

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

WYOMING MEDICAL POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 10 / 01 / 2010 To: 11 / 22 / 2010

10030501949

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2010</u>		13561.62
(b) Cash on Hand at Beginning of Reporting Period.....	9,112.64	
(c) Total Receipts (from Line 19).....	3,000.00	7,600.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	12,112.64	21,161.62
7. Total Disbursements (from Line 31).....	1,212.80	10,261.78
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	10,899.84	10,899.84
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....		

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

Write or Type Committee Name

Wyoming Medical Political Action Committee

Report Covering the Period: From:

10' 01' 2010

To:

11' 22' 2010

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).....

4,500.00

1,650.00

(ii) Unitemized.....

2,550.00

5,950.00

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

3,000.00

7,600.00

(b) Political Party Committees.....

(c) Other Political Committees (such as PACs).....

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

3,000.00

7,600.00

12. Transfers From Affiliated/Other Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

17. Other Federal Receipts (Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

3,000.00

7,600.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

3,000.00

7,600.00

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DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures	12.80	16,178
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	12.80	16,178
22. Transfers to Affiliated/Other Party Committees	1,200.00	3,000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees		
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
29. Other Disbursements		7,100.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add .. 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)) ..	12,122.80	10,261.78
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	12,122.80	10,261.78

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DETAILED SUMMARY PAGE
of Disbursements

**III. Net Contributions/Operating Ex-
penditures**

**COLUMN A
Total This Period**

**COLUMN B
Calendar Year-to-Date**

33. Total Contributions (other than loans) (from Line 11(d), page 3)	300000	760000
34. Total Contribution Refunds (from Line 28(d))00	.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	300000	760000
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1280	161.78
37. Offsets to Operating Expenditures (from Line 15, page 3)00	.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1280	161.78

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SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE	OF
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 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)

Wyoming Medical Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joseph Horam

Mailing Address

631 Gramercy Drive

City
Cheyenne

State

WY

Zip Code

82009

FEC ID number of contributing federal political committee.

C

Name of Employer

Cheyenne Childrens

Occupation

Physician

Receipt For:

Primary General
 Other (specify) ▼

CLINIC

Aggregate Year-to-Date ▼

40000

Date of Receipt

11 / 03 / 2010

Amount of Each Receipt this Period

20000

Full Name (Last, First, Middle Initial)

B. Cynthia Stevens

Mailing Address

172 Rosewood Ave

City
Lander

State

WY

Zip Code

82520

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

25000

Date of Receipt

11 / 03 / 2010

Amount of Each Receipt this Period

25000

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶

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

45000

45000

10030501953

**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 1 OF 2

21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)

Wyoming Medical Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ampac
Mailing Address 1101 Vermont
City Washington DC State Zip Code 20005
Purpose of Disbursement Transfer
Candidate Name
Office Sought: House Senate President
Disbursement For: Primary General Other (specify) Transfer
State: District:

Date of Disbursement

10 ' 26 ' 2010

Amount of Each Disbursement this Period

40000

008
Category/
Type

Full Name (Last, First, Middle Initial)

B. Ampac
Mailing Address 1101 Vermont
City Washington DC State Zip Code 20005
Purpose of Disbursement Transfer
Candidate Name
Office Sought: House Senate President
Disbursement For: Primary General Other (specify) Transfer
State: District:

Date of Disbursement

11 ' 03 ' 2010

Amount of Each Disbursement this Period

30000

008
Category/
Type

Full Name (Last, First, Middle Initial)

C. Ampac
Mailing Address 1101 Vermont
City Washington DC State Zip Code 20005
Purpose of Disbursement Transfer
Candidate Name
Office Sought: House Senate President
Disbursement For: Primary General Other (specify) Transfer
State: District:

Date of Disbursement

11 ' 16 ' 2010

Amount of Each Disbursement this Period

40000

008
Category/
Type

SUBTOTAL of Disbursements This Page (optional).....▶

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

1,100.00

10030501954

**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 2 OF 2

<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

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NAME OF COMMITTEE (In Full)

Wyoming Medical Political Action Committee

Full Name (Last, First, Middle Initial)

A.

Ampac
Mailing Address
1101 Vermont
City Washington State DC Zip Code 20005
Purpose of Disbursement
Transfer
Candidate Name
Office Sought: House Senate President
Disbursement For: Primary General Other (specify) Transfer
State: District:

Date of Disbursement

11 / 22 / 2010

Amount of Each Disbursement this Period

100.00

008
Category/
Type

B.

Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
Purpose of Disbursement
Candidate Name
Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Category/
Type

C.

Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
Purpose of Disbursement
Candidate Name
Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Category/
Type

SUBTOTAL of Disbursements This Page (optional).....▶

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

100.00
1,200.00

10030501955

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): *ups* Shipping Date
11/30/11
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

[Signature] *12/1/10*
 PREPARER DATE PREPARED

10030501956