

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
MHA Federal Pac

ADDRESS (number and street) 2625 Winne Ave
Check if different than previously reported. (ACC) Helena MT 59601

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C 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) 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) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M / 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 / D D / Y Y Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y Y Y 01 / 01 / 2017 through M M / D D / Y Y Y Y Y Y 06 / 30 / 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Olsen, W, , Robert,
Type or Print Name of Treasurer

Signature of Treasurer Olsen, W, , Robert, [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 06 / 19 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

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="2017"/>		47739.52
(b) Cash on Hand at Beginning of Reporting Period.....	47739.52	
(c) Total Receipts (from Line 19)	21169.12	21169.12
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	68908.64	68908.64
7. Total Disbursements (from Line 31).....	16012.00	16012.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	52896.64	52896.64
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)

Write or Type Committee Name

MHA Federal Pac

Report Covering the Period: From: / / To: / /

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).....	20829.18	20829.18
(ii) Unitemized	339.94	339.94
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	21169.12	21169.12
(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)	21169.12	21169.12
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)).....▶	21169.12	21169.12
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	21169.12	21169.12

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	2862.00	2862.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2862.00	2862.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11500.00	11500.00
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).....	1650.00	1650.00
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)) ..	16012.00	16012.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16012.00	16012.00

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)	21169.12	21169.12
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	21169.12	21169.12
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2862.00	2862.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2862.00	2862.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA
Transaction ID :

Totals Line 21b, 21c and 29 reported incorrect. Amendment filed because of notice to amend Year-End Report 7/1/17 - 12/31/17 was reported correctly.

Form/Schedule:
Transaction ID:

**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 7 OF 20
	<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 ▼ 1768.00

Date of Receipt 06 / 30 / 2017
Transaction ID : 10599033
 Amount of Each Receipt this Period 507.00
 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
 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 ▼ 1941.00

Date of Receipt 06 / 30 / 2017
Transaction ID : 11259776
 Amount of Each Receipt this Period 441.00
 Memo Item

C. Haraldson, Richard, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 216 14th Avenue SW
 City Sidney State MT Zip Code 59270-3519
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sidney Health Center Occupation (for Individual) Chief Executive Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 06 / 30 / 2017
Transaction ID : 11260178
 Amount of Each Receipt this Period 520.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 1468.00
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 8 OF 20
	(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. 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
----------------	-------------	------------------------

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 ▼
598.78

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

Transaction ID : 12998144

Amount of Each Receipt this Period
221.78

Memo Item

B. Blumenthal, Casey, J, Ms., RN, MHSA,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 705 Touchstone Unit F

City Helena	State MT	Zip Code 59601-5481
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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 ▼
253.11

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

Transaction ID : 15055312

Amount of Each Receipt this Period
175.11

Memo Item

C. Cech, Victoria, S, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 215

City Clancy	State MT	Zip Code 59634-0215
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Montana Hospital Association	Occupation (for Individual) Director of Grants
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
370.79

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

Transaction ID : 19740394

Amount of Each Receipt this Period
140.79

Memo Item

SUBTOTAL of Receipts This Page (optional).....	537.68
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 20
	<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. 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 / 2017
Transaction ID : 20538162
 Amount of Each Receipt this Period
 227.50
 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Glendive Medical Center 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
 04 / 04 / 2017
Transaction ID : 23880872
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 St. Vincent Healthcare 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
 04 / 04 / 2017
Transaction ID : 23880873
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2227.50
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 20
	<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. Lowe, Bren, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 205 W Montana Street
 City Livingston State MT Zip Code 59047-8601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Livingston HealthCare Occupation (for Individual) Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 04 / 2017
Transaction ID : 23880876
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. 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
 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 ▼ 500.00

Date of Receipt 04 / 12 / 2017
Transaction ID : 23880878
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Duncan, Heidi, , , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2711 Gregory Drive N
 City Billings State MT Zip Code 59102-0507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Billings Clinic Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 05 / 09 / 2017
Transaction ID : 23880879
 Amount of Each Receipt this Period 350.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1850.00
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 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MHA Federal Pac

A. Myhre, Aidan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1240 South Hills Drive
 City Helena State MT Zip Code 59601-5649
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Consultant
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **668.00**

Date of Receipt **06 / 02 / 2017**
Transaction ID : 23921855
 Amount of Each Receipt this Period **668.00**
 Memo Item

B. 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
 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 **377.00**

Date of Receipt **06 / 02 / 2017**
Transaction ID : 23921856
 Amount of Each Receipt this Period **377.00**
 Memo Item

C. Carmody, Jennifer, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4100 Grooms Ln
 City Billings State MT Zip Code 59101-8902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Billings Clinic Occupation (for Individual) Director Reimbursement
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 17 / 2017**
Transaction ID : 23922040
 Amount of Each Receipt this Period **500.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1545.00
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 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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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 ▼ 2399.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2017
Transaction ID : 23922042
 Amount of Each Receipt this Period
 1699.00
 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
 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 ▼ 1462.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2017
Transaction ID : 23922043
 Amount of Each Receipt this Period
 462.00
 Memo Item

