

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 1 OF 1

<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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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

<b>A.</b> Full Name (Last, First, Middle Initial) Brown, Stephen		Date of Receipt MM / DD / YYYY 05 / 30 / 2019	
Mailing Address 5260 Skyline -Alcova Route			
City Casper	State WY	Zip Code 82604	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25000	
Name of Employer Stephen Brown, M.D. Psychiatric Services		<input type="checkbox"/> Memo Item	
Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 25000	
<b>B.</b> Full Name (Last, First, Middle Initial)		Date of Receipt	
Mailing Address			
City	State	Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period	
Name of Employer		<input type="checkbox"/> Memo Item	
Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
<b>C.</b> Full Name (Last, First, Middle Initial)		Date of Receipt	
Mailing Address			
City	State	Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period	
Name of Employer		<input type="checkbox"/> Memo Item	
Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional).....		25000	
TOTAL This Period (last page this line number only).....		25000	