

**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="2025"/>	<input type="text" value="53697.37"/>	<input type="text" value="53697.37"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="53705.47"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="5179.88"/>	<input type="text" value="15287.98"/>
(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="58885.35"/>	<input type="text" value="68985.35"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="0.00"/>	<input type="text" value="10100.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="58885.35"/>	<input type="text" value="58885.35"/>
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 the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

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).....	4833.28	13715.23
(ii) Unitemized	346.60	1572.75
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5179.88	15287.98
(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)	5179.88	15287.98
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)).....▶	5179.88	15287.98
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	5179.88	15287.98

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

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)	5179.88	15287.98
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5179.88	15287.98
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: PAGE 6 OF 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. O'Hara, Heather, , ,

Mailing Address 895 Wolf Rd

City Helena State MT Zip Code 59602-7842

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 ▼ **1040.00**

Date of Receipt **12 / 31 / 2025**

Transaction ID : 22164744

Amount of Each Receipt this Period **40.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Mack, Katy, , Ms.,

Mailing Address 319 Chaucer St

City Helena State MT Zip Code 59601-5315

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1045.35**

Date of Receipt **12 / 31 / 2025**

Transaction ID : 22727672

Amount of Each Receipt this Period **45.45**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Rich, Shani, , ,

Mailing Address PO Box 552

City Boulder State MT Zip Code 59632-0552

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ **266.00**

Date of Receipt **12 / 31 / 2025**

Transaction ID : 22733712

Amount of Each Receipt this Period **14.00**

Memo Item

SUBTOTAL of Receipts This Page (optional)..... **99.45**

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 7 OF 29
	<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

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NAME OF COMMITTEE (In Full)
MHA Federal PAC

A. Preshinger, Duane, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1224 Wilder Ave
 City Helena State MT Zip Code 59601-5951
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Montana Hospital Association Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2025
Transaction ID : 22817926
 Amount of Each Receipt this Period
 43.48
 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) Occupation (for Individual)
 Shodair Children's Hospital Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.05

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2025
Transaction ID : 27850970
 Amount of Each Receipt this Period
 83.34
 Memo Item

C. Navarro, Desiree, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1451
 City East Helena State MT Zip Code 59635-1451
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Shodair Children's Hospital Chief HR Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 203.09

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2025
Transaction ID : 27850972
 Amount of Each Receipt this Period
 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	156.82
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 29
	<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. Mack, Katy, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 319 Chaucer St
 City Helena State MT Zip Code 59601-5315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Montana Hospital Association Director of Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.95

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2025
Transaction ID : 27850976
 Amount of Each Receipt this Period 45.45
 Memo Item

B. O'Hara, Heather, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 895 Wolf Rd
 City Helena State MT Zip Code 59602-7842
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Montana Hospital Association Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 560.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2025
Transaction ID : 27850977
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Olsen, Bob, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1424 Peosta Ave
 City Helena State MT Zip Code 59601-1713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Montana Hospital Association President and Chief Executive Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2790.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2025
Transaction ID : 27850978
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	125.45
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 29
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Preshinger, Duane, , ,		Date of Receipt MM / DD / YYYY 07 / 11 / 2025
Mailing Address 1224 Wilder Ave		Transaction ID : 27850979
City Helena	State MT	Zip Code 59601-5951
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 43.48
Name of Employer (for Individual) Montana Hospital Association	Occupation (for Individual) Senior Vice President	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 478.28	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mack, Katy, , Ms.,		Date of Receipt MM / DD / YYYY 08 / 08 / 2025
Mailing Address 319 Chaucer St		Transaction ID : 27876990
City Helena	State MT	Zip Code 59601-5315
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 45.45
Name of Employer (for Individual) Montana Hospital Association	Occupation (for Individual) Director of Communications	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 545.40	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. O'Hara, Heather, , ,		Date of Receipt MM / DD / YYYY 08 / 08 / 2025
Mailing Address 895 Wolf Rd		Transaction ID : 27876991
City Helena	State MT	Zip Code 59602-7842
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer (for Individual) Montana Hospital Association	Occupation (for Individual) Vice President	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional).....▶	128.93
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 10 OF 29
	(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. Preshinger, Duane, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1224 Wilder Ave
 City Helena State MT Zip Code 59601-5951
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Montana Hospital Association Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 521.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2025
Transaction ID : 27876992
 Amount of Each Receipt this Period 43.48
 Memo Item

B. Mack, Katy, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 319 Chaucer St
 City Helena State MT Zip Code 59601-5315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Montana Hospital Association Occupation (for Individual) Director of Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 590.85

