



AN ASSOCIATION OF  
MONTANA HEALTH  
CARE PROVIDERS

RECEIVED  
FEC MAIL  
OPERATIONS CENTER

2005 APR 29 A 11:01

**Officers**

April 27, 2005

**Chairman**  
**Kent Burgess**  
Billings

Federal Elections Commission  
Katrina Senger  
Campaign Finance Analyst  
Reports Analysis Division

**Chairman-Elect**  
**Scott Duke**  
Glendive

**Immediate Past**  
**Chairman**  
**John Bartos**  
Hamilton

Dear Ms Senger:

Identification Number C00238782

**Treasurer**  
**Michelle Hood**  
Billings

Reference: Year End Report (7/01/04 - 9/30/04)

**President**  
**James F. Abrens**  
Helena

Per your request to provide Schedule B for the above period. When preparing the requested document, I realized that information was originally reported on line 22 when it should have been reported on line 23. Enclosed is an amended report for the above period. Included with this amended report is schedule B which should cover the missed documents from the original reporting period.

**Trustees**  
**Velinda Stevens**  
Kalispell

If you have any questions, please contact me.

**Jay Pottenger**  
Fort Benton

Sincerely,

**Larry Putnam**  
Malta

**James Kiser**  
Butte

John Flink, Treasurer  
Montana Hospital Association  
Political Action Committee-Federal Fund

**Tim Russell**  
Columbus

**Nancy Hansen**  
Chinook

**Kerry Beasley**  
Libby

**Margaret Norgaard**  
Wolf Point

**Shane Roberts**  
Ronan

**Nicholas J. Walter, MD**  
Billings

1720 Ninth Avenue P.O. Box 5119  
Helena, Montana 59604-5119  
tel: 406-442-1911 fax: 443-3894  
www.mtha.org

**Kelley Evans**  
Red Lodge

**FEC  
FORM 3X**

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

RECEIVED  
FEC MAIL  
OPERATIONS CENTER  
2005 APR 29 A 11:01

Office Use Only

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

MONTANA HOSPITAL ASSOCIATION 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

3. IS THIS REPORT  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)
  - Convention (12C)
  - General (12G)
  - Special (12S)
  - Runoff (12R)

Election on [ ] / [ ] / [ ] in the State of [ ]

- (d) 30-Day POST-Election Report for the:
- General (30G)
  - Runoff (30R)
  - Special (30S)

Election on [ ] / [ ] / [ ] in the State of [ ]

5. Covering Period 07 / 01 / 2004 through 09 / 30 / 2004

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

11 / 10 / 2004

Amended Report. John W. Flink 4/27/05.

04 27 2005

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only							
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**FEC FORM 3X**  
(Rev. 02/2003)

25038803226

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Montana Hospital Association 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="2004"/>		<input type="text" value="1581981"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="2048348"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="452265"/>	<input type="text" value="918632"/>
(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="2500613"/>	<input type="text" value="2500613"/>
7. Total Disbursements (from Line 31) .....	<input type="text" value="520000"/>	<input type="text" value="520000"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<input type="text" value="1980613"/>	<input type="text" value="1980613"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0"/>	

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

25038803227

**DETAILED SUMMARY PAGE  
of Receipts**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

*Montana Hospital Association Federal PAC*

Report Covering the Period:

From:

07, 01, 2004

To:

09, 30, 2004

**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).....

2,100.00

3,960.00

(ii) Unitemized.....

2,420.00

5,220.00

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

4,520.00

9,180.00

(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).....▶

4,520.00

9,180.00

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.).....

265

632

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)).....▶

4,522.65

9,186.32

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

4,522.65

9,186.32

25038803228

**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 .....		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures .....		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....		
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5200.00	5200.00
24. Independent Expenditures (use Schedule E) .....		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F) .....		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....		
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....		
29. Other Disbursements .....	0	0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....		
(ii) "Levin" Share .....		
(b) Federal Election Activity Paid Entirely With Federal Funds .....		
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	5200.00	5200.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5200.00	5200.00

25038803229

**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) .....	452000	918000
34. Total Contribution Refunds (from Line 28(d)) .....		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	452000	918000
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....		
37. Offsets to Operating Expenditures (from Line 15, page 3) .....		
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	452000	918000

25038803230

**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	OF
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <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)  
**Montana Hospital Association Federal PAC**

Full Name (Last, First, Middle Initial) <b>A. John Bartos</b>		Date of Receipt <b>07 07 2004</b>
Mailing Address <b>1200 Westwood Drive</b>		Amount of Each Receipt this Period <b>100.00</b>
City <b>Hamilton</b>	State Zip Code <b>MT 59840-2345</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: <b>10000000046600002</b>
Name of Employer <b>Marcus Daly Memorial Hospital</b>	Occupation <b>Hosp Administration</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>225.00</b>	

