

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

Utah Medical Political Action Committee

ADDRESS (number and street) 310 East 4500 South

Check if different than previously reported. (ACC) Suite 500

Salt Lake City, UT 84107-4250

2. **FEC IDENTIFICATION NUMBER ▼** C C00003210 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

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

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

- (b) Monthly Report Due On:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day **PRE-Election** Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on M M M / D D D / Y Y Y Y Y Y in the State of  

- (d) 30-Day **POST-Election** Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on M M M / D D D / Y Y Y Y Y Y in the State of  

5. Covering Period M M M / D D D / Y Y Y Y Y Y 01 / 01 / 2014 through M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2014

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 Michelle McOmber

Signature of Treasurer Michelle McOmber *[Electronically Filed]* Date M M M / D D D / Y Y Y Y Y Y 04 / 11 / 2014

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									
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Utah Medical Political Action Committee

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="30986.75"/>	<input type="text" value="30986.75"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="30986.75"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="6450.00"/>	<input type="text" value="6450.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="37436.75"/>	<input type="text" value="37436.75"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="30450.00"/>	<input type="text" value="30450.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="6986.75"/>	<input type="text" value="6986.75"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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

Write or Type Committee Name

**Utah Medical Political Action Committee**

Report Covering the Period: From:  /  /  To:  /  /

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).....	950.00	950.00
(ii) Unitemized .....	5500.00	5500.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	6450.00	6450.00
(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) .....	6450.00	6450.00
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 Transfers (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))..... ▶	6450.00	6450.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	6450.00	6450.00

**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 .....	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 Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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 .....	30450.00	30450.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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 Activity (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)) ..	30450.00	30450.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30450.00	30450.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	6450.00	6450.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	6450.00	6450.00
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).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 30
	(check only one)	
<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)  
**Utah Medical Political Action Committee**

**A. Bradford Bohman**  
Full Name (Last, First, Middle Initial)

Mailing Address 5475 S. 500 E.

City Ogden State UT Zip Code 84405-6905

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2014

**Transaction ID : SA11AI.6261**

Amount of Each Receipt this Period  
 250.00

Contribution

**B. David Cole**  
Full Name (Last, First, Middle Initial)

Mailing Address 144 S. 500 E. Floor 2

City SLC State UT Zip Code 84102

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 07 / 2014

**Transaction ID : SA11AI.6253**

Amount of Each Receipt this Period  
 200.00

Contribution

**C. Bryan J. Peterson**  
Full Name (Last, First, Middle Initial)

Mailing Address 5475 South 500 East

City Ogden State UT Zip Code 84405

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2014

**Transaction ID : SA11AI.6262**

Amount of Each Receipt this Period  
 250.00

contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 700.00

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

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

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

FOR LINE NUMBER: PAGE 7 OF 30  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input 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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NAME OF COMMITTEE (In Full)  
**Utah Medical Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Travis Slade**

Mailing Address 1954 Ft. Union Blvd Ste 106

City SLC	State UT	Zip Code 84121
-------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03	/	12	/	2014

**Transaction ID : SA11AI.6263**

Amount of Each Receipt this Period  

250.00
--------

contribution

Full Name (Last, First, Middle Initial)  
**B.**

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  

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period  

--

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  

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period  

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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	950.00

**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)

<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. Jake Anderegg**

Mailing Address 788 So. 2575 W

City Lehi State UT Zip Code 84043

Purpose of Disbursement  
campaign contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 02 / 2014

**Transaction ID : SB29.6293**

Amount of Each Disbursement this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Johnny Anderson**

Mailing Address 4289 S. El Camino St.

City Taylorsville State UT Zip Code 84119

Purpose of Disbursement  
campaign contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 02 / 2014

**Transaction ID : SB29.6311**

Amount of Each Disbursement this Period

375.00

Full Name (Last, First, Middle Initial)

**C. Patrice Arent**

Mailing Address 3665 E. 3800 S.

City SLC State UT Zip Code 84109

Purpose of Disbursement  
campaign contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 02 / 2014

**Transaction ID : SB29.6312**

Amount of Each Disbursement this Period

350.00

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

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

1075.00



**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)

<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. Stewart Barlow**

Mailing Address 940 Signal HI

City State Zip Code  
Fruit Heights UT 84037

Purpose of Disbursement  
campaign contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		02		2014

**Transaction ID : SB29.6300**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Roger E. Barris**

Mailing Address 322 E. 500 N.

City State Zip Code  
Centerville UT 84014

Purpose of Disbursement  
campaign contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		02		2014

**Transaction ID : SB29.6301**

Amount of Each Disbursement this Period

375.00
--------

Full Name (Last, First, Middle Initial)

**C. Jim Bird**

Mailing Address 5111 W. Woodworth Rd.