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2025
Transaction ID : 27916753
 Amount of Each Receipt this Period 45.45
 Memo Item

C. O'Hara, Heather, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 895 Wolf Rd
 City Helena State MT Zip Code 59602-7842
 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 ▼ 640.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2025
Transaction ID : 27916754
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	128.93
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 29
	<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. Preshinger, Duane, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1224 Wilder Ave
 City Helena State MT Zip Code 59601-5951
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Montana Hospital Association Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 565.24

Date of Receipt
 08 / 22 / 2025
Transaction ID : 27916755
 Amount of Each Receipt this Period 43.48
 Memo Item

B. Mack, Katy, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 319 Chaucer St
 City Helena State MT Zip Code 59601-5315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Montana Hospital Association Director of Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 636.30

Date of Receipt
 09 / 05 / 2025
Transaction ID : 27916769
 Amount of Each Receipt this Period 45.45
 Memo Item

C. O'Hara, Heather, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 895 Wolf Rd
 City Helena State MT Zip Code 59602-7842
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Montana Hospital Association Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt
 09 / 05 / 2025
Transaction ID : 27916770
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	128.93
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 29
	<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. Preshinger, Duane, , ,			Date of Receipt MM / DD / YYYY 09 / 05 / 2025 Transaction ID : 27916771		
Mailing Address 1224 Wilder Ave			Amount of Each Receipt this Period 43.48		
City Helena	State MT	Zip Code 59601-5951	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 608.72		
Name of Employer (for Individual) Montana Hospital Association		Occupation (for Individual) Senior Vice President	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Aasved, Craig, E, Mr.,			Date of Receipt MM / DD / YYYY 08 / 14 / 2025 Transaction ID : 27916777		
Mailing Address 6 Lana Lane			Amount of Each Receipt this Period 83.34		
City Clancy	State MT	Zip Code 59634-9217	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 708.39		
Name of Employer (for Individual) Shodair Children's Hospital		Occupation (for Individual) Chief Executive Officer	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Navarro, Desiree, , ,			Date of Receipt MM / DD / YYYY 08 / 14 / 2025 Transaction ID : 27916779		
Mailing Address PO Box 1451			Amount of Each Receipt this Period 60.00		
City East Helena	State MT	Zip Code 59635-1451	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 263.09		
Name of Employer (for Individual) Shodair Children's Hospital		Occupation (for Individual) Chief HR Officer	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....▶	186.82
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 29
	<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. Buttrey, Ed, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27 Granite Hill Lane
 City Great Falls State MT Zip Code 59405-8041
 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 ▼ 571.44

Date of Receipt 10 / 17 / 2025
Transaction ID : 27953241
 Amount of Each Receipt this Period 285.72
 Memo Item

B. Mack, Katy, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 319 Chaucer St
 City Helena State MT Zip Code 59601-5315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Montana Hospital Association Occupation (for Individual) Director of Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 772.65

Date of Receipt 10 / 17 / 2025
Transaction ID : 27953243
 Amount of Each Receipt this Period 45.45
 Memo Item

C. O'Hara, Heather, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 895 Wolf Rd
 City Helena State MT Zip Code 59602-7842
 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 ▼ 800.00

Date of Receipt 10 / 17 / 2025
Transaction ID : 27953244
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	371.17
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 29
	<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. Preshinger, Duane, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1224 Wilder Ave
 City Helena State MT Zip Code 59601-5951
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Montana Hospital Association Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 739.16

Date of Receipt 10 / 17 / 2025
Transaction ID : 27953245
 Amount of Each Receipt this Period 43.48
 Memo Item

B. Buttrey, Ed, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27 Granite Hill Lane
 City Great Falls State MT Zip Code 59405-8041
 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 ▼ 285.72

Date of Receipt 10 / 03 / 2025
Transaction ID : 27953259
 Amount of Each Receipt this Period 285.72
 Memo Item

C. Mack, Katy, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 319 Chaucer St
 City Helena State MT Zip Code 59601-5315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Montana Hospital Association Occupation (for Individual) Director of Communications
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 727.20

Date of Receipt 10 / 03 / 2025
Transaction ID : 27953261
 Amount of Each Receipt this Period 45.45
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	374.65
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 29
	<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	

