

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED

2012 FEB -6 PM 12:43

Office Use Only  
ELECTRAL CENTER

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

MHA Federal Pac

ADDRESS (number and street) P.O. Box 5119

Check if different than previously reported. (ACC)

Helena MT 59604 - 5119

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C00238782 N 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:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- 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 M / D D D / Y Y Y Y Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

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

5. Covering Period 07 / 01 / 2011 through 12 / 31 / 2011

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 John W Flink

Signature of Treasurer *John W Flink* Date 01 / 25 / 2012

1203073409

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
MHA Federal Pac

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="2011"/>	<input type="text" value="48,333.87"/>	<input type="text" value="48,333.87"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="58,857.69"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="6,900.82"/>	<input type="text" value="17,424.64"/>
(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="65,758.51"/>	<input type="text" value="65,758.51"/>
7. Total Disbursements (from Line 31) .....	<input type="text" value="8,500.00"/>	<input type="text" value="8,500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<input type="text" value="57,258.51"/>	<input type="text" value="57,258.51"/>
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

12030734410

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name  
MHA Federal Pac

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).....

(ii) Unitemized .....

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

(b) Political Party Committees .....

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

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

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

13. All Loans Received .....

14. Loan Repayments Received.....

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

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

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

18. Transfers from Non-Federal and Levin Funds

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

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

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

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

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

**DETAILED SUMMARY PAGE**  
of Disbursements

1205973412

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.....	\$8,500.00	\$8,500.00
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 .....	\$0.00	\$0.00
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))..	\$8,500.00	\$8,500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	\$8,500.00	\$8,500.00

**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) .....	\$6,900.82	\$17,424.64
34. Total Contribution Refunds (from Line 28(d)) .....	\$0.00	\$0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	\$6,900.82	\$17,424.64
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

1-2-2003 7 3441

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

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

FOR LINE NUMBER: PAGE 1 OF 6

(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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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)

MHA Federal Pac

Full Name (Last, First, Middle Initial)

**A. Ms. Casey Blumenthal**

Mailing Address

705 Touchstone Unit F

City

Helena

State

MT

Zip Code

59601-5481

FEC ID number of contributing federal political committee.

C

Name of Employer

MHA: An Assoc. of Montana Health Care

Occupation

Vice President

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

\$206.64

Date of Receipt

07 / 08 / 2011

Amount of Each Receipt this Period

\$45.00

Full Name (Last, First, Middle Initial)

**B. Ms. Casey Blumenthal**

Mailing Address

705 Touchstone Unit F

City

Helena

State

MT

Zip Code

59601-5481

FEC ID number of contributing federal political committee.

C

Name of Employer

MHA: An Assoc. of Montana Health Care

Occupation

Vice President

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

\$395.22

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

\$188.58

P/R Deduction (\$0.00)

Full Name (Last, First, Middle Initial)

**C. Mr. Richard O Brown**

Mailing Address

City

Helena

State

MT

Zip Code

59601

FEC ID number of contributing federal political committee.

C

Name of Employer

MHA: An Association of Montana Health

Occupation

President

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

\$1,390.00

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

\$490.00

P/R Deduction (\$0.00)

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

\$723.58

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

12030734414

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

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

FOR LINE NUMBER: PAGE 2 OF 6  
(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)  
**MHA Federal Pac**

**A. Mr. Scott A Duke**

Full Name (Last, First, Middle Initial)  
Mailing Address  
202 Prospect Drive  
City State Zip Code  
Glendive MT 59330-1943

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

Name of Employer Occupation  
Glendive Medical Center Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **\$1,000.00**

Date of Receipt: [MM] / [DD] / [YYYY]

Amount of Each Receipt this Period **\$105.00**

P/R Deduction (\$0.00)

**B. Mr. John W. Flink**

Full Name (Last, First, Middle Initial)  
Mailing Address  
114 N. Hobach  
City State Zip Code  
Helena MT 59601-4450

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

Name of Employer Occupation  
MHA: An Assoc. of Montana Health Care VP, Government & Public Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **\$506.22**

Date of Receipt: [MM] / [DD] / [YYYY]

Amount of Each Receipt this Period **\$272.58**

P/R Deduction (\$0.00)

**C. Mr. Richard Haraldson**

Full Name (Last, First, Middle Initial)  
Mailing Address  
216 14th Avenue SW  
City State Zip Code  
Sidney MT 59270-3519

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

Name of Employer Occupation  
Sidney Health Center Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **\$1,040.00**

Date of Receipt: [MM] / [DD] / [YYYY]

Amount of Each Receipt this Period **\$560.00**

P/R Deduction (\$0.00)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **\$937.58**

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

12030734415

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

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

FOR LINE NUMBER: PAGE 3 OF 6

(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)

MHA Federal Pac

Full Name (Last, First, Middle Initial) <b>A. Ms. Joan Miles</b>		Date of Receipt
Mailing Address 500 Diehl Drive		<input type="text"/> / <input type="text"/> / <input type="text"/>
City Helena	State MT	Zip Code 59601-5403
FEC ID number of contributing federal political committee. C <input type="text"/>		Amount of Each Receipt this Period <input type="text"/> <b>\$218.82</b>
Name of Employer MHA: An Assoc. of Montana Health Care	Occupation Director of Grants and Program Develop	P/R Deduction (\$0.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> <b>\$350.08</b>	

