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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)

P.O. Box 5119

Check if different than previously reported. (ACC)

Helena

MT

59604

- 5119

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C C00238782

3. IS THIS REPORT

N

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
 - Convention (12C)
 - General (12G)
 - Special (12S)
 - Runoff (12R)
- Election on [MM] / [DD] / [YYYY] in the State of []

(d) 30-Day POST-Election Report for the:

- General (30G)
 - Runoff (30R)
 - Special (30S)
- Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period

[MM] / [DD] / [YYYY] 07 / 01 / 2010

through

[MM] / [DD] / [YYYY] 09 / 30 / 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer John W Flink

Signature of Treasurer

John W. Flink

Date

[MM] / [DD] / [YYYY] 10 / 13 / 2010

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

Office Use Only

FEC FORM 3X
Rev. 12/2004

10030461912

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

MHA Federal Pac

Report Covering the Period: From:

MM / DD / YYYY
07 / 01 / 2010

To:

MM / DD / YYYY
09 / 30 / 2010

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand January 1, 2010		\$37,282.72
(b) Cash on Hand at Beginning of Reporting Period.....	\$47,502.37	
(c) Total Receipts (from Line 19)	\$4,723.62	\$14,961.44
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$52,225.99	\$52,244.16
7. Total Disbursements (from Line 31)	\$8,608.29	\$8,626.46
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$43,617.70	\$43,617.70
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

10030461913

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

MHA Federal Pac

Report Covering the Period: From:

MM / DD / YYYY
07 / 01 / 2010

To:

MM / DD / YYYY
09 / 30 / 2010

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).....

\$4,274.62

\$13,212.72

(ii) Unitemized

\$449.00

\$1,748.72

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

\$4,723.62

\$14,961.44

(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)..... ▶

\$4,723.62

\$14,961.44

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))..... ▶

\$4,723.62

\$14,961.44

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

\$4,723.62

\$14,961.44

10030461914

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	\$8,600.00	\$8,600.00
24. Independent Expenditures (use Schedule E)	\$0.00	\$0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(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	\$8.29	\$26.46
30. Federal Election Activity (2 U.S.C. §431(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))..	\$8,608.29	\$8,626.46
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	\$8,608.29	\$8,626.46

10030461915

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	\$4,723.62	\$14,961.44
34. Total Contribution Refunds (from Line 28(d))	\$0.00	\$0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	\$4,723.62	\$14,961.44
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

10030461916

**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 1 OF 6	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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. Mr. Casey Blumenthal

Full Name (Last, First, Middle Initial)
Mailing Address
705 Touchstone Unit F
City Helena State MT Zip Code 59601-5481

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

Name of Employer: MHA: An Assoc. of Montana Health Care Occupation: Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **\$255.93**

Date of Receipt: [MM] / [DD] / [YYYY]

Amount of Each Receipt this Period: **\$94.29**

P/R Deduction (\$0.00)

B. Mr. Dick Brown

Full Name (Last, First, Middle Initial)
Mailing Address
4148 Lake Helena Drive
City Helena State MT Zip Code 59602-9543

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

Name of Employer: MHA: An Assoc. of Montana Health Care Occupation: President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **\$890.00**

Date of Receipt: [MM] / [DD] / [YYYY]

Amount of Each Receipt this Period: **\$210.00**

P/R Deduction (\$0.00)

C. Mr. John P Casey

Full Name (Last, First, Middle Initial)
Mailing Address
P O Box 5539
City Helena State MT Zip Code 59604-5539

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

Name of Employer: Shodair Children's Hospital Occupation: Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **\$350.00**

Date of Receipt: **08 / 31 / 2010**

Amount of Each Receipt this Period: **\$350.00**

SUBTOTAL of Receipts This Page (optional) ▶ **\$654.29**

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

10030461917

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2 OF 6

(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

Full Name (Last, First, Middle Initial) A. Mr. Mark A Cross		Date of Receipt 08 / 03 / 2010
Mailing Address P O Box 915		Amount of Each Receipt this Period \$1,000.00
City Shelby	State Zip Code MT 59474-0915	
FEC ID number of contributing federal political committee. C		
Name of Employer Marias Medical Center	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$1,000.00	

Full Name (Last, First, Middle Initial) B. Mr. Scott A. Duke		Date of Receipt 09 / 17 / 2010
Mailing Address 202 Prospect Drive		Amount of Each Receipt this Period \$215.00
City Glendive	State Zip Code MT 59330-1943	
FEC ID number of contributing federal political committee. C		
Name of Employer Glendive Medical Center	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$215.00	

Full Name (Last, First, Middle Initial) C. Mr. Scott A. Duke		Date of Receipt
Mailing Address 202 Prospect Drive		
City Glendive	State Zip Code MT 59330-1943	Amount of Each Receipt this Period \$215.00
FEC ID number of contributing federal political committee. C		
Name of Employer Glendive Medical Center	Occupation Chief Executive Officer	P/R Deduction (\$0.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$430.00	

SUBTOTAL of Receipts This Page (optional)	\$1,430.00
TOTAL This Period (last page this line number only)	

10030461918

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 3 OF 6
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)

MHA Federal Pac

<p>A. Mr. John W. Flink Full Name (Last, First, Middle Initial) Mailing Address PO Box 5119 City State Zip Code Helena MT 59604-5119 FEC ID number of contributing federal political committee. C Name of Employer Occupation MHA: An Assoc. of Montana Health Care VP, Government & Public Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ \$363.93</p>		<p>Date of Receipt M M / D D / Y Y Y Y Amount of Each Receipt this Period \$136.29 P/R Deduction (\$0.00)</p>
<p>B. Mr. Richard Haraldson Full Name (Last, First, Middle Initial) Mailing Address 216 14th Avenue SW City State Zip Code Sidney MT 59270-3519 FEC ID number of contributing federal political committee. C Name of Employer Occupation Sidney Health Center Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ \$560.00</p>		<p>Date of Receipt 09 / 10 / 2010 Amount of Each Receipt this Period \$40.00</p>
<p>C. Mr. Richard Haraldson Full Name (Last, First, Middle Initial) Mailing Address 216 14th Avenue SW City State Zip Code Sidney MT 59270-3519 FEC ID number of contributing federal political committee. C Name of Employer Occupation Sidney Health Center Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ \$800.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Amount of Each Receipt this Period \$240.00 P/R Deduction (\$0.00)</p>
<p>SUBTOTAL of Receipts This Page (optional)</p>		<p>\$416.29</p>
<p>TOTAL This Period (last page this line number only)</p>		<p></p>

10030461919

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 4 OF 6

(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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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 (Last, First, Middle Initial)

A. Mr. Donald May

Mailing Address
521 Great Falls St.

City State Zip Code
Falls Church VA 22046-2613

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
American Hospital Association-Washingt Vice President, Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
\$220.00

Date of Receipt

07 / 20 / 2010

Amount of Each Receipt this Period

\$220.00

Full Name (Last, First, Middle Initial)

B. Ms. Joan Miles

Mailing Address
500 Diehl Drive

City State Zip Code
Helena MT 59601-5403

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
MHA: An Assoc. of Montana Health Care Director of Grants and Program Develop

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
\$382.60

Date of Receipt

MM / DD /

Amount of Each Receipt this Period

\$168.70

P/R Deduction (\$0.00)

Full Name (Last, First, Middle Initial)

C. Mr. John A Nordwick

Mailing Address
915 Highland Boulevard

City State Zip Code
Bozeman MT 59715-6902

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Bozeman Deaconess Hospital President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
\$225.00

Date of Receipt

08 / 16 / 2010

Amount of Each Receipt this Period

\$225.00

SUBTOTAL of Receipts Tbls Page (optional) ▶

\$613.70

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

10030461920

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 OF 6
(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

A. Mr. Bob Olsen
 Full Name (Last, First, Middle Initial)
 Mailing Address
 Post Office Box 5119
 City State Zip Code
 Helena MT 59604-5119
 Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 \$200.34
 P/R Deduction (\$0.00)
 FEC ID number of contributing federal political committee. C
 Name of Employer Occupation
 MHA: An Assoc. of Montana Health Care Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 \$499.98

B. Mr. William Patten
 Full Name (Last, First, Middle Initial)
 Mailing Address
 350 Louisiana Avenue
 City State Zip Code
 Libby MT 59923-2130
 Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 02 / 2010
 Amount of Each Receipt this Period
 \$260.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Occupation
 St. John's Lutheran Hospital Administrator and Chief Executive Offi
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 \$260.00

C. H. Lee Roath
 Full Name (Last, First, Middle Initial)
 Mailing Address
 3236 Arbor Way
 City State Zip Code
 Great Falls MT 59405-3300
 Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 02 / 2010
 Amount of Each Receipt this Period
 \$350.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Occupation
 Benefis Hospitals CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 \$350.00

SUBTOTAL of Receipts This Page (optional) ▶ \$810.34
TOTAL This Period (last page this line number only) ▶

10030461921

**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 6

(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 committees.

NAME OF COMMITTEE (In Full)

MHA Federal Pac

A. Full Name (Last, First, Middle Initial)
Mr. Charles T Wright

Mailing Address
P O Box 3300

City State Zip Code
Butte MT 59702-3300

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

Name of Employer Occupation
St. James Healthcare President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
\$350.00

Date of Receipt

07 / 20 / 2010

Amount of Each Receipt this Period

\$350.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) ▶

\$350.00

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

\$4,274.62

10030461922

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 1

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MHA Federal Pac

Full Name (Last, First, Middle Initial)

A. AHAPAC-American Hospital Association FEDERAL

Mailing Address
325 Seventh Street, NW Suite 700

City State Zip Code
Washington DC 20004

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

09 / 21 / 2010

Amount of Each Disbursement this Period

\$8,600.00

Contribution

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶

\$8,600.00

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

\$8,600.00

10030461923

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)
10/15/10

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

Jm W
 PREPARER
 (3/2005)

10/19/10
 DATE PREPARED

10030461924