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 of Individual (Last, First, Middle Initial) or Full Organization Name A. O'Hara, Heather, , ,			Date of Receipt
Mailing Address 895 Wolf Rd			<input type="text" value="10"/> / <input type="text" value="03"/> / <input type="text" value="2025"/>
City Helena	State MT	Zip Code 59602-7842	Transaction ID : 27953262
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="40.00"/>
Name of Employer (for Individual) Montana Hospital Association		Occupation (for Individual) Vice President	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="760.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Preshinger, Duane, , ,			Date of Receipt
Mailing Address 1224 Wilder Ave			<input type="text" value="10"/> / <input type="text" value="03"/> / <input type="text" value="2025"/>
City Helena	State MT	Zip Code 59601-5951	Transaction ID : 27953263
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="43.48"/>
Name of Employer (for Individual) Montana Hospital Association		Occupation (for Individual) Senior Vice President	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="695.68"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Aasved, Craig, E, Mr.,			Date of Receipt
Mailing Address 6 Lana Lane			<input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2025"/>
City Clancy	State MT	Zip Code 59634-9217	Transaction ID : 27953271
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="83.34"/>
Name of Employer (for Individual) Shodair Children's 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 ▼ <input type="text" value="916.74"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="166.82"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 16 OF 29
	<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"/>	<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. Gehringer, Vance, , Mr,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2025
Mailing Address 1 Pine View Drive		Transaction ID : 27953272
City Helena	State MT	Zip Code 59601-5534
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer (for Individual) Shodair Children's Hospital	Occupation (for Individual) Chief Engineer and Director of Facilit	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Navarro, Desiree, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2025
Mailing Address PO Box 1451		Transaction ID : 27953273
City East Helena	State MT	Zip Code 59635-1451
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer (for Individual) Shodair Children's Hospital	Occupation (for Individual) Chief HR 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 ▼ 413.09	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Buttrey, Ed, , Mr.,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2025
Mailing Address 27 Granite Hill Lane		Transaction ID : 27968722
City Great Falls	State MT	Zip Code 59405-8041
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 285.72
Name of Employer (for Individual) Montana Hospital Association	Occupation (for Individual) President and 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 ▼ 857.16	

SUBTOTAL of Receipts This Page (optional).....▶	365.72
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 17 OF 29
	<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. Mack, Katy, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 319 Chaucer St
 City Helena State MT Zip Code 59601-5315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Montana Hospital Association Occupation (for Individual) Director of Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 818.10

Date of Receipt 10 / 31 / 2025
Transaction ID : 27968724
 Amount of Each Receipt this Period 45.45
 Memo Item

B. O'Hara, Heather, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 895 Wolf Rd
 City Helena State MT Zip Code 59602-7842
 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 ▼ 840.00

Date of Receipt 10 / 31 / 2025
Transaction ID : 27968725
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Preshinger, Duane, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1224 Wilder Ave
 City Helena State MT Zip Code 59601-5951
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Montana Hospital Association Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 782.64

Date of Receipt 10 / 31 / 2025
Transaction ID : 27968726
 Amount of Each Receipt this Period 43.48
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	128.93
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 18 OF 29
	<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. Rich, Shani, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 552
 City Boulder State MT Zip Code 59632-0552
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Montana Hospital Association Occupation (for Individual) Executive Director - MHREF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 196.00

Date of Receipt 10 / 31 / 2025
Transaction ID : 27968727
 Amount of Each Receipt this Period 14.00
 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 ▼ 1000.08

Date of Receipt 11 / 06 / 2025
Transaction ID : 27983786
 Amount of Each Receipt this Period 83.34
 Memo Item

C. Gehringer, Vance, , Mr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Pine View Drive
 City Helena State MT Zip Code 59601-5534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Shodair Children's Hospital Occupation (for Individual) Chief Engineer and Director of Facilit
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 06 / 2025
Transaction ID : 27983787
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	117.34
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 19 OF 29
	<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. Navarro, Desiree, , ,			Date of Receipt MM / DD / YYYY 11 / 06 / 2025 Transaction ID : 27983788		
Mailing Address PO Box 1451			Amount of Each Receipt this Period 60.00		
City East Helena	State MT	Zip Code 59635-1451	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Shodair Children's Hospital		Occupation (for Individual) Chief HR Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 473.09			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Aasved, Craig, E, Mr.,			Date of Receipt MM / DD / YYYY 12 / 11 / 2025 Transaction ID : 28022674		
Mailing Address 6 Lana Lane			Amount of Each Receipt this Period 83.34		
City Clancy	State MT	Zip Code 59634-9217	<input type="checkbox"/> Memo Item		
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1083.42			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Gehringer, Vance, , Mr,			Date of Receipt MM / DD / YYYY 12 / 11 / 2025 Transaction ID : 28022675		
Mailing Address 1 Pine View Drive			Amount of Each Receipt this Period 20.00		
City Helena	State MT	Zip Code 59601-5534	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Shodair Children's Hospital		Occupation (for Individual) Chief Engineer and Director of Facilit			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 260.00			

