

**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 ZIPCODE

C00003210

3. IS THIS REPORT  NEW (N) OR AMENDED (A)

|                                |                                                                                          |                                           |               |               |                                       |                                       |
|--------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------|---------------|---------------|---------------------------------------|---------------------------------------|
| 4. TYPE OF REPORT (Choose One) | (a) Quarterly Reports:                                                                   | (b) Monthly Report Due On:                | Feb 20 (M2)   | May 20 (M5)   | Aug 20 (M8)                           | Nov 20 (M11) (Non-Election Year Only) |
|                                | April 15 Quarterly Report(Q1)                                                            | Mar 20 (M3)                               | Jun 20 (M6)   | Sep 20 (M9)   | Dec 20 (M12) (Non-Election Year Only) |                                       |
|                                | July 15 Quarterly Report(Q2)                                                             | Apr 20 (M4)                               | Jul 20 (M7)   | Oct 20 (M10)  | Jan 31 (YE)                           |                                       |
|                                | October 15 Quarterly Report(Q3)                                                          | (c) 12-Day PRE-Election Report for the:   | Primary (12P) | General (12G) | Runoff (12R)                          |                                       |
|                                | January 31 Quarterly Report(YE)                                                          | Convention (12C)                          | Special (12G) |               |                                       |                                       |
|                                | <input checked="" type="checkbox"/> July 31 Mid-Year Report(Non-election Year Only) (MY) | Election on                               |               |               |                                       | in the State of                       |
|                                | Termination Report (TER)                                                                 | (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 2003 through 06 30 2003

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 07 17 2003

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 |  |  |  |  |  |  |  |
|-----------------|--|--|--|--|--|--|--|

**SUMMARY PAGE**

**OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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>2003 To: <sup>M</sup>06 <sup>D</sup>30 <sup>Y</sup>2003

|                                                                                                           | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|-----------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1 <sup>Y</sup> 2003                                                        |                         | 36956.70                          |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....                                                | 36956.70                |                                   |
| (c) Total Receipts (from Line 19) .....                                                                   | 45510.00                | 45510.00                          |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....      | 82466.70                | 82466.70                          |
| <hr/>                                                                                                     |                         |                                   |
| 7. Total Disbursements (from Line 31) .....                                                               | 20400.00                | 20400.00                          |
| <hr/>                                                                                                     |                         |                                   |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                 | 62066.70                | 62066.70                          |
| <hr/>                                                                                                     |                         |                                   |
| 9. Debts and Obligations owed TO<br>the committee (itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| <hr/>                                                                                                     |                         |                                   |
| 10. Debts and Obligations owed BY<br>the committee (itemize all on<br>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**

FEC Form 3X (Rev. 02/2003)

Page 3

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>2003 To: <sup>M</sup>06 <sup>D</sup>30 <sup>Y</sup>2003

| I. Receipts                                                                                            | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:                                                             |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees                                                |                               |                                   |
| (i) Itemized (use Schedule A) .....                                                                    | 0.00                          |                                   |
| (ii) Unitemized .....                                                                                  | 45510.00                      |                                   |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)) .....                                                        | 45510.00                      | 45510.00                          |
| (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) .....     | 45510.00                      | 45510.00                          |
| 12. Transfers From Affiliated/Other Party Committees .....                                             | 0.00                          | 0.00                              |
| 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) ..... | 0.00                          | 0.00                              |
| 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)) .....                          | 45510.00                      | 45510.00                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 45510.00                      | 45510.00                          |

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

| II. DISBURSEMENTS                                                                               | COLUMN A<br>Total This Period | COLUMN B<br>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.....                                                                    | 20400.00                      | 20400.00                          |
| 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))..        | 20400.00                      | 20400.00                          |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 20400.00                      | 20400.00                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

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| III. Net Contributions/Operating Expenditures                                       | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|-------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>from Line 11(d), page 3) .....        | 45510.00                      | 45510.00                          |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 45510.00                      | 45510.00                          |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 0.00                          | 0.00                              |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....             | 0.00                          | 0.00                              |