City State Zip Code  
West Jordan UT 84084

Purpose of Disbursement  
campaign contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		02		2014

**Transaction ID : SB29.6318**

Amount of Each Disbursement this Period

450.00
--------

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

1825.00
---------

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

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**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)

<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. Joel Briscoe**

Mailing Address 1124 E. 600 so.

City State Zip Code  
SLC UT 84102

Purpose of Disbursement  
campaign contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		02		2014

**Transaction ID : SB29.6306**

Amount of Each Disbursement this Period

350.00
--------

Full Name (Last, First, Middle Initial)

**B. Mel Brown**

Mailing Address P.O. Box 697

City State Zip Code  
Coalville UT 84017

Purpose of Disbursement  
campaign contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		02		2014

**Transaction ID : SB29.6325**

Amount of Each Disbursement this Period

400.00
--------

Full Name (Last, First, Middle Initial)

**C. Rebecca Chavez-Houk**

Mailing Address 643 East 16th Ave

City State Zip Code  
SLC UT 84103

Purpose of Disbursement  
campaign contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		02		2014

**Transaction ID : SB29.6305**

Amount of Each Disbursement this Period

375.00
--------

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

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

1125.00
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**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)

<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. Allen Christensen**

Mailing Address 1233 E. 2250 N

City N. Ogden State UT Zip Code 84414

Purpose of Disbursement  
campaign contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
01 / 02 / 2014

**Transaction ID : SB29.6283**

Amount of Each Disbursement this Period

700.00

Full Name (Last, First, Middle Initial)

**B. LaVar Christensen**

Mailing Address 12308 S. Raleigh Ct.

City Draper State UT Zip Code 84020

Purpose of Disbursement  
campaign contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
01 / 02 / 2014

**Transaction ID : SB29.6310**

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Kay Christofferson**

Mailing Address 1256 E. 1500 No.

City Lehi State UT Zip Code 84043

Purpose of Disbursement  
campaign contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
01 / 02 / 2014

**Transaction ID : SB29.6326**

Amount of Each Disbursement this Period

300.00

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

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

1300.00

**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)

<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. Committee to elect Curt Bramble**

Mailing Address 3663 N. 870 E.

City Provo State UT Zip Code 84604

Purpose of Disbursement  
contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 02 / 2014

**Transaction ID : SB29.6281**

Amount of Each Disbursement this Period

400.00

Full Name (Last, First, Middle Initial)

**B. Committee to Elect Dana Layton**

Mailing Address 984 S. 1000 E.

City Orem State UT Zip Code 84097

Purpose of Disbursement  
campaign contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 02 / 2014

**Transaction ID : SB29.6328**

Amount of Each Disbursement this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Committee to Elect Daniel Thatcher**

Mailing Address 6352 W. City Vistas Way

City W. Valley State UT Zip Code 84128

Purpose of Disbursement  
contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 02 / 2014

**Transaction ID : SB29.6276**

Amount of Each Disbursement this Period

400.00

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

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

1150.00

**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)

<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. Committee to Elect Dixon Pitcher**

Mailing Address 6470 Bybee Dr.

City Ogdden State UT Zip Code 84403

Purpose of Disbursement  
campaign contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 02 / 2014

**Transaction ID : SB29.6296**

Amount of Each Disbursement this Period

350.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Committee to Elect Gene Davis**

Mailing Address 865 E. Parkway Ave.

City Salt Lake City State UT Zip Code 84106

Purpose of Disbursement  
campaign contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 02 / 2014

**Transaction ID : SB29.6268**

Amount of Each Disbursement this Period

700.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Committee to Elect John Knotwell**

Mailing Address 12484 Homeland Dr.

City Herriman State UT Zip Code 84096

Purpose of Disbursement  
campaign contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 02 / 2014

**Transaction ID : SB29.6324**

Amount of Each Disbursement this Period

250.00

Category/  
Type

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

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

1300.00

**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)

<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. Committee to Elect Karen Mayne**

Mailing Address 5044 W. Bancock Cr.

City W Valley State UT Zip Code 84120

Purpose of Disbursement  
contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		02		2014

**Transaction ID : SB29.6269**

Amount of Each Disbursement this Period

300.00
--------

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Committee to Elect Kevin T. VanTassell**

Mailing Address 3424 W. 1500 N.