C. Todd, Steve, J, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 104 Orchard Park Lane
 City Polson State MT Zip Code 59860-7222
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St. Luke Community Healthcare Occupation (for Individual) Chief Executive Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1028.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2017
Transaction ID : 23922044
 Amount of Each Receipt this Period
 1028.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	3189.00
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 20
	<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. Blumenthal, Casey, J, Ms., RN, MHSA,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 705 Touchstone Unit F

City Helena	State MT	Zip Code 59601-5481
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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 ▼
78.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : 23922051

Amount of Each Receipt this Period
78.00

Memo Item

B. Cech, Victoria, S, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 215

City Clancy	State MT	Zip Code 59634-0215
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Montana Hospital Association	Occupation (for Individual) Director of Grants
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : 23922052

Amount of Each Receipt this Period
230.00

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 ▼
1261.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		05		2017

Transaction ID : 23944723

Amount of Each Receipt this Period
811.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1119.00
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 14 OF 20
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Bush, Michael, S., Dr.,		Date of Receipt MM / DD / YYYY 06 / 07 / 2017
Mailing Address 5531 Billy Casper Dr.		Transaction ID : 23944724
City Billings	State MT	Zip Code 59106-1028
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer (for Individual) St. Vincent Healthcare	Occupation (for Individual) Chief Medical Officer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Dombrowski, Joyce, , Ms., CENP, CHP,		Date of Receipt MM / DD / YYYY 06 / 12 / 2017
Mailing Address 5795 Lanat Loop		Transaction ID : 23944725
City Missoula	State MT	Zip Code 59808
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer (for Individual) St. Patrick Hospital	Occupation (for Individual) Chief Executive Officer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Kiser, James, R, Mr., II		Date of Receipt MM / DD / YYYY 05 / 18 / 2017
Mailing Address P O Box 1010		Transaction ID : 23992283
City Polson	State MT	Zip Code 59860-1010
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer (for Individual) Montrose Memorial Hospital	Occupation (for Individual) Chief Executive Officer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1500.00	In-Kind Contribution - 2 Paddle Boards

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
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 15 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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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 ▼ 700.00

Date of Receipt **05 / 18 / 2017**
Transaction ID : 23992288
 Amount of Each Receipt this Period 700.00
 Memo Item
 In-Kind Contribution - Glacier River Float

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
 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 ▼ 300.00

Date of Receipt **05 / 18 / 2017**
Transaction ID : 23992292
 Amount of Each Receipt this Period 300.00
 Memo Item
 In-Kind Contribution - Golf Outing at Fox Ridge

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
 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 ▼ 450.00

Date of Receipt **05 / 18 / 2017**
Transaction ID : 23992300
 Amount of Each Receipt this Period 150.00
 Memo Item
 In-Kind Contribution - Nikkon Binoculars

SUBTOTAL of Receipts This Page (optional).....	1150.00
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 16 OF 20
	(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"/> 12
		<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. Lowe, Bren, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 205 W Montana Street

City Livingston	State MT	Zip Code 59047-8601
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Livingston HealthCare	Occupation (for Individual) Chief Executive Officer
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1212.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		18		2017

Transaction ID : 23992302

Amount of Each Receipt this Period
212.00

Memo Item

In-Kind Contribution - Case of Wine

B. Agnew, Deborah, , Dr., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 528 Park Lane

City Billings	State MT	Zip Code 59102-1019
------------------	-------------	------------------------

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

Name of Employer (for Individual) Beartooth Billings Clinic	Occupation (for Individual) Chief Executive Officer
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3381.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2017

Transaction ID : 24172783

Amount of Each Receipt this Period
3381.00

Memo Item

C. Theis, Jerry, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2048 Overland Ave

City Billings	State MT	Zip Code 59102-7428
------------------	-------------	------------------------

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

Name of Employer (for Individual) AFLAC	Occupation (for Individual) Regional Sales Coordinator
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		18		2017

Transaction ID : 24172791

Amount of Each Receipt this Period
1650.00

Memo Item

In Kind Contribution - 1 week hotel in Mexico timeshare

SUBTOTAL of Receipts This Page (optional).....	5243.00
TOTAL This Period (last page this line number only).....	20829.18

**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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MHA Federal Pac

A. Kiser, James, R, Mr., II

Full Name (Last, First, Middle Initial)

Mailing Address P O Box 1010

City Polson State MT Zip Code 59860-1010

Purpose of Disbursement In-Kind Contribution - See line 11a

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 18 / 2017

FEC Identification Number: C

Transaction ID : 23992287

Amount of Each Disbursement this Period: 1500.00

Memo Item

In-Kind Contribution - See line 11a

B. Spring, Jason, A, Mr.,

Full Name (Last, First, Middle Initial)