SUBTOTAL of Receipts This Page (optional).....▶	163.34
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 20 OF 29
	<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	

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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. Navarro, Desiree, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 11 / 2025
Mailing Address PO Box 1451		Transaction ID : 28022676
City East Helena	State MT	Zip Code 59635-1451
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer (for Individual) Shodair Children's Hospital	Occupation (for Individual) Chief HR 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 ▼ 533.09	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Buttrey, Ed, , Mr.,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 12 / 2025
Mailing Address 27 Granite Hill Lane		Transaction ID : 28022680
City Great Falls	State MT	Zip Code 59405-8041
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 285.72
Name of Employer (for Individual) Montana Hospital Association	Occupation (for Individual) President and 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 ▼ 1714.32	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MacDonald, Melissa, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 12 / 2025
Mailing Address 94 Lazy HM Roade		Transaction ID : 28022681
City East Helena	State MT	Zip Code 59635-3453
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.72
Name of Employer (for Individual) Montana Hospital Association	Occupation (for Individual) Director of Administrative and Human R	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 214.32	

SUBTOTAL of Receipts This Page (optional).....▶	381.44
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 21 OF 29
	<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. Mack, Katy, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 319 Chaucer St
 City Helena State MT Zip Code 59601-5315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Montana Hospital Association Occupation (for Individual) Director of Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 954.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2025
Transaction ID : 28022682
 Amount of Each Receipt this Period 45.45
 Memo Item

B. O'Hara, Heather, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 895 Wolf Rd
 City Helena State MT Zip Code 59602-7842
 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 ▼ 960.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2025
Transaction ID : 28022683
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Preshinger, Duane, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1224 Wilder Ave
 City Helena State MT Zip Code 59601-5951
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Montana Hospital Association Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 913.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2025
Transaction ID : 28022684
 Amount of Each Receipt this Period 43.48
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	128.93
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 22 OF 29
	<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. Rich, Shani, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 12 / 2025 Transaction ID : 28022685
Mailing Address PO Box 552			Amount of Each Receipt this Period 14.00
City Boulder	State MT	Zip Code 59632-0552	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Montana Hospital Association	Occupation (for Individual) Executive Director - MHREF		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 238.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Buttrey, Ed, , Mr.,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2025 Transaction ID : 28022692
Mailing Address 27 Granite Hill Lane			Amount of Each Receipt this Period 285.72
City Great Falls	State MT	Zip Code 59405-8041	<input type="checkbox"/> Memo Item
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1142.88		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Mack, Katy, , Ms.,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2025 Transaction ID : 28022694
Mailing Address 319 Chaucer St			Amount of Each Receipt this Period 45.45
City Helena	State MT	Zip Code 59601-5315	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Montana Hospital Association	Occupation (for Individual) Director of Communications		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 863.55		

SUBTOTAL of Receipts This Page (optional).....▶	345.17
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 23 OF 29
	<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. Preshinger, Duane, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1224 Wilder Ave
 City Helena State MT Zip Code 59601-5951
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Montana Hospital Association Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 826.12

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 14 / 2025
Transaction ID : 28022696
 Amount of Each Receipt this Period 43.48
 Memo Item

B. Rich, Shani, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 552
 City Boulder State MT Zip Code 59632-0552
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Montana Hospital Association Occupation (for Individual) Executive Director - MHREF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 14 / 2025
Transaction ID : 28022697
 Amount of Each Receipt this Period 14.00
 Memo Item

C. O'Hara, Heather, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 895 Wolf Rd
 City Helena State MT Zip Code 59602-7842
 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 ▼ 880.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 14 / 2025
Transaction ID : 28022704
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	97.48
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 24 OF 29
	<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. Buttrey, Ed, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27 Granite Hill Lane
 City Great Falls State MT Zip Code 59405-8041
 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 ▼ 1428.60

Date of Receipt 11 / 28 / 2025
Transaction ID : 28022716
 Amount of Each Receipt this Period 285.72
 Memo Item

B. Mack, Katy, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 319 Chaucer St
 City Helena State MT Zip Code 59601-5315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Montana Hospital Association Occupation (for Individual) Director of Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 909.00

