

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 7	
	<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	

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. Mr. Craig E Aasved		Date of Receipt 06 / 24 / 2008
Mailing Address 1600 Hospital Way		Amount of Each Receipt this Period \$240.00
City Whitefish	State Zip Code MT 59937-7849	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ \$240.00
Name of Employer North Valley Hospital	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. Craig E Aasved		Date of Receipt 06 / 24 / 2008
Mailing Address 1600 Hospital Way		Amount of Each Receipt this Period \$350.00
City Whitefish	State Zip Code MT 59937-7849	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ \$590.00
Name of Employer North Valley Hospital	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. Thane Bedwell		Date of Receipt 06 / 24 / 2008
Mailing Address PO Box 1195		Amount of Each Receipt this Period \$300.00
City Cut Bank	State Zip Code MT 59427-1195	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ \$300.00
Name of Employer Northern Rockies Medical Center	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	\$890.00
TOTAL This Period (last page this line number only)	

28039792466