

**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"/> 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)  
**MONTPAC-MONTANA MEDICAL ASSOCIATION (MMA)**

Full Name (Last, First, Middle Initial)

**A. STEVEN DAINES**

Mailing Address PO BOX 1598

City HELENA State MT Zip Code 59624

Purpose of Disbursement  
campaign contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MT District: 00

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	3			2	0	1	4		

Transaction ID : SB23.4500

Amount of Each Disbursement this Period

5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

**B. JOHN LEWIS**

Mailing Address 1127 5TH AVENUE

City HELENA State MT Zip Code 59601

Purpose of Disbursement  
campaign contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MT District: 00

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	3			2	0	1	4		

Transaction ID : SB23.4504

Amount of Each Disbursement this Period

5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

**C. RYAN K ZINKE**

Mailing Address 409 WEST 2ND STREET

City WHITEFISH State MT Zip Code 59937

Purpose of Disbursement  
campaign contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MT District: 01

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	3			2	0	1	4		

Transaction ID : SB23.4502

Amount of Each Disbursement this Period

5	0	0	.	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1	5	0	.	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

1	5	0	.	0	0
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