City Vernal State UT Zip Code 84078

Purpose of Disbursement  
campaign contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: UT District: 26

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		02		2014

**Transaction ID : SB29.6287**

Amount of Each Disbursement this Period

400.00
--------

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Committee to elect Lynn Hemingway**

Mailing Address 825 N. 300 W. Ste C400

City SLC State UT Zip Code 84103

Purpose of Disbursement  
campaign contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		02		2014

**Transaction ID : SB29.6316**

Amount of Each Disbursement this Period

250.00
--------

Category/  
Type

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

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

950.00
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**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)

<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. Committee to Elect Mark B. Madsen**

Mailing Address 1309 N. redwood Rd #321

City State Zip Code  
Saratoga Springs UT 84045

Purpose of Disbursement  
contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	2		2	0	1	4

**Transaction ID : SB29.6278**

Amount of Each Disbursement this Period

5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

**B. Committee to Elect Mike McKell**

Mailing Address 642 Kirby Lane Suite 105

City State Zip Code  
Spanish Ford UT 84660

Purpose of Disbursement  
campaign contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	2		2	0	1	4

**Transaction ID : SB29.6333**

Amount of Each Disbursement this Period

2	0	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Committee to Elect Rich Cunningham**

Mailing Address 2568 W. Horseshoe Cr

City State Zip Code  
So. Jordan UT 84095

Purpose of Disbursement  
campaign contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	2		2	0	1	4

**Transaction ID : SB29.6321**

Amount of Each Disbursement this Period

2	0	0	.	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

9	0	0	.	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

9	0	0	.	0	0
---	---	---	---	---	---

**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)

<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. Committee to Elect Robert Spendlove**

Mailing Address 8491 Treasure Mt. Dr

City Sandy State UT Zip Code 84093

Purpose of Disbursement  
campaign contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 17 / 2014

**Transaction ID : SB29.6340**

Amount of Each Disbursement this Period

450.00

Full Name (Last, First, Middle Initial)

**B. Committee to Elect Susan Duckworth**

Mailing Address 2901 Merton Way

City Magna State UT Zip Code 84044

Purpose of Disbursement  
campaign contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 02 / 2014

**Transaction ID : SB29.6303**

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Committee to Elect Wayne Harper**

Mailing Address 2094 Surrey Cr.

City Taylorsville State UT Zip Code 84129

Purpose of Disbursement  
contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 02 / 2014

**Transaction ID : SB29.6271**

Amount of Each Disbursement this Period

400.00

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

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

1150.00



**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)

<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. Tim M. Cosgrove**

Mailing Address 477 E. 6325 S.

City Murray State UT Zip Code 84107

Purpose of Disbursement  
campaign contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	4

**Transaction ID : SB29.6342**

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Jack Draxler**

Mailing Address 1946 No. 1650 E

City No Logan State UT Zip Code 84341

Purpose of Disbursement  
campaign contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	2		2	0	1	4

**Transaction ID : SB29.6291**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Jim Dunnigan**

Mailing Address 3070 Eugene Hill Way

City Taylorsville State UT Zip Code 84118

Purpose of Disbursement  
campaign contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	2		2	0	1	4

**Transaction ID : SB29.6315**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

1	0	0	0	0	0	0	0	0	0
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**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)

<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. Becky Edwards**

Mailing Address 1121 Eaglewood Loop

City N. Salt Lake State UT Zip Code 84054

Purpose of Disbursement  
campaign contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
01 / 17 / 2014

**Transaction ID : SB29.6339**

Amount of Each Disbursement this Period

600.00

Full Name (Last, First, Middle Initial)

**B. Gage Froerer**

Mailing Address P.O. Box 379

City Huntsville State UT Zip Code 84317

Purpose of Disbursement  
campaign contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
01 / 02 / 2014

**Transaction ID : SB29.6294**

Amount of Each Disbursement this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Keith Grover**

Mailing Address 1374 W. 1940 N.

City Provo State UT Zip Code 84604

Purpose of Disbursement  
campaign contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
01 / 02 / 2014

**Transaction ID : SB29.6330**

Amount of Each Disbursement this Period

600.00

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

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

1550.00

**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)

<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. Steve Handy**

Mailing Address 1355 E. 625 N.

