

**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

MONT PAC-MONTANA MEDICAL ASSOCIATION (MMA)

ADDRESS (number and street)

2021 11TH AVE

Check if different  
than previously  
reported. (ACC)

HELENA

MT

59601

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00527663

3. IS THIS  
REPORTNEW  
(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:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y Y Y  
11 03 2020in the  
State of

MT

(d) 30-Day

POST-Election

Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

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

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y Y Y  
10 01 2020

through

M M / D D / Y Y Y Y Y Y  
10 14 2020

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

Branscum, Jean, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Branscum, Jean, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
10 20 2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

MONTPAC-MONTANA MEDICAL ASSOCIATION (MMA)

Report Covering the Period:

From:

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

To:

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date																			
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>2</td><td>0</td><td></td><td></td></tr></table>	Y	Y	Y	Y	Y	Y	2	0	2	0				<table><tr><td>1</td><td>6</td><td>8</td><td>1</td><td>0</td><td>5</td><td>2</td></tr></table>	1	6	8	1	0	5	2
Y	Y	Y	Y	Y	Y																
2	0	2	0																		
1	6	8	1	0	5	2															
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td>4</td><td>5</td><td>9</td><td>9</td><td>7</td><td>7</td></tr></table>	4	5	9	9	7	7														
4	5	9	9	7	7																
(c) Total Receipts (from Line 19) .....	<table><tr><td>1</td><td>8</td><td>0</td><td>7</td><td>0</td><td>0</td></tr></table>	1	8	0	7	0	0	<table><tr><td>1</td><td>2</td><td>1</td><td>2</td><td>6</td><td>0</td><td>0</td></tr></table>	1	2	1	2	6	0	0						
1	8	0	7	0	0																
1	2	1	2	6	0	0															
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td>6</td><td>4</td><td>0</td><td>6</td><td>7</td><td>7</td></tr></table>	6	4	0	6	7	7	<table><tr><td>2</td><td>8</td><td>9</td><td>3</td><td>6</td><td>5</td><td>2</td></tr></table>	2	8	9	3	6	5	2						
6	4	0	6	7	7																
2	8	9	3	6	5	2															
7. Total Disbursements (from Line 31).....	<table><tr><td>9</td><td>7</td><td>1</td></tr></table>	9	7	1	<table><tr><td>2</td><td>2</td><td>5</td><td>3</td><td>9</td><td>4</td><td>6</td></tr></table>	2	2	5	3	9	4	6									
9	7	1																			
2	2	5	3	9	4	6															
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table><tr><td>6</td><td>3</td><td>9</td><td>7</td><td>0</td><td>6</td></tr></table>	6	3	9	7	0	6	<table><tr><td>6</td><td>3</td><td>9</td><td>7</td><td>0</td><td>6</td></tr></table>	6	3	9	7	0	6							
6	3	9	7	0	6																
6	3	9	7	0	6																
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td>0</td><td>0</td><td>0</td></tr></table>	0	0	0																	
0	0	0																			
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td>0</td><td>0</td><td>0</td></tr></table>	0	0	0																	
0	0	0																			



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

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**MONT PAC-MONTANA MEDICAL ASSOCIATION (MMA)**

Report Covering the Period:

From:

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

To:

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

<b>I. Receipts</b>	<b>COLUMN A</b> Total This Period	<b>COLUMN B</b> Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	250.00	2000.00
(ii) Unitemized .....	297.00	8866.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	547.00	10866.00
(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) .....	547.00	10866.00
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.....	1260.00	1260.00
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)) .....	1807.00	12126.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	1807.00	12126.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

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	2500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	9.71	20039.46
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	9.71	22539.46
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9.71	22539.46

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	547.00	10866.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	547.00	10866.00
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 9  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

**MONTPAC-MONTANA MEDICAL ASSOCIATION (MMA)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gentry, Andrew, B., ,**

Mailing Address 931 Highland Blvd.  
Ste. 3350

City  
Bozeman

State  
MT

Zip Code  
59715

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Bozeman Deaconess Health

Occupation (for Individual)  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 08 / 2020

Transaction ID : SA11AI.4825

Amount of Each Receipt this Period

250.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

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

250.00

250.00

# **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 9

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**MONTPAC-MONTANA MEDICAL ASSOCIATION (MMA)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Anderson, Fred, , ,**

Mailing Address PO Box 6921

City  
Great Falls

State  
MT

Zip Code  
59406

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Unknown

Occupation (for Individual)  
Unknown

Receipt For: 2020

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

180.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 08 / 2020

**Transaction ID : SA16.4855**

Amount of Each Receipt this Period

180.00

☐ Memo Item  
Reached PAC Limit

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Buttrey, Ed, , ,**

Mailing Address 708 Central Ave.

City  
Great Falls

State  
MT

Zip Code  
59401

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Unknown

Occupation (for Individual)  
Unknown

Receipt For: 2020

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

180.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 08 / 2020

**Transaction ID : SA16.4853**

Amount of Each Receipt this Period

180.00

☐ Memo Item  
Reached PAC Limit

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Custer, Geraldine, , ,**

Mailing Address PO Box 1075

City  
Forsyth

State  
MT

Zip Code  
59327-1075

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Unknown

Occupation (for Individual)  
Unknown

Receipt For: 2020

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

180.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 13 / 2020

**Transaction ID : SA16.4857**

Amount of Each Receipt this Period

180.00

☐ Memo Item  
Reached PAC Limit

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

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

540.00

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

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

FOR LINE NUMBER: PAGE 8 OF 9

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**MONTPAC-MONTANA MEDICAL ASSOCIATION (MMA)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fitzgerald, Ross, , ,**

Mailing Address 451 1st Rd. NE

City  
Fairfield

State  
MT

Zip Code  
59436-9205

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Unknown

Occupation (for Individual)  
Unknown

Receipt For: 2020

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

180.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 07 / 2020

**Transaction ID : SA16.4852**

Amount of Each Receipt this Period

180.00

☐ Memo Item  
Reached PAC Limit

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fitzpatrick, Steve, , ,**

Mailing Address PO Box 7192

City  
Great Falls

State  
MT

Zip Code  
59406

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Unknown

Occupation (for Individual)  
Unknown

Receipt For: 2020

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

180.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 05 / 2020

**Transaction ID : SA16.4851**

Amount of Each Receipt this Period

180.00

☐ Memo Item  
Reached PAC Limit

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Keane, Jim, , ,**

Mailing Address 2131 Wall St.

City  
Butte

State  
MT

Zip Code  
59701-5527

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Unknown

Occupation (for Individual)  
Unknown

Receipt For: 2020

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

180.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2020

**Transaction ID : SA16.4856**

Amount of Each Receipt this Period

180.00

☐ Memo Item  
Reached PAC Limit

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

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

540.00



# **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 9 OF 9

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**MONTPAC-MONTANA MEDICAL ASSOCIATION (MMA)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kelker, Kathy, , ,**

Mailing Address 2438 Rimrock Rd.

City  
Billings

State  
MT

Zip Code  
59102-0556

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Unknown

Occupation (for Individual)  
Unknown

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

180.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 08 / 2020

Transaction ID : SA16.4854

Amount of Each Receipt this Period

180.00

☐ Memo Item  
Reached PAC Limit

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

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

180.00

1260.00