Full Name (Last, First, Middle Initial) <b>B. Mr. Bob Olsen</b>		Date of Receipt
Mailing Address 1424 Peosta		<input type="text"/> / <input type="text"/> / <input type="text"/>
City Helena	State MT	Zip Code 59601-1713
FEC ID number of contributing federal political committee. C <input type="text"/>		Amount of Each Receipt this Period <input type="text"/> <b>\$400.68</b>
Name of Employer MHA: An Assoc. of Montana Health Care	Occupation Vice President	P/R Deduction (\$0.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> <b>\$1,036.12</b>	

Full Name (Last, First, Middle Initial) <b>C. Dr. Mark C Rumans MD</b>		Date of Receipt
Mailing Address 3751 Vickery Drive		<input type="text"/> <b>12</b> / <input type="text"/> <b>27</b> / <input type="text"/> <b>2011</b>
City Billings	State MT	Zip Code 59102-8017
FEC ID number of contributing federal political committee. C <input type="text"/>		Amount of Each Receipt this Period <input type="text"/> <b>\$500.00</b>
Name of Employer Billings Clinic	Occupation Physician in Chief	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> <b>\$500.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> <b>\$1,119.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

1202073416

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

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

FOR LINE NUMBER: PAGE 4 OF 6  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**MHA Federal Pac**

**A. Mr. Tim Russell**

Full Name (Last, First, Middle Initial)  
Mailing Address  
Box 959  
City Columbus State MT Zip Code 59019-0261

Date of Receipt: 11 / 23 / 2011

FEC ID number of contributing federal political committee: C

Amount of Each Receipt this Period: \$300.00

Name of Employer: Stillwater Community Hospital Occupation: Administrator

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date: \$700.00

**B. Ms. Vickey Simonson**

Full Name (Last, First, Middle Initial)  
Mailing Address  
Post Office Box 5119  
City Helena State MT Zip Code 59604-5119

Date of Receipt: / /

FEC ID number of contributing federal political committee: C

Amount of Each Receipt this Period: \$170.16

Name of Employer: MHA: An Assoc. of Montana Health Care Occupation: Office Manager

P/R Deduction (\$0.00)

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date: \$229.15

**C. Mr. Jason A Spring**

Full Name (Last, First, Middle Initial)  
Mailing Address  
1600 Hospital Way  
City Whitefish State MT Zip Code 59937-7849

Date of Receipt: 09 / 07 / 2011

FEC ID number of contributing federal political committee: C

Amount of Each Receipt this Period: \$425.00

Name of Employer: North Valley Hospital Occupation: Chief Executive Officer

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date: \$825.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► \$895.16

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

12050734417

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

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

FOR LINE NUMBER: PAGE 5 OF 6  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MHA Federal Pac**

**A. Ms. Velinda Stevens**

Full Name (Last, First, Middle Initial)  
Mailing Address  
310 Sunnyview Lane  
City Kalispell State MT Zip Code 59901-3129

Date of Receipt: 11 / 28 / 2011

FEC ID number of contributing federal political committee: C

Amount of Each Receipt this Period: \$150.00

Name of Employer: Kalispell Regional Medical Center Occupation: President

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date: \$300.00

**B. Mr. Ronald W Webb**

Full Name (Last, First, Middle Initial)  
Mailing Address  
1812 Sudlow Street  
City Miles City State MT Zip Code 59301-5094

Date of Receipt: 08 / 18 / 2011

FEC ID number of contributing federal political committee: C

Amount of Each Receipt this Period: \$1,000.00

Name of Employer: Retired - Chief Executive Officer

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date: \$1,000.00

**C. Dr. Nicholas Wolter**

Full Name (Last, First, Middle Initial)  
Mailing Address  
4205 Laredo Pl  
City Billings State MT Zip Code 59106-1383

Date of Receipt: 12 / 27 / 2011

FEC ID number of contributing federal political committee: C

Amount of Each Receipt this Period: \$1,000.00

Name of Employer: Billings Clinic Occupation: Chief Executive Officer

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date: \$1,000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ \$2,150.00

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

12030734413

**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 6  
(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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MHA Federal Pac**

**A. Mr. Charles T Wright**

Full Name (Last, First, Middle Initial)  
Mailing Address  
P O Box 3300  
City Butte State MT Zip Code 59702-3300

Date of Receipt: 08 / 19 / 2011

FEC ID number of contributing federal political committee: C

Amount of Each Receipt this Period: \$550.00

Name of Employer: St. James Healthcare Occupation: President and Chief Executive Officer

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date: \$550.00

**B.**

Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code

Date of Receipt: / /

FEC ID number of contributing federal political committee: C

Amount of Each Receipt this Period:

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date:

**C.**

Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code

Date of Receipt: / /

FEC ID number of contributing federal political committee: C

Amount of Each Receipt this Period:

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date:

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ \$550.00

**TOTAL** This Period (last page this line number only) ..... ▶ \$6,375.82

12030734419

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 1 OF 1

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MHA Federal Pac

Full Name (Last, First, Middle Initial)

**A. AHAPAC-American Hospital Association FEDERAL**

Mailing Address

325 Seventh Street, NW Suite 700

City State Zip Code  
Washington DC 20004

Purpose of Disbursement

**011**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 07 / 2011

Amount of Each Disbursement this Period

\$8,500.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

\$8,500.00

\$8,500.00

12080734420

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

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

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

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date  
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

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