City Layton State UT Zip Code 84040

Purpose of Disbursement  
campaign contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 02 / 2014

**Transaction ID : SB29.6299**

Amount of Each Disbursement this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Diedre Ut 84660 Henderson**

Mailing Address 462 Rivercross

City Spanish Fork State UT Zip Code 84660

Purpose of Disbursement  
contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 02 / 2014

**Transaction ID : SB29.6273**

Amount of Each Disbursement this Period

400.00

Full Name (Last, First, Middle Initial)

**C. Lyle Hillyard**

Mailing Address 175 E. First North

City Logan State UT Zip Code 84321

Purpose of Disbursement  
campaign contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 02 / 2014

**Transaction ID : SB29.6286**

Amount of Each Disbursement this Period

750.00

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

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

1500.00

**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)

<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. David P Hinkins**

Mailing Address P.O. Box 485

City State Zip Code  
Orangeville UT 84537

Purpose of Disbursement  
campaign contributin

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 02 / 2014

**Transaction ID : SB29.6288**

Amount of Each Disbursement this Period

650.00

Full Name (Last, First, Middle Initial)

**B. Gregory Hughes**

Mailing Address 14057 S. New Saddle Rd.

City State Zip Code  
Draper UT 84020

Purpose of Disbursement  
campaign contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 02 / 2014

**Transaction ID : SB29.6323**

Amount of Each Disbursement this Period

700.00

Full Name (Last, First, Middle Initial)

**C. Eric Hutchings**

Mailing Address 5438 W. Stony Ridge Circle

City State Zip Code  
Kears UT 84118

Purpose of Disbursement  
campaign contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 02 / 2014

**Transaction ID : SB29.6314**

Amount of Each Disbursement this Period

400.00

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

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

1750.00

**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)

<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. Don Ipson**

Mailing Address 1104 N. Tafetta Dr.

City State Zip Code  
SLC UT 84116

Purpose of Disbursement  
campaign contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
01 / 02 / 2014

**Transaction ID : SB29.6336**

Amount of Each Disbursement this Period

600.00

Full Name (Last, First, Middle Initial)

**B. Ken Ivory**

Mailing Address 8393 S. 2010 West

City State Zip Code  
West Jordan UT 84088

Purpose of Disbursement  
campaign contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
01 / 02 / 2014

**Transaction ID : SB29.6320**

Amount of Each Disbursement this Period

400.00

Full Name (Last, First, Middle Initial)

**C. Scott Jenkins**

Mailing Address 4385 W 1975 N

City State Zip Code  
Plain City UT 84404

Purpose of Disbursement  
campaign contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
01 / 02 / 2014

**Transaction ID : SB29.6284**

Amount of Each Disbursement this Period

600.00

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

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

1600.00

**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)

<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. Mike Kennedy**

Mailing Address 659 East 200 No.

City Alpine State UT Zip Code 84004

Purpose of Disbursement  
campaign contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 02 / 2014

**Transaction ID : SB29.6307**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Brian D King**

Mailing Address 1855 Michigan Ave.

City SLC State UT Zip Code 84108

Purpose of Disbursement  
campaign contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 02 / 2014

**Transaction ID : SB29.6308**

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

**C. Peter C. Knudsen**

Mailing Address 1209 Michelle Dr.

City Brigham City State UT Zip Code 84302

Purpose of Disbursement  
contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 02 / 2014

**Transaction ID : SB29.6282**

Amount of Each Disbursement this Period

650.00

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

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

1850.00

**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)

<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. Brad Last**

Mailing Address 1194 S. 180 W.

City Hurricane State UT Zip Code 84737

Purpose of Disbursement  
campaign contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

01 / 02 / 2014

**Transaction ID : SB29.6335**

Amount of Each Disbursement this Period

600.00

Full Name (Last, First, Middle Initial)

**B. John Mathis**

Mailing Address 384 E. 2500 So.

City Vernal State UT Zip Code 84078

Purpose of Disbursement  
campaign contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

01 / 02 / 2014

**Transaction ID : SB29.6338**

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Daniel McCay**

Mailing Address 3364 Kollman Way

City Riverton State UT Zip Code 84065

Purpose of Disbursement  
campaign contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

01 / 02 / 2014

**Transaction ID : SB29.6317**

Amount of Each Disbursement this Period

300.00

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

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

1200.00

**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)

<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. Ronda Rudd Menlove**

Mailing Address 17680 North 5200 West

City Garland State UT Zip Code 84312

Purpose of Disbursement  
campaign contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 02 / 2014

**Transaction ID : SB29.6290**

Amount of Each Disbursement this Period

400.00

Full Name (Last, First, Middle Initial)

**B. Carol Spackman Moss**

Mailing Address 2712 E. Kelly Lane

City SLC State UT Zip Code 84117

Purpose of Disbursement  
campaign contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 02 / 2014

**Transaction ID : SB29.6313**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Curtis Oda**

Mailing Address PO Box 924

City Clearfield State UT Zip Code 84089

Purpose of Disbursement  
campaign contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 02 / 2014

