

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Triad Hospitals, Inc. Good Government Fund

ADDRESS (number and street) 5800 Tennyson Parkway
 Check if different than previously reported. (ACC)
Plano TX 75024

2. **FEC IDENTIFICATION NUMBER** C00347062
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 Quarterly 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 (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 06 01 2007 through 06 30 2007

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 Patricia G. Ball

Signature of Treasurer Electronically Filed by Patricia G. Ball Date 10 11 2007

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
Triad Hospitals, Inc. Good Government Fund

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		289330.16
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	175337.42									
(c) Total Receipts (from Line 19)	30.18	243.44								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	175367.60	289573.60								
7. Total Disbursements (from Line 31)	162560.00	276766.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	12807.60	12807.60								
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**

Write or Type Committee Name
Triad Hospitals, Inc. Good Government Fund

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	0.00	0.00
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ▶	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 Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ▶	0.00	0.00
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.)	30.18	243.44
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 Transfer (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))	30.18	243.44
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	30.18	243.44

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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	250.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	250.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	1000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	159000.00	209000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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.....	3560.00	66516.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	162560.00	276766.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	162560.00	276766.00

DETAILED SUMMARY PAGE
of Disbursements

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)	0.00	0.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	250.00
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	250.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 / 26
	(check only one)	
<input 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 checked="" 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)
Triad Hospitals, Inc. Good Government Fund

A. Full Name (Last, First, Middle Initial)
Bank of America

Mailing Address Customer Connection
Bank of America, N.A.

City State Zip Code
Dallas TX 75283-2406

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
243.44

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2007

Transaction ID: 26344360

Amount of Each Receipt this Period
30.18

Interest Received on Account

SUBTOTAL of Receipts This Page (optional)	▶	30.18
TOTAL This Period (last page this line number only)	▶	30.18

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

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NAME OF COMMITTEE (In Full)
Triad Hospitals, Inc. Good Government Fund

Full Name (Last, First, Middle Initial) A. Committee To Elect Artur Davis To Congress		Transaction ID: 26202606 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address Post Office Box 1845		Amount of Each Disbursement this Period 2000.00
City Birmingham State AL Zip Code 35201	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Artur Davis		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 7	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Spratt For Congress Committee		Transaction ID: 26202660 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address PO Box 830		Amount of Each Disbursement this Period 1000.00
City York State SC Zip Code 29745	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. John Spratt, Jr.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 5	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Leadership 21		Transaction ID: 26202673 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address 6849 Old Dominion Drive Suite 222		Amount of Each Disbursement this Period 2500.00
City McLean State VA Zip Code 22101	011 Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5500.00
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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Triad Hospitals, Inc. Good Government Fund

Full Name (Last, First, Middle Initial) A. Alexander For Senate 2008 Inc		Transaction ID: 26202577 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address 228 S Washington Street Suite 115		Amount of Each Disbursement this Period 2500.00
City Alexandria State VA Zip Code 22314	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Sen. Lamar Alexander		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 1	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Citizens For Altmire		Transaction ID: 26202587 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address PO Box 1776		Amount of Each Disbursement this Period 2500.00
City Freedom State PA Zip Code 15042	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Jason Altmire		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 4	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Friends Of Max Baucus		Transaction ID: 26202589 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address PO Box 586		Amount of Each Disbursement this Period 5000.00
City Helena State MT Zip Code 59624	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Sen. Max Baucus		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 1	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	10000.00
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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Triad Hospitals, Inc. Good Government Fund

Full Name (Last, First, Middle Initial) A. Glacier PAC		Transaction ID: 26202592 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address 818 Connecticut Ave., NW #1009		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20006		
Purpose of Disbursement	011 Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. All America PAC		Transaction ID: 26202594 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address 607 14th Street, NW #800		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20005		
Purpose of Disbursement	011 Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Berkley For Congress		Transaction ID: 26202597 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address 3069 Conquista Court		Amount of Each Disbursement this Period 2500.00
City Las Vegas State NV Zip Code 89121		
Purpose of Disbursement	011 Category/Type	
Candidate Name Rep. Shelley Berkley		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 1	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	10000.00
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Triad Hospitals, Inc. Good Government Fund