**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)

PAGE 6 / 10

|                              |                                        |                              |                              |                             |                              |
|------------------------------|----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input checked="" 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 type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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)<br>A. American Medical Political Action Committee |                                                           | Transaction ID: SB22.4345<br>Date of Disbursement<br>01 / 01 / 2003 |                   |
| Mailing Address 1101 Vermont Ave., NW                                                     |                                                           | Amount of Each Disbursement this Period<br><br>0.00                 |                   |
| City Chicago,                                                                             | State IL                                                  |                                                                     | Zip Code 20005    |
| Purpose of Disbursement                                                                   |                                                           |                                                                     | Category/<br>Type |
| Candidate Name                                                                            |                                                           |                                                                     |                   |
| Office Sought: House<br>Senate<br>President<br>State: District                            | Disbursement For:<br>Primary General<br>Other (specify) ▼ |                                                                     |                   |

|                                                           |   |      |
|-----------------------------------------------------------|---|------|
| SUBTOTAL of Disbursements This Page (optional) .....      | ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ..... | ▶ | 0.00 |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

|                                                                         |                                      |                                    |                                    |                                    |                                              |                                    |
|-------------------------------------------------------------------------|--------------------------------------|------------------------------------|------------------------------------|------------------------------------|----------------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one) |                                    |                                    |                                    | PAGE 7 / 10                                  |                                    |
|                                                                         | <input type="checkbox"/> 21b<br>27   | <input type="checkbox"/> 22<br>28a | <input type="checkbox"/> 23<br>28b | <input type="checkbox"/> 24<br>28c | <input checked="" type="checkbox"/> 25<br>29 | <input type="checkbox"/> 26<br>30b |

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NAME OF COMMITTEE (In Full)  
Utah Medical Political Action Committee

|                                                                                           |                                                        |                                                                     |
|-------------------------------------------------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br>A. American Medical Political Action Committee |                                                        | Transaction ID: SB29.4480<br>Date of Disbursement<br>01 / 31 / 2003 |
| Mailing Address 1101 Vermont Ave., NW                                                     |                                                        | Amount of Each Disbursement this Period<br><br>1020.00              |
| City Chicago,                                                                             | State IL Zip Code 20005                                |                                                                     |
| Purpose of Disbursement                                                                   | Category/<br>Type                                      |                                                                     |
| Candidate Name                                                                            |                                                        |                                                                     |
| Office Sought: House<br>Senate<br>President<br>State: District                            | Disbursement For: Primary General<br>Other (specify) ▼ |                                                                     |

|                                                                                           |                                                        |                                                                     |
|-------------------------------------------------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br>B. American Medical Political Action Committee |                                                        | Transaction ID: SB29.4481<br>Date of Disbursement<br>02 / 28 / 2003 |
| Mailing Address 1101 Vermont Ave., NW                                                     |                                                        | Amount of Each Disbursement this Period<br><br>350.00               |
| City Chicago,                                                                             | State IL Zip Code 20005                                |                                                                     |
| Purpose of Disbursement                                                                   | Category/<br>Type                                      |                                                                     |
| Candidate Name                                                                            |                                                        |                                                                     |
| Office Sought: House<br>Senate<br>President<br>State: District                            | Disbursement For: Primary General<br>Other (specify) ▼ |                                                                     |

|                                                                                           |                                                        |                                                                     |
|-------------------------------------------------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br>C. American Medical Political Action Committee |                                                        | Transaction ID: SB29.4482<br>Date of Disbursement<br>03 / 31 / 2003 |
| Mailing Address 1101 Vermont Ave., NW                                                     |                                                        | Amount of Each Disbursement this Period<br><br>357.50               |
| City Chicago,                                                                             | State IL Zip Code 20005                                |                                                                     |
| Purpose of Disbursement                                                                   | Category/<br>Type                                      |                                                                     |
| Candidate Name                                                                            |                                                        |                                                                     |
| Office Sought: House<br>Senate<br>President<br>State: District                            | Disbursement For: Primary General<br>Other (specify) ▼ |                                                                     |

