

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2018"/>		<input type="text" value="54708.76"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="55379.92"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="12756.38"/>	<input type="text" value="14427.54"/>
(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="68136.30"/>	<input type="text" value="69136.30"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="10100.00"/>	<input type="text" value="11100.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="58036.30"/>	<input type="text" value="58036.30"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

MHA Federal Pac

Report Covering the Period: From: 04 / 01 / 2018 To: 06 / 30 / 2018

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

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).....	12170.24	12943.24
(ii) Unitemized	586.14	1484.30
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	12756.38	14427.54
(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)	12756.38	14427.54
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.....	0.00	0.00
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)).....▶	12756.38	14427.54
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	12756.38	14427.54

DETAILED SUMMARY PAGE
of Disbursements

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.....	10100.00	10100.00
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).....	0.00	1000.00
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)) ..	10100.00	11100.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10100.00	11100.00

DETAILED SUMMARY PAGE
of Disbursements

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)	12756.38	14427.54
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12756.38	14427.54
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: (check only one)	PAGE 6 OF 14
<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

A. Brown, Richard, O, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4148 Lake Helena Dr

City Helena	State MT	Zip Code 59602-9543
----------------	-------------	------------------------

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

Name of Employer (for Individual) Montana Hospital Association	Occupation (for Individual) President and Chief Executive Officer
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
507.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : 10599033

Amount of Each Receipt this Period
156.00

Memo Item

B. Kiser, James, R, Mr., II
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O Box 1010

City Polson	State MT	Zip Code 59860-1010
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Montrose Memorial Hospital	Occupation (for Individual) Chief Executive Officer
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
409.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : 11259776

Amount of Each Receipt this Period
189.00

Memo Item

C. Olsen, Robert W., , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1424 Peosta

City Helena	State MT	Zip Code 59601-1713
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Montana Hospital Association	Occupation (for Individual) Vice President
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
221.78

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : 12998144

Amount of Each Receipt this Period
68.24

Memo Item

SUBTOTAL of Receipts This Page (optional).....	413.24
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 14
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MHA Federal Pac

A. McCoy, Terri, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2625 Winne Avenue
 City Helena State MT Zip Code 59601-4952
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Montana Hospital Association Director of Communications and Advoc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 227.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2018
Transaction ID : 20538162
 Amount of Each Receipt this Period
 70.00
 Memo Item

B. Anczak, Deb, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 468 Princeton Place
 City Bozeman State MT Zip Code 59715-7186
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Livingston HealthCare Director Performance Improvement
 Receipt For: 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
 04 / 16 / 2018
Transaction ID : 24433394
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Palagi, Pamela, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3468 Hannibal
 City Butte State MT Zip Code 59701-4524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 St. James Healthcare VP of Financial Services - SCL Health
 Receipt For: 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
 04 / 23 / 2018
Transaction ID : 24438935
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1070.00
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: (check only one)	PAGE 8 OF 14
<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. Dombrowski, Joyce, , Ms., CENP, CHP,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5795 Lanat Loop

City Missoula	State MT	Zip Code 59808
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) St. Patrick Hospital	Occupation (for Individual) Chief Executive Officer
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	01	/	2018

Transaction ID : 24463389

Amount of Each Receipt this Period
1000.00

Memo Item

B. Brown, Richard, O, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4148 Lake Helena Dr

City Helena	State MT	Zip Code 59602-9543
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Montana Hospital Association	Occupation (for Individual) President and Chief Executive Officer
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
312.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	13	/	2018

Transaction ID : 24463941

Amount of Each Receipt this Period
39.00

Memo Item

C. Brown, Richard, O, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4148 Lake Helena Dr

City Helena	State MT	Zip Code 59602-9543
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Montana Hospital Association	Occupation (for Individual) President and Chief Executive Officer
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
351.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2018

Transaction ID : 24463965

Amount of Each Receipt this Period
39.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1078.00
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: (check only one)	PAGE 9 OF 14
	<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. Holom, Randall, G, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 Jet Drive
 City Glasgow State MT Zip Code 59230-2604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Frances Mahon Deaconess Hospital Occupation (for Individual) Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 05 / 09 / 2018
Transaction ID : 24474810
 Amount of Each Receipt this Period 350.00
 Memo Item

B. Aasved, Craig, E, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 Lana Lane
 City Clancy State MT Zip Code 59634-9217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Shodair Children's Hospital Occupation (for Individual) Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 05 / 10 / 2018
Transaction ID : 24475462
 Amount of Each Receipt this Period 187.50
 Memo Item

C. Kiser, James, R, Mr., II
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O Box 1010
 City Polson State MT Zip Code 59860-1010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Montrose Memorial Hospital Occupation (for Individual) Chief Executive Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 220.50

Date of Receipt 05 / 04 / 2018
Transaction ID : 24475477
 Amount of Each Receipt this Period 31.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	569.00
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: (check only one)	PAGE 10 OF 14
<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. Loveless, Steve, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3766 Donna Court

City Billings	State MT	Zip Code 59102-1106
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) St. Vincent Healthcare	Occupation (for Individual) President and Chief Executive Officer
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	14	/	2018