Date of Receipt 11 / 28 / 2025
Transaction ID : 28022718
 Amount of Each Receipt this Period 45.45
 Memo Item

C. O'Hara, Heather, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 895 Wolf Rd
 City Helena State MT Zip Code 59602-7842
 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 ▼ 920.00

Date of Receipt 11 / 28 / 2025
Transaction ID : 28022719
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	371.17
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 25 OF 29
	<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. Preshinger, Duane, , ,			Date of Receipt MM / DD / YYYY 11 / 28 / 2025 Transaction ID : 28022720		
Mailing Address 1224 Wilder Ave			Amount of Each Receipt this Period 43.48		
City Helena	State MT	Zip Code 59601-5951	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Montana Hospital Association		Occupation (for Individual) Senior Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 869.60			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Rich, Shani, , ,			Date of Receipt MM / DD / YYYY 11 / 28 / 2025 Transaction ID : 28022721		
Mailing Address PO Box 552			Amount of Each Receipt this Period 14.00		
City Boulder	State MT	Zip Code 59632-0552	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Montana Hospital Association		Occupation (for Individual) Executive Director - MHREF			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 224.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Mack, Katy, , Ms.,			Date of Receipt MM / DD / YYYY 09 / 19 / 2025 Transaction ID : 28054858		
Mailing Address 319 Chaucer St			Amount of Each Receipt this Period 45.45		
City Helena	State MT	Zip Code 59601-5315	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Montana Hospital Association		Occupation (for Individual) Director of Communications			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 681.75			

SUBTOTAL of Receipts This Page (optional).....▶	102.93
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 26 OF 29
	<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	

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NAME OF COMMITTEE (In Full)
MHA Federal PAC

A. O'Hara, Heather, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 895 Wolf Rd
 City Helena State MT Zip Code 59602-7842
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Montana Hospital Association Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2025
Transaction ID : 28054859
 Amount of Each Receipt this Period
 40.00
 Memo Item

B. Preshinger, Duane, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1224 Wilder Ave
 City Helena State MT Zip Code 59601-5951
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Montana Hospital Association Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 652.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2025
Transaction ID : 28054860
 Amount of Each Receipt this Period
 43.48
 Memo Item

C. Buttrey, Ed, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27 Granite Hill Lane
 City Great Falls State MT Zip Code 59405-8041
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Montana Hospital Association President and Chief Executive Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2000.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2025
Transaction ID : 28054875
 Amount of Each Receipt this Period
 285.72
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	369.20
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 27 OF 29
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MacDonald, Melissa, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 26 / 2025
Mailing Address 94 Lazy HM Roade		Transaction ID : 28054876
City East Helena	State MT	Zip Code 59635-3453
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.72
Name of Employer (for Individual) Montana Hospital Association	Occupation (for Individual) Director of Administrative and Human R	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.04	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mack, Katy, , Ms.,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 26 / 2025
Mailing Address 319 Chaucer St		Transaction ID : 28054877
City Helena	State MT	Zip Code 59601-5315
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 45.45
Name of Employer (for Individual) Montana Hospital Association	Occupation (for Individual) Director of Communications	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 999.90	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. O'Hara, Heather, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 26 / 2025
Mailing Address 895 Wolf Rd		Transaction ID : 28054878
City Helena	State MT	Zip Code 59602-7842
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer (for Individual) Montana Hospital Association	Occupation (for Individual) Vice President	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	121.17
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 28 OF 29
	<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

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NAME OF COMMITTEE (In Full)
MHA Federal PAC

A. Preshinger, Duane, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1224 Wilder Ave
 City Helena State MT Zip Code 59601-5951
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Montana Hospital Association Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 956.56

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2025
Transaction ID : 28054879
 Amount of Each Receipt this Period 43.48
 Memo Item

B. Rich, Shani, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 552
 City Boulder State MT Zip Code 59632-0552
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Montana Hospital Association Occupation (for Individual) Executive Director - MHREF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2025
Transaction ID : 28054880
 Amount of Each Receipt this Period 14.00
 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 ▼ 833.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2025
Transaction ID : 28054891
 Amount of Each Receipt this Period 125.01
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	182.49
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 29 OF 29
(check only one)

<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Navarro, Desiree, , ,

Mailing Address PO Box 1451

City East Helena State MT Zip Code 59635-1451

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 353.09

Date of Receipt
MM / DD / YYYY
09 / 25 / 2025

Transaction ID : 28054893

Amount of Each Receipt this Period
90.00

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	90.00
TOTAL This Period (last page this line number only).....▶	4833.28