining Rebate		07/26/93	120.00
B. Full Name, Mailing Address and ZIP Code Am. Med. Political Action Committee 1101 Vermont Avenue, NW Washington, DC 20005		09/30/93	4.88
C. Full Name, Mailing Address and ZIP Code First Security Bank 79 South Main Street Salt Lake City, UT 84101			
D. Full Name, Mailing Address and ZIP Code			
E. Full Name, Mailing Address and ZIP Code			
F. Full Name, Mailing Address and ZIP Code			
G. Full Name, Mailing Address and ZIP Code			

SUBTOTAL of Receipts This Page (optional)	2,579.88
TOTAL This Period (last page this line number only)	2,579.88

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NAME OF COMMITTEE (in Full)

Utah Medical Political Action Committee

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A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Am. Med. Political Action Com. 1101 Vermont Avenue, NW Washington, DC 20005	Transfer Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/30/93	1,227.50
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	1,227.50
TOTAL This Period (last page this line number only)	1,227.50

**Federal Election Commission
 ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

Hand Delivered DATE OF RECEIPT

First Class Mail POSTMARKED
10/13/93

Registered/Certified Mail POSTMARKED

No Postmark

Postmark Illegible

Received from the House Office of Records and Registration DATE OF RECEIPT

Received from the Senate Office of Public Records DATE OF RECEIPT

Other (Specify): POSTMARKED
and/or DATE OF RECEIPT

J.A.G.
 PREPARER

10/18/93
 DATE PREPARED

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