Transaction ID : 24475479

Amount of Each Receipt this Period
1000.00

Memo Item

B. Powell, Parker, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 235 Georgetown Dr.

City Glendive	State MT	Zip Code 59330-1943
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Glendive Medical Center	Occupation (for Individual) Chief Executive Officer
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1125.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	22	/	2018

Transaction ID : 24484175

Amount of Each Receipt this Period
1125.00

Memo Item

C. Whitfield, Bruce, , Mr., CPA, MBA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5625 Riley Lane

City Florence	State MT	Zip Code 59833-6699
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Cabinet Peaks Medical Center	Occupation (for Individual) Chief Executive Officer and Chief Fina
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
443.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	22	/	2018

Transaction ID : 24484176

Amount of Each Receipt this Period
443.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2568.00
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: (check only one)	PAGE 11 OF 14
	<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. Hanson, Gregory, S., Dr., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 24 Sand Hill Lane

City Plains	State MT	Zip Code 59859-9396
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Clark Fork Valley Hospital	Occupation (for Individual) Chief Executive Officer
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	22	/	2018

Transaction ID : 24484177

Amount of Each Receipt this Period
1000.00

Memo Item

B. Petersen, Susan, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3414 54th St. W.

City Billings	State MT	Zip Code 59106-1046
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) St. Vincent Healthcare	Occupation (for Individual) MD
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Receipt For:
 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
05	/	21	/	2018

Transaction ID : 24484183

Amount of Each Receipt this Period
500.00

Memo Item

C. Dombrowski, Joyce, , Ms., CENP, CHP,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5795 Lanat Loop

City Missoula	State MT	Zip Code 59808
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) St. Patrick Hospital	Occupation (for Individual) Chief Executive Officer
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1775.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2018

Transaction ID : 24484388

Amount of Each Receipt this Period
775.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2275.00
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: (check only one)	PAGE 12 OF 14
	<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. Spring, Jason, A, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 147 West Swift Creek Way
 City Kalispell State MT Zip Code 59937-7849
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kalispell Regional Healthcare Occupation (for Individual) Chief Executive Provider Network Integ
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 722.00

Date of Receipt 05 / 23 / 2018
Transaction ID : 24484390
 Amount of Each Receipt this Period 222.00
 Memo Item

B. Johnson, Wade, C, Mr., MS, MBA, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3900 Cedar Valley Road
 City Helena State MT Zip Code 59602-6055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St. Peter's Hospital Occupation (for Individual) Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 05 / 30 / 2018
Transaction ID : 24509767
 Amount of Each Receipt this Period 600.00
 Memo Item

C. Henry, David, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O Box 1844
 City Havre State MT Zip Code 59501-1231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northern Montana Health Care Occupation (for Individual) President and Chief Executive Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 06 / 05 / 2018
Transaction ID : 24513651
 Amount of Each Receipt this Period 2500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3322.00
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: (check only one)	PAGE 13 OF 14														
<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. Neary, Tracy, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4560 Toyon Dr.

City Billings	State MT	Zip Code 59106-1302
------------------	-------------	------------------------

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

Name of Employer (for Individual) St. Vincent Healthcare	Occupation (for Individual) Vice President Mission Integration
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2018

Transaction ID : 24520638

Amount of Each Receipt this Period
350.00

Memo Item

B. Gilmore, Blanche, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3662 Spalding Ave.

City Billings	State MT	Zip Code 59106-1023
------------------	-------------	------------------------

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

Name of Employer (for Individual) St. Vincent Healthcare	Occupation (for Individual) RN - Chief Nursing Officer
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2018

Transaction ID : 24520639

Amount of Each Receipt this Period
350.00

Memo Item

C. Aasved, Craig, E, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 Lana Lane

City Clancy	State MT	Zip Code 59634-9217
----------------	-------------	------------------------

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

Name of Employer (for Individual) Shodair Children's Hospital	Occupation (for Individual) Chief Executive Officer
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2018

Transaction ID : 24521355

Amount of Each Receipt this Period
175.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	875.00
TOTAL This Period (last page this line number only).....	12170.24

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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

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. AHAPAC-American Hospital Association FEDERAL			Date of Disbursement MM / DD / YYYY 04 / 04 / 2018		
Mailing Address 800 10th Street, NW Two City Center, Suite 400			FEC Identification Number C C00106146 Transaction ID : 24463387 Amount of Each Disbursement this Period 10000.00		
City Washington	State DC	Zip Code 20001-4956	Purpose of Disbursement 011 Category/ Type		
Candidate Name AHAPAC-American Hospital Association FEDERAL		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:				

Full Name (Last, First, Middle Initial) B. AHAPAC-American Hospital Association FEDERAL			Date of Disbursement MM / DD / YYYY 04 / 16 / 2018		
Mailing Address 800 10th Street, NW Two City Center, Suite 400			FEC Identification Number C C00106146 Transaction ID : 24463388 Amount of Each Disbursement this Period 100.00		
City Washington	State DC	Zip Code 20001-4956	Purpose of Disbursement 011 Category/ Type		
Candidate Name AHAPAC-American Hospital Association FEDERAL		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:				

Full Name (Last, First, Middle Initial) C.			Date of Disbursement MM / DD / YYYY		
Mailing Address			FEC Identification Number C		
City	State	Zip Code	Amount of Each Disbursement this Period		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	10100.00
TOTAL This Period (last page this line number only).....▶	10100.00