**Transaction ID : SB29.6298**

Amount of Each Disbursement this Period

350.00

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

1000.00

**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)

<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. Ralph Okerlund**

Mailing Address 224 S 500 W

City Monroe State UT Zip Code 84754

Purpose of Disbursement  
campaign contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 02 / 2014

**Transaction ID : SB29.6285**

Amount of Each Disbursement this Period

900.00

Full Name (Last, First, Middle Initial)

**B. Aaron Osmond**

Mailing Address 11466 Country Knoss Rd

City So. Jordan State UT Zip Code 84095

Purpose of Disbursement  
contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 02 / 2014

**Transaction ID : SB29.6275**

Amount of Each Disbursement this Period

400.00

Full Name (Last, First, Middle Initial)

**C. Lee Perry**

Mailing Address 977 W. 2390 S.

City Perry State UT Zip Code 84302

Purpose of Disbursement  
campaign contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 02 / 2014

**Transaction ID : SB29.6309**

Amount of Each Disbursement this Period

300.00

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

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

1600.00

**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)

<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. Val Peterson**

Mailing Address 528 W. 1160 N.

City Orem State UT Zip Code 84057

Purpose of Disbursement  
campaign contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	02	/	2014

**Transaction ID : SB29.6327**

Amount of Each Disbursement this Period

300.00
--------

Full Name (Last, First, Middle Initial)

**B. Marie Poulson**

Mailing Address 7037 Horizon Cr

City SLC State UT Zip Code 84121

Purpose of Disbursement  
campaign contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	02	/	2014

**Transaction ID : SB29.6319**

Amount of Each Disbursement this Period

300.00
--------

Full Name (Last, First, Middle Initial)

**C. Paul Ray**

Mailing Address PO Box 977

City Clearfield State UT Zip Code 84089

Purpose of Disbursement  
campaign contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	02	/	2014

**Transaction ID : SB29.6297**

Amount of Each Disbursement this Period

375.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

975.00
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**TOTAL** This Period (last page this line number only)..... ▶

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**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)

<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. Luz Robles**

Mailing Address 1004 North Morton Dr.

City State Zip Code  
SLC UT 84116

Purpose of Disbursement  
campaign contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 02 / 2014

Transaction ID : **SB29.6337**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Douglas Sagers**

Mailing Address 243 Home Town Ct

City State Zip Code  
Tooele UT 84074

Purpose of Disbursement  
campaign contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 02 / 2014

Transaction ID : **SB29.6302**

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Dean Sanpei**

Mailing Address 2145 N. 1450 E.

City State Zip Code  
Provo UT 84604

Purpose of Disbursement  
campaign contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 02 / 2014

Transaction ID : **SB29.6332**

Amount of Each Disbursement this Period

600.00

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

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

1400.00

**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)

<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. Jennifer Seelig**

Mailing Address 986 W. Sterling Dr

City State Zip Code  
SLC UT 84116

Purpose of Disbursement  
campaign contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
01 / 02 / 2014

**Transaction ID : SB29.6304**

Amount of Each Disbursement this Period

600.00

Full Name (Last, First, Middle Initial)

**B. Brian Shiozawa**

Mailing Address 3177 Fort Union Blvd

City State Zip Code  
SLC UT 84121

Purpose of Disbursement  
contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
01 / 02 / 2014

**Transaction ID : SB29.6274**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Jon Stanard**

Mailing Address P.O. Box 91072

City State Zip Code  
St George UT 84791

Purpose of Disbursement  
campaign contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
01 / 02 / 2014

**Transaction ID : SB29.6331**

Amount of Each Disbursement this Period

300.00

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

1900.00

**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)

<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. John L. Valentine**

Mailing Address 857 E. 970 N.

City Orem State UT Zip Code 84097

Purpose of Disbursement  
contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 02 / 2014

**Transaction ID : SB29.6280**

Amount of Each Disbursement this Period

750.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Evan Vickers**

Mailing Address 2166 N Cobble Creek

City Cedar City State UT Zip Code 84720

Purpose of Disbursement  
campaign contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 02 / 2014

**Transaction ID : SB29.6289**

Amount of Each Disbursement this Period

850.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Curt Webb**

Mailing Address 233 N. Main

City Logan State UT Zip Code 84321

Purpose of Disbursement  
campaign contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 02 / 2014

**Transaction ID : SB29.6292**

Amount of Each Disbursement this Period

250.00

Category/  
Type

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

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

1850.00

**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)

<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. Ray Wilcox**

Mailing Address 1240 Douglas

City Ogdden State UT Zip Code 84404

Purpose of Disbursement  
campaign contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
01 / 02 / 2014

**Transaction ID : SB29.6295**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

500.00

30450.00