REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Montana Hospital Association Federal PAC

ADDRESS (number and street) ☐ Check if different than previously reported
P.O. Box 5119

CITY, STATE and ZIP CODE
Helena, MT 59604

JUL 19 2 25 PM '94

2. FEC IDENTIFICATION NUMBER
C00238782

3. ☐ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☒ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due On:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

☐ Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 4/1/94 through 6/30/94		
6. (a) Cash on Hand January 1, 19 94		$ 2,278.50
(b) Cash on Hand at Beginning of Reporting Period	$ 2,328.50	
(c) Total Receipts (from Line 19)	$ 250	$ 550
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 2,578.50	$ 2,828.50
7. Total Disbursements (from Line 30)	$ 2.38	$ 252.38
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 2,576.12	$ 2,576.12
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	$ 0	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	$ 0	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

Type or Print Name of Treasurer
John W. Flink

Signature of Treasurer
John W. Flink

Date
July 14, 1994

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

FEC FORM 3X
(revised 9/93)

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: Montana Hospital Association Federal PAC

REPORT COVERING PERIOD FROM 4/1/94 TO: 6/30/94

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	$250	$550
ii. Unitemized	0	0
iii. Total (add i and ii) ➤	250	550
b. Political Party Committees	0	0
c. Other Political Committees (such as PACs)	0	0
d. Total Contributions (add a iii, b and c) ➤	250	550
12. Transfers From Affiliated/Other Party Committees	0	0
13. All Loans Received	0	0
14. Loan Repayments Received	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0
17. Other Federal Receipts (Dividends, Interest, etc.)	0	0
18. Transfers from Nonfederal Account for Joint Activity	0	0
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	250	550
20. Total Federal Receipts (subtract line 18 from line 19) ➤	550	550
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	$ 0	$ 0
ii. Non-Federal Share	0	0
b. Other Federal Operating Expenditures	2.38	2.38
c. Total Operating Expenditures (add a i, a ii, and b) ➤	2.38	2.38
22. Transfers to Affiliated/Other Party Committees	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees	0	0
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0
26. Loan Repayments Made	0	0
27. Loans Made	0	0
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees	0	0
b. Political Party Committees	0	0
c. Other Political Committees (such as PACs)	0	0
d. Total Contribution Refunds (add a, b and c) ➤	0	0
29. Other Disbursements	0	0
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	2.38	2.38
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	2.38	2.38
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	$250	$550
33. Total Contribution Refunds (from line 28d)	0	0
34. Net Contributions (other than loans)(subtract line 33 from 32)	250	550
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	2.38	2.38
36. Offsets to Operating Expenditures (from line 15)	0	0
37. Net Operating Expenditures (subtract line 36 from 35) ➤	2.38	2.38

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER

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)

Montana Hospital Association Federal PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lane Basso P.O. Box 37000 Billings, MT 59107	Deaconess Medical Center	4/6/94	$250
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation: Administration Aggregate Year-to-Date > $		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

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

TOTAL This Period (last page this line number only) $250

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	DATE OF RECEIPT
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 7/19/94
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

J.A.Q.
PREPARER

7/19/94
DATE PREPARED

FEC FORM 70-2 (12/92)

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