Full Name (Last, First, Middle Initial) <b>B. John Goodnow</b>		Date of Receipt <b>07 07 2004</b>
Mailing Address <b>PO Box 7010</b>		Amount of Each Receipt this Period <b>150.00</b>
City <b>Great Falls</b>	State Zip Code <b>MT 59406</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: <b>10000000047000003</b>
Name of Employer <b>Benefis Health Care</b>	Occupation <b>Hospital Admin</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>270.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Kelley Evans</b>		Date of Receipt <b>07 07 2004</b>
Mailing Address <b>P.O. Box 580</b>		Amount of Each Receipt this Period <b>250.00</b>
City <b>Red Lodge</b>	State Zip Code <b>MT 59068-0580</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: <b>10000000047100004</b>
Name of Employer <b>Beartooth Hospital &amp; Health Center</b>	Occupation <b>Hosp Administration</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>250.00</b>	

SUBTOTAL of Receipts This Page (optional) .....	<b>500.00</b>
TOTAL This Period (last page this line number only) .....	

25038803231

**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 2	OF 3
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Montana Hospital Association Federal PAC**

**A. Michelle Hood**  
Mailing Address  
**4212 Palisades Park Drive**  
City State Zip Code  
**MT 59106**

**Billings**  
FEC ID number of contributing federal political committee: **C**

Name of Employer: **SCL/HSC, MT Region** Occupation: **Hosp Administration**

Receipt For:  Primary  General  Other (specify) **▼**

Aggregate Year-to-Date **320.00**

Date of Receipt: **07 20 2004**

Amount of Each Receipt this Period: **320.00**

Transaction ID: 10000000047200005

**B. Ron Haugan**  
Mailing Address  
**2121 Nina Clara Rd**  
City State Zip Code  
**MT 59102**

**Billings**  
FEC ID number of contributing federal political committee: **C**

Name of Employer: **Deaconess Billings Clinic** Occupation: **CPA**

Receipt For:  Primary  General  Other (specify) **▼**

Aggregate Year-to-Date **250.00**

Date of Receipt: **08 02 2004**

Amount of Each Receipt this Period: **250.00**

Transaction ID: 10000000048800005

**C. Nicholas J Welter MD**  
Mailing Address  
**4205 Laredo Place PO Box 37000**  
City State Zip Code  
**MT 59106**

**Billings**  
FEC ID number of contributing federal political committee: **C**

Name of Employer: **Deaconess Billings Clinic** Occupation: **Hosp Administration**

Receipt For:  Primary  General  Other (specify) **▼**

Aggregate Year-to-Date **250.00**

Date of Receipt: **08 02 2004**

Amount of Each Receipt this Period: **250.00**

Transaction ID: 10000000048900007

SUBTOTAL of Receipts This Page (optional) ..... **820.00**

TOTAL This Period (last page this line number only) ..... **820.00**

25038803232



**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 3	OF 3
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 18
			<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Montana Hospital Association Federal PAC**

**A. Mark Rumans MD**  
Mailing Address  
**4220 Pine Cove Road**  
City State Zip Code  
**Billings MT 59106**

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

Name of Employer: **Deaconess Billings Clinic** Occupation: **Physician**

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date: **500.00**

Date of Receipt: **08 27 2004**

Amount of Each Receipt this Period: **500.00**

Transaction ID: 1000000048300008

**B. Velinda Stevens**  
Mailing Address  
**241 Arbour Drive East**  
City State Zip Code  
**Kalispell MT 59901**

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

Name of Employer: **Kalispell Regional Medical Center** Occupation: **Hosp. Administration**

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date: **205.00**

Date of Receipt: **08 27 2004**

Amount of Each Receipt this Period: **80.00**

Transaction ID: 1000000049400009

**C. Katharine Ann Campbell**  
Mailing Address  
**PO Box 751**  
City State Zip Code  
**White Sulphur Springs MT 59645**

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

Name of Employer: **Mountainview Medical Center** Occupation: **Hosp Administration**

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date: **395.00**

Date of Receipt: **08 27 2004**

Amount of Each Receipt this Period: **200.00**

Transaction ID: 1000000049500010

SUBTOTAL of Receipts This Page (optional) **780.00**

TOTAL This Period (last page this line number only) **2,100.00**

250388032

**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 | OF |

<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

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)

*Montana Hospital Association Federal PAC*

Full Name (Last, First, Middle Initial)

Date of Disbursement

*09 / 24 / 2004*

A.

*AHA PAC*

Mailing Address

*325 7th Street NW*

City

*Washington*

State

*DC*

Zip Code

*20004*

Purpose of Disbursement

*PAC Contribution*

Category/  
Type

Amount of Each Disbursement this Period

*5,200.00*

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

B.

Full Name (Last, First, Middle Initial)

Date of Disbursement

*MM / DD / YYYY*

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Amount of Each Disbursement this Period

*MM / DD / YYYY*

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement

*MM / DD / YYYY*

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Amount of Each Disbursement this Period

*MM / DD / YYYY*

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

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

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

*5,200.00*

25038803234

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): *Federal Express* Shipping Date  
4/28/2005  
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

PREPARER *py* 4/29/2005  
 (3/2005) DATE PREPARED

25038803234