Full Name (Last, First, Middle Initial) A. Dave Camp For Congress 2008		Transaction ID: 26202599 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address 5915 Eastman Ave. Suite 100		Amount of Each Disbursement this Period 2500.00
City Midland State MI Zip Code 48640		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Rep. David Camp		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 4	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Chambliss For Senate		Transaction ID: 26202601 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address Post Office Box 12469		Amount of Each Disbursement this Period 2500.00
City Atlanta State GA Zip Code 30355		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Sen. Saxby Chambliss		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 1	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Collins For Senator		Transaction ID: 26202603 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address PO Box 1096		Amount of Each Disbursement this Period 2500.00
City Bangor State ME Zip Code 04402		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Sen. Susan Collins		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 2	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	7500.00
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)

PAGE 11 / 26

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

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NAME OF COMMITTEE (In Full)
Triad Hospitals, Inc. Good Government Fund

Full Name (Last, First, Middle Initial) A. Texans For Senator John Cornyn Inc		Transaction ID: 26202604 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address 6850 Austin Centre Blvd Suite 180		Amount of Each Disbursement this Period 2000.00
City Austin State TX Zip Code 78731	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Sen. John Cornyn		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 2	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Nathan Deal For Congress		Transaction ID: 26202607 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address PO Box 902		Amount of Each Disbursement this Period 2500.00
City Gainesville State GA Zip Code 30503	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Nathan Deal		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 9	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Elizabeth Dole Committee Inc		Transaction ID: 26202611 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address PO Box 2918		Amount of Each Disbursement this Period 2500.00
City Raleigh State NC Zip Code 27602	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Sen. Elizabeth Dole		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 1	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	7000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 / 26

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

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NAME OF COMMITTEE (In Full)
Triad Hospitals, Inc. Good Government Fund

Full Name (Last, First, Middle Initial) A. People For Pete Domenici		Transaction ID: 26202612 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address Post Office Box 93656		Amount of Each Disbursement this Period 2500.00
City Albuquerque State NM Zip Code 87199	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Sen. Pete Domenici		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 1	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Friends Of Dick Durbin Committee		Transaction ID: 26202613 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address PO Box 1949		Amount of Each Disbursement this Period 2500.00
City Springfield State IL Zip Code 62705	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Sen. Richard Durbin		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 1	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Our Common Values PAC		Transaction ID: 26202614 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address 101 W. Grand Ave. #200		Amount of Each Disbursement this Period 2500.00
City Chicago State IL Zip Code 60610	011 Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	7500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Triad Hospitals, Inc. Good Government Fund

<p>A. Full Name (Last, First, Middle Initial) Hoosiers For Hill</p> <p>Mailing Address PO Box 1071</p> <p>City Seymour State IN Zip Code 47274</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name Rep. Baron Hill</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 9</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 26202615 Date of Disbursement: 06 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 2000.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Hulshof For Congress</p> <p>Mailing Address PO Box 1621</p> <p>City Columbia State MO Zip Code 65205</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name Rep. Kenny Hulshof</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 9</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 26202621 Date of Disbursement: 06 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 2500.00</p>
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<p>C. Full Name (Last, First, Middle Initial) KPAC</p> <p>Mailing Address PO Box 820365</p> <p>City Dallas State TX Zip Code 75382</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 26202623 Date of Disbursement: 06 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 5000.00</p>
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<p>SUBTOTAL of Disbursements This Page (optional)</p> <p>TOTAL This Period (last page this line number only)</p>	<p>9500.00</p>
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**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)

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

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NAME OF COMMITTEE (In Full)
Triad Hospitals, Inc. Good Government Fund

