

**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 8
(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. Craig E Aasved
 Full Name (Last, First, Middle Initial)
 Mailing Address
 8730 Mashie Lane
 City State Zip Code
 Missoula MT 59808-5412
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 St. Patrick Hospital Chief Executive Officer
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **\$250.00**

Date of Receipt
06 / 22 / 2010
 Amount of Each Receipt this Period
\$250.00

B. Mr. Thane Bedwell
 Full Name (Last, First, Middle Initial)
 Mailing Address
 PO Box 1195
 City State Zip Code
 Cut Bank MT 59427-1195
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Northern Rockies Medical Center Administrator
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **\$450.00**

Date of Receipt
05 / 25 / 2010
 Amount of Each Receipt this Period
\$450.00

C. Mr. Dick Brown
 Full Name (Last, First, Middle Initial)
 Mailing Address
 4148 Lake Helena Drive
 City State Zip Code
 Helena MT 59602-9543
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MHA: An Assoc. of Montana Health Care President
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **\$500.00**

Date of Receipt
05 / 25 / 2010
 Amount of Each Receipt this Period
\$250.00

SUBTOTAL of Receipts This Page (optional) ▶ **\$950.00**
TOTAL This Period (last page this line number only) ▶

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