|                                                           |   |                |
|-----------------------------------------------------------|---|----------------|
| SUBTOTAL of Disbursements This Page (optional) .....      | ▶ | <b>1727.50</b> |
| 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:<br>(check only one)                        |                                                             |                                                             |                                                             | PAGE 8 / 10                                                           |                                                             |
|                                                                         | <input type="checkbox"/> 21b<br><input type="checkbox"/> 27 | <input type="checkbox"/> 22<br><input type="checkbox"/> 28a | <input type="checkbox"/> 23<br><input type="checkbox"/> 28b | <input type="checkbox"/> 24<br><input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 25<br><input type="checkbox"/> 29 | <input type="checkbox"/> 26<br><input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
Utah Medical Political Action Committee

|                                                                                           |                                                     |                                                                     |
|-------------------------------------------------------------------------------------------|-----------------------------------------------------|---------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br>A. American Medical Political Action Committee |                                                     | Transaction ID: SB29.4483<br>Date of Disbursement<br>04 / 30 / 2003 |
| Mailing Address 1101 Vermont Ave., NW                                                     |                                                     | Amount of Each Disbursement this Period<br><br>8150.00              |
| City Chicago, State IL Zip Code 20005                                                     | Category/<br>Type                                   |                                                                     |
| Purpose of Disbursement                                                                   |                                                     |                                                                     |
| Candidate Name                                                                            |                                                     |                                                                     |
| Office Sought: House Senate President State: District                                     | Disbursement For: Primary General Other (specify) ▼ |                                                                     |

|                                                                                           |                                                     |                                                                     |
|-------------------------------------------------------------------------------------------|-----------------------------------------------------|---------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br>B. American Medical Political Action Committee |                                                     | Transaction ID: SB29.4484<br>Date of Disbursement<br>05 / 30 / 2003 |
| Mailing Address 1101 Vermont Ave., NW                                                     |                                                     | Amount of Each Disbursement this Period<br><br>3622.50              |
| City Chicago, State IL Zip Code 20005                                                     | Category/<br>Type                                   |                                                                     |
| Purpose of Disbursement                                                                   |                                                     |                                                                     |
| Candidate Name                                                                            |                                                     |                                                                     |
| Office Sought: House Senate President State: District                                     | Disbursement For: Primary General Other (specify) ▼ |                                                                     |

|                                                                                           |                                                     |                                                                     |
|-------------------------------------------------------------------------------------------|-----------------------------------------------------|---------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br>C. American Medical Political Action Committee |                                                     | Transaction ID: SB29.4486<br>Date of Disbursement<br>06 / 27 / 2003 |
| Mailing Address 1101 Vermont Ave., NW                                                     |                                                     | Amount of Each Disbursement this Period<br><br>1750.00              |
| City Chicago, State IL Zip Code 20005                                                     | Category/<br>Type                                   |                                                                     |
| Purpose of Disbursement                                                                   |                                                     |                                                                     |
| Candidate Name                                                                            |                                                     |                                                                     |
| Office Sought: House Senate President State: District                                     | Disbursement For: Primary General Other (specify) ▼ |                                                                     |

|                                                           |   |                 |
|-----------------------------------------------------------|---|-----------------|
| SUBTOTAL of Disbursements This Page (optional) .....      | ▶ | <b>13522.50</b> |
| 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:<br>(check only one) |                                    |                                    |                                    | PAGE 9 / 10                                  |                                    |
|                                                                         | <input type="checkbox"/> 21b<br>27   | <input type="checkbox"/> 22<br>28a | <input type="checkbox"/> 23<br>28b | <input type="checkbox"/> 24<br>28c | <input checked="" type="checkbox"/> 25<br>29 | <input type="checkbox"/> 26<br>30b |