Full Name (Last, First, Middle Initial) A. Senate Majority Fund		Transaction ID: 26202625 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address PO Box 32025		Amount of Each Disbursement this Period 5000.00
City Phoenix	State AZ	
Zip Code 85064		
Purpose of Disbursement		
Candidate Name		011 Category/ Type
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:		

Full Name (Last, First, Middle Initial) B. Friends Of Blanche Lincoln		Transaction ID: 26202626 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address PO Box 3197		Amount of Each Disbursement this Period 5000.00
City Little Rock	State AR	
Zip Code 72203		
Purpose of Disbursement		
Candidate Name Sen. Blanche Lincoln		011 Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AR District: 1		

Full Name (Last, First, Middle Initial) C. Matheson For Congress		Transaction ID: 26202629 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address PO Box 521048 Suite A		Amount of Each Disbursement this Period 2500.00
City Salt Lake City	State UT	
Zip Code 84152		
Purpose of Disbursement		
Candidate Name Rep. James Matheson		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: UT District: 2		

SUBTOTAL of Disbursements This Page (optional) ▶	12500.00
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)

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

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NAME OF COMMITTEE (In Full)
Triad Hospitals, Inc. Good Government Fund

Full Name (Last, First, Middle Initial) A. BlueGrass Committee		Transaction ID: 26204113 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address 400 N. Capitol St., NW #585		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20001		
Purpose of Disbursement	011 Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Kendrick Meek Campaign For Congress		Transaction ID: 26202632 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address 111 Nw 183rd Street Suite 325		Amount of Each Disbursement this Period 2500.00
City Miami State FL Zip Code 33169		
Purpose of Disbursement	011 Category/Type	
Candidate Name Rep. Kendrick Meek		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 17	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Patrick Murphy For Congress		Transaction ID: 26202635 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address P.O. Box 868		Amount of Each Disbursement this Period 2500.00
City Levittown State PA Zip Code 19058		
Purpose of Disbursement	011 Category/Type	
Candidate Name Rep. Patrick Murphy		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 8	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	7500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Triad Hospitals, Inc. Good Government Fund

Full Name (Last, First, Middle Initial) A. Pallone For Congress		Transaction ID: 26202638 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address PO Box 3176		Amount of Each Disbursement this Period 2500.00
City Long Branch	State NJ	
Zip Code 07740		
Purpose of Disbursement		
Candidate Name Rep. Frank Pallone, Jr.		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NJ District: 6		

Full Name (Last, First, Middle Initial) B. Nancy Pelosi For Congress		Transaction ID: 26202639 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address 235 Montgomery Street Suite 610		Amount of Each Disbursement this Period 5000.00
City San Francisco	State CA	
Zip Code 94104		
Purpose of Disbursement		
Candidate Name Rep. Nancy Pelosi		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 8		

Full Name (Last, First, Middle Initial) C. Earl Pomeroy For Congress		Transaction ID: 26202646 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address P.O. Box 9336		Amount of Each Disbursement this Period 2000.00
City Fargo	State ND	
Zip Code 58106		
Purpose of Disbursement		
Candidate Name Rep. Earl Pomeroy		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ND District: 1		

SUBTOTAL of Disbursements This Page (optional) ▶	9500.00
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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Triad Hospitals, Inc. Good Government Fund

Full Name (Last, First, Middle Initial) A. Putnam For Congress		Transaction ID: 26202648 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address Post Office Box 2257		Amount of Each Disbursement this Period 2500.00
City State Zip Code Bartow FL 33831	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Adam Putnam	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 12	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Jim Ramstad Volunteer Committee		Transaction ID: 26202650 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address 1809 Plymouth Road South #310		Amount of Each Disbursement this Period 1000.00
City State Zip Code Minnetonka MN 55305	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Jim Ramstad	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 3	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Pat Roberts For Senate		Transaction ID: 26202653 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address PO Box 433		Amount of Each Disbursement this Period 2500.00
City State Zip Code Great Bend KS 67530	Purpose of Disbursement 011 Category/Type	
Candidate Name Sen. Pat Roberts	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 2	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
Triad Hospitals, Inc. Good Government Fund

