

**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

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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

Candidate Name

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

Candidate Name

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

Candidate Name

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

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