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NAME OF COMMITTEE (In Full)  
Utah Medical Political Action Committee

|                                                                      |                                                              |                                                                     |
|----------------------------------------------------------------------|--------------------------------------------------------------|---------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br>A. Governor's Spring Gala |                                                              | Transaction ID: SB29.4485<br>Date of Disbursement<br>06 / 12 / 2003 |
| Mailing Address PO Box 1950                                          |                                                              | Amount of Each Disbursement this Period<br><br>3500.00              |
| City<br>Salt Lake City                                               | State<br>UT                                                  |                                                                     |
| Zip Code<br>84110-1950                                               | Category/<br>Type                                            |                                                                     |
| Purpose of Disbursement<br>Contribution                              | Candidate Name                                               |                                                                     |
| Office Sought:<br>House<br>Senate<br>President                       | Disbursement For:<br>Primary<br>General<br>Other (specify) ▼ |                                                                     |
| State:<br>District                                                   |                                                              |                                                                     |

|                                                                                         |                                                              |                                                                     |
|-----------------------------------------------------------------------------------------|--------------------------------------------------------------|---------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br>B. Utah House Republican Elections Committee |                                                              | Transaction ID: SB29.4476<br>Date of Disbursement<br>01 / 15 / 2003 |
| Mailing Address 175 So. West Temple, Suite 700                                          |                                                              | Amount of Each Disbursement this Period<br><br>500.00               |
| City<br>Salt Lake City,                                                                 | State<br>UT                                                  |                                                                     |
| Zip Code<br>84101                                                                       | Category/<br>Type                                            |                                                                     |
| Purpose of Disbursement<br>Contribution                                                 | Candidate Name                                               |                                                                     |
| Office Sought:<br>House<br>Senate<br>President                                          | Disbursement For:<br>Primary<br>General<br>Other (specify) ▼ |                                                                     |
| State:<br>District                                                                      |                                                              |                                                                     |

|                                                                     |                                                              |                                                                     |
|---------------------------------------------------------------------|--------------------------------------------------------------|---------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br>C. Utah Republican Party |                                                              | Transaction ID: SB29.4478<br>Date of Disbursement<br>01 / 15 / 2003 |
| Mailing Address 117 East South Temple                               |                                                              | Amount of Each Disbursement this Period<br><br>1000.00              |
| City<br>Salt Lake City,                                             | State<br>UT                                                  |                                                                     |
| Zip Code<br>84111                                                   | Category/<br>Type                                            |                                                                     |
| Purpose of Disbursement<br>Contribution                             | Candidate Name                                               |                                                                     |
| Office Sought:<br>House<br>Senate<br>President                      | Disbursement For:<br>Primary<br>General<br>Other (specify) ▼ |                                                                     |
| State:<br>District                                                  |                                                              |                                                                     |

|                                                           |   |         |
|-----------------------------------------------------------|---|---------|
| SUBTOTAL of Disbursements This Page (optional) .....      | ▶ | 5000.00 |
| 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)<br>A. Utah State Senate Democrats |                                                           | Transaction ID: SB29.4477<br>Date of Disbursement<br>01 / 15 / 2003 |                   |
| Mailing Address PO Box 520291                                             |                                                           | Amount of Each Disbursement this Period<br><br>150.00               |                   |
| City<br>Salt Lake City                                                    | State<br>UT                                               |                                                                     | Zip Code<br>84152 |
| Purpose of Disbursement<br>Contribution                                   |                                                           |                                                                     | Category/<br>Type |
| Candidate Name                                                            |                                                           |                                                                     |                   |
| Office Sought:<br>House<br>Senate<br>President<br>State: District         | Disbursement For:<br>Primary General<br>Other (specify) ▼ |                                                                     |                   |

|                                                           |   |          |
|-----------------------------------------------------------|---|----------|
| SUBTOTAL of Disbursements This Page (optional) .....      | ▶ | 150.00   |
| TOTAL This Period (last page this line number only) ..... | ▶ | 20400.00 |