Mailing Address 147 West Swift Creek Way

City Kalispell State MT Zip Code 59937-7849

Purpose of Disbursement In-Kind Contribution - See line 11a

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 18 / 2017

FEC Identification Number: C

Transaction ID : 23992289

Amount of Each Disbursement this Period: 700.00

Memo Item

In-Kind Contribution - See line 11a

C. Brown, Richard, O, Mr.,

Full Name (Last, First, Middle Initial)

Mailing Address 4148 Lake Helena Dr

City Helena State MT Zip Code 59602-9543

Purpose of Disbursement In-Kind Contribution - See line 11a

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 18 / 2017

FEC Identification Number: C

Transaction ID : 23992293

Amount of Each Disbursement this Period: 300.00

Memo Item

In-Kind Contribution - See line 11a

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2500.00

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

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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MHA Federal Pac

Full Name (Last, First, Middle Initial) A. Brown, Richard, O, Mr.,			Date of Disbursement MM / DD / YYYY 05 / 18 / 2017	
Mailing Address 4148 Lake Helena Dr				
City Helena		State MT	Zip Code 59602-9543	
Purpose of Disbursement In-Kind Contribution - See Line 11a			<input type="text" value="011"/> Category/ Type	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		FEC Identification Number <input type="text" value="C"/> Transaction ID : 23992301 Amount of Each Disbursement this Period <input type="text" value="150.00"/> In-Kind Contribution - See Line 11a <input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. Lowe, Bren, , Mr.,			Date of Disbursement MM / DD / YYYY 05 / 18 / 2017	
Mailing Address 205 W Montana Street				
City Livingston		State MT	Zip Code 59047-8601	
Purpose of Disbursement In-Kind Contribution - See Line 11a			<input type="text" value="011"/> Category/ Type	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		FEC Identification Number <input type="text" value="C"/> Transaction ID : 23992303 Amount of Each Disbursement this Period <input type="text" value="212.00"/> In-Kind Contribution - See Line 11a <input type="checkbox"/> Memo Item		

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

SUBTOTAL of Disbursements This Page (optional).....▶	<input type="text" value="362.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="2862.00"/>

**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

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NAME OF COMMITTEE (In Full)
MHA Federal Pac

Full Name (Last, First, Middle Initial) A. Montana Democratic Party		Date of Disbursement MM / DD / YYYY 02 / 24 / 2017
Mailing Address PO Box 802		FEC Identification Number C [REDACTED] Transaction ID : 23871606 Amount of Each Disbursement this Period 1000.00
City Helena	State MT	Zip Code 59624
Purpose of Disbursement Statesman Council 2017 - Mansfield-Metcalf		Category/ Type 011
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Memo Item <input type="checkbox"/> Statesman Council 2017 - Mansfield-Metcalf	

Full Name (Last, First, Middle Initial) B. Montana Republican Legislative Campaign Committee		Date of Disbursement MM / DD / YYYY 04 / 03 / 2017
Mailing Address PO Box 81515		FEC Identification Number C [REDACTED] Transaction ID : 23871608 Amount of Each Disbursement this Period 500.00
City Billings	State MT	Zip Code 59108
Purpose of Disbursement Gold Sponsor 2017 - MRLCC President & Speaker's Reception		Category/ Type 011
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Memo Item <input type="checkbox"/> Gold Sponsor 2017 - MRLCC President & Speaker's Reception	

Full Name (Last, First, Middle Initial) C. AHAPAC-American Hospital Association FEDERAL		Date of Disbursement MM / DD / YYYY 06 / 06 / 2017
Mailing Address 800 10th Street, NW Two City Center, Suite 400		FEC Identification Number C C00106146 Transaction ID : 23990514 Amount of Each Disbursement this Period 10000.00
City Washington	State DC	Zip Code 20001-4956
Purpose of Disbursement		Category/ Type 011
Candidate Name AHAPAC-American Hospital Association FEDERAL		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Memo Item <input type="checkbox"/>	

SUBTOTAL of Disbursements This Page (optional).....▶	11500.00
TOTAL This Period (last page this line number only).....▶	11500.00

**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 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

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NAME OF COMMITTEE (In Full)
MHA Federal Pac

Full Name (Last, First, Middle Initial) A. Theis, Jerry, , ,		Date of Disbursement MM / DD / YYYY 05 / 18 / 2017	
Mailing Address 2048 Overland Ave			
City Billings	State MT	Zip Code 59102-7428	
Purpose of Disbursement In Kind Contribution - See Line 11a		<input type="text" value="011"/>	FEC Identification Number <input type="text" value="C"/>
Candidate Name		Category/ Type	Transaction ID : 24172795
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Disbursement this Period <input type="text" value="1650.00"/> In Kind Contribution - See Line 11a
State: District:			<input type="checkbox"/> Memo Item

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

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

SUBTOTAL of Disbursements This Page (optional).....▶	<input type="text" value="1650.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="1650.00"/>