$\{0\}$ O (1)

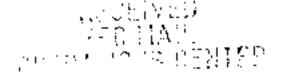
FEC FORM 1

Uşe

Only

FE3AN042

STATEMENT OF **ORGANIZATION**



					Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if na is changed)		mple: If typing, type the lines.	12FE4M	5
Utah Medical	Political A	ction Co	mmittee :	·	
<u> </u>			1 1 1 1 1 1		
ADDRESS (number and street)	310 Eas	t 4500 s	outh, Suite #	500 . ,	<u> </u>
(Check if address is changed)	Salt L	ake City		UT	84107 4250
		CÎTY 🛦		STATE A	ZIP CODE A
committee's e-mail addre			<u> </u>	;	
COMMITTEE'S WEB PAGE AD	DRESS (URL)				
www.utahmed.	org ; ; , , ,	<u>, i,</u>	<u>. i . i . ! . i </u>	<u> </u>	<u>,, , , , , , , , , , , , , , , , , , ,</u>
	<u></u>			! . <u></u>	<u>. i </u>
COMMITTEE'S FAX NUMBER 801 - 747 - 350 2. DATE	<u>)1.</u> 5 ' '2006 '				
3. FEC IDENTIFICATION N	ŲMBEA ►	C 000032	210		
4. IS THIS STATEMENT	NEW (N)	OR X	AMENDED (A)		
I certify that I have examined to	his Statement and to t	the best of my	knowledge and belief it	is true, corre	ect and complete.
Type or Print Name of Treasure	val J Ba	ateman		/ ·	·
Signature of Treasurer	246	950 de	er-	Date 1	2 15 2006
NOTE: Submission of false, erron	·	·	bject the person signing to		to the penalties of 2 U.S.C. §437g.
Office			For further information c	entact:	SEC SORM 1

Federal Election Commission

Toli Free 800-424-9530

Local 202-694-1100

FEC FORM 1

(Revised 02/2003)

FE3AN042

	TYPE OF CO	DMMITTEE (Check One)
	(B)	This committee is a principal campaign committee. (Complete the candidate information below.)
	(p) X	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
	Name of Candidate	<u> </u>
	Candidate Party Affiliatio	Office State State District
	(c) .	This committee supports/opposes only one candidate, and is NOT an authorized committee.
	Name of Candidate	
	(d)	(National, State (Democratic, or subordinate) committee of the Republican, etc.) Party.
	(e) X	This committee is a separate segregated fund.
	(f) (i)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.
ŝ.	Name of Any	y Connected Organization or Affiliated Committee
	<u>, </u> Ameri	can Medical Political Action Committee
L	<u> </u>	
	Mailing Addre	ess 1101 Verπφnt Ayenue, NW
		CITY ▲ STATÉ ▲ ZIP CODE ▲
	Relationship	
	·	nected Organization:
	Type of Conr	nected Organization: coration Corporation w/o Capital Stock Labor Organization
	Type of Conr Corp	

Write or Type Committee Name

II+ ah	Medical	Political	Action	Committee
utan	Medicar	PULLLICAL	MOCTON	こうびばい エ ここここ

Custodian of Reco books and records.	rds: Identify by name, address (phone number optional) and position of the person in possession of committee
Full Name	Taunie W. McLachlan
Mailing Address	310 East 4500 South, Suite #500
	Salt Lake City UT 84107 4250
Title or Position▼	CITY ▲ STATE ▲ ZIP CODE ▲
Accounti	ng Manager Telephone number 801 - 747 - 3500
	name and address (phone number optional) of the treasurer of the committee; and the name and address of ent (e.g., assistant treasurer).
Full Name of Treasurer	Val J Bateman
Mailing Address	310 East 4500 South, Suite #500
	<u> </u>
	Salt Lake City UT 84107 - 4250
Title or Position▼	CITY ▲ STATE ▲ ZIP CODE ▲
Executiv	e Vice President Telephone number 801 - 747 - 3500
Full Name of Designated Agent	
Mailing Address	
Title or Position▼	CITY ▲ STATE ▲ ZIP CODE ▲
	Telephone number

9.	Banks or Other	Depositories: List all banks or other depositories in which the commoxes or maintains funds.	nittee deposits t	funds, holds accounts, rents
	Name of Bank,			
		Wells Fargo Bank	<u> </u>	
	Mailing Address	1299 South Main, 11th Floor	<u> </u>	<u> </u>
				<u> </u>
		Salt Lake City	$\mathbf{U}_{\mathbf{T}}$	84111
		CITY A	STATE A	ZIP CODE A
	Name of Bank,	Depository, etc.		
				<u> </u>
	Mailing Address	<u> </u>		
				<u> </u>
		<u> </u>		<u> </u>
		CITY A	STATE A	ZIP CODE A

Memo from

TAUNIE McLACHLAN,

Accounting Manager/Meeting Planner

UTAH MEDICALASSOCIATION

540 East 500 South - Salt Lake City. Utah 84102 (801) 355-7477 Fax: (801) 532-1550

Smit the is now puts.
Sufficient for your needs.

Hand Delivered Date of Receipt
USPS First Class Mail USPS Registered/Certified Postmarked (R/C) USPS Priority Mail Delivery Confirmation™ or Signature Confirmation™ Label USPS Express Mail Postmarked Postmarked Postmarked Postmarked Overnight Delivery Service (Specify): Next Business Day Delivery
USPS Registered/Certified Delivery Confirmation™ or Signature Confirmation™ Label Delivery Confirmation™ or Signature Confirmation™ Label Postmarked Postmark Illegible No Postmark Overnight Delivery Service (Specify):
USPS Priority Mail Delivery Confirmation™ or Signature Confirmation™ Label Postmarked USPS Express Mail Postmark Illegible No Postmark Shipping Date Overnight Delivery Service (Specify):
USPS Express Mail Postmark Illegible No Postmark No Postmark Shipping Date Overnight Delivery Service (Specify): Next Business Day Delivery
USPS Express Mail Postmark Illegible No Postmark Shipping Date Overnight Delivery Service (Specify): Next Business Day Delivery
No Postmark Shipping Date Overnight Delivery Service (Specify): Next Business Day Delivery
Overnight Delivery Service (Specify): Next Business Day Delivery
Overnight Delivery Service (Specify): Next Business Day Delivery
Date of Receipt
Received from House Records & Registration Office
Date of Receipt Received from Senate Public Records Office
Date of Receipt Received from Electronic Filing Office
Other (Specify):
Jnp
PREPARER DATE PREPARED (3/2005)