

**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)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / 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

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
07 01 2021

through

M M M / D D D / Y Y Y Y Y Y
09 30 2021

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 M / D D D / Y Y Y Y Y Y
10 06 2021

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
07 / 01 / 2021 To: M M / D D / Y Y Y Y Y Y
09 / 30 / 2021

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2021		13372.97
(b) Cash on Hand at Beginning of Reporting Period.....	16544.37	
(c) Total Receipts (from Line 19)	2490.00	9472.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	19034.37	22844.97
7. Total Disbursements (from Line 31).....	193.62	4004.22
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	18840.75	18840.75
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	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

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
0	7		0	1		2	0	2	1

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	1

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).....	0.00	349.00
(ii) Unitemized	1090.00	5743.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1090.00	6092.00
(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)	1090.00	6092.00
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.....	1400.00	3380.00
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))	2490.00	9472.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	2490.00	9472.00

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	0.00
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).....	193.62	4004.22
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)) ..	193.62	4004.22
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	193.62	4004.22

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	1090.00	6092.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1090.00	6092.00
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 8

(check only one)

<input 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 checked="" 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)

MONT PAC-MONTANA MEDICAL ASSOCIATION (MMA)

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

A. Bedey, David, , ,

Mailing Address PO Box 692

City
HamiltonState
MTZip Code
59840-0692FEC 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
07		12		2021

Transaction ID : SA16.5077

Amount of Each Receipt this Period

180.00

☐ Memo Item

Returned Campaign Contribution

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

B. Garner, Frank, , ,

Mailing Address PO Box 10176

City
KalispellState
MTZip Code
59904-0176FEC 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
07		12		2021

Transaction ID : SA16.5076

Amount of Each Receipt this Period

180.00

☐ Memo Item

Returned Campaign Contribution

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

C. Hamlett, Bradley, , ,

Mailing Address PO Box 49

City
CascadeState
MTZip Code
59421-0049FEC 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
07		12		2021

Transaction ID : SA16.5079

Amount of Each Receipt this Period

180.00

☐ Memo Item

Returned Campaign Contribution

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

540.00

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

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 8

(check only one)

<input 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 checked="" 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)

MONT PAC-MONTANA MEDICAL ASSOCIATION (MMA)

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

A. Jones, Llew, , ,

Mailing Address 1102 4th Ave. SW

City
ConradState
MTZip Code
59425-1919FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UnknownOccupation (for Individual)
Unknown

Receipt For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

180.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2021

Transaction ID : SA16.5078

Amount of Each Receipt this Period

180.00

☐ Memo Item
Returned Campaign Contribution

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

B. Montanans for Bullock

Mailing Address PO Box 199

City
HelenaState
MTZip Code
59624FEC ID number of contributing
federal political committee.

C C00741611

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2021

Transaction ID : SA16.5072

Amount of Each Receipt this Period

500.00

☐ Memo Item
Returned Campaign Contribution

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

C. Schreiner, Casey, , ,

Mailing Address PO Box 1825

City
HelenaState
MTZip Code
59624FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UnknownOccupation (for Individual)
Unknown

Receipt For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

180.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2021

Transaction ID : SA16.5074

Amount of Each Receipt this Period

180.00

☐ Memo Item
Returned Campaign Contribution

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

860.00

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

1400.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 8

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

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)

MONT PAC-MONTANA MEDICAL ASSOCIATION (MMA)

Full Name (Last, First, Middle Initial)

A. Montana Medical AssociationMailing Address 2021 11th Avenue,
Suite 1City
HelenaState
MTZip Code
59602Purpose of Disbursement
2nd Quarter Admin Charges

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	4			2	0	2	1		

FEC Identification Number

C**Transaction ID : SB29.5071**

Amount of Each Disbursement this Period

164.06

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

164.06

164.06