Full Name (Last, First, Middle Initial) A. Pete Sessions For Congress 2008		Transaction ID: 26202657 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address Post Office Box 38585		Amount of Each Disbursement this Period 2500.00
City Dallas State TX Zip Code 75238	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Pete Sessions		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 32	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Heath Shuler For Congress		Transaction ID: 26202658 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address PO Box 8446		Amount of Each Disbursement this Period 5000.00
City Asheville State NC Zip Code 28814	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Heath Shuler		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 11	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Pete Stark Re-Election Committee		Transaction ID: 26202661 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address P.O. Box 8331		Amount of Each Disbursement this Period 2500.00
City Fremont State CA Zip Code 94537	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Fortney Stark		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 13	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	10000.00
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
Triad Hospitals, Inc. Good Government Fund

Full Name (Last, First, Middle Initial) A. Team Sununu		Transaction ID: 26202671 Date of Disbursement 06 / 01 / 2007
Mailing Address PO Box 500		Amount of Each Disbursement this Period 2500.00
City Rye State NH Zip Code 03870	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Sen. John Sununu		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 2	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Tiberi For Congress		Transaction ID: 26202674 Date of Disbursement 06 / 01 / 2007
Mailing Address 2021 E Dublin Granville Road Suite 2000		Amount of Each Disbursement this Period 2000.00
City Columbus State OH Zip Code 43229	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Patrick Tiberi		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Heather Wilson For Congress		Transaction ID: 26202676 Date of Disbursement 06 / 01 / 2007
Mailing Address P.O. Box 14070		Amount of Each Disbursement this Period 2000.00
City Albuquerque State NM Zip Code 87191	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Heather Wilson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 1	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	6500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

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<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)
Triad Hospitals, Inc. Good Government Fund

Full Name (Last, First, Middle Initial) A. Friends Of Zach Wamp		Transaction ID: 26202677 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address P.O. Box 24804 651 E. Fourth St. Suite 200		Amount of Each Disbursement this Period 2000.00
City Chattanooga State TN Zip Code 37422	011 Category/Type	
Purpose of Disbursement		
Candidate Name Rep. Zach Wamp		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 3	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. AmeriPAC: The Fund for Greater America		Transaction ID: 26202685 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address 499 S. Capitol St., SW #414		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20003	011 Category/Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Democratic Congressional Campaign Committee		Transaction ID: 26202687 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address 430 S. Capitol St., SE 2nd floor		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20003	011 Category/Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	12000.00
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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
Triad Hospitals, Inc. Good Government Fund

Full Name (Last, First, Middle Initial) A. Democratic Senatorial Campaign Committee		Transaction ID: 26202689 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address 120 Maryland Ave., NE		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20002	011 Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. National Republican Congressional Committee		Transaction ID: 26202690 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address 320 First Street		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20003	011 Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. National Republican Senatorial Committee		Transaction ID: 26202692 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address 425 Second Street, NE		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20002	011 Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	15000.00
TOTAL This Period (last page this line number only) ▶

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

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

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NAME OF COMMITTEE (In Full)
Triad Hospitals, Inc. Good Government Fund

Full Name (Last, First, Middle Initial) A. Grassley Committee Inc		Transaction ID: 26202694 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address PO Box 1000		Amount of Each Disbursement this Period 5000.00
City Des Moines	State IA	
Zip Code 50304		
Purpose of Disbursement		
Candidate Name Sen. Charles Grassley		011 Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IA District: 1		

Full Name (Last, First, Middle Initial) B. Friends Of Mary Landrieu Inc		Transaction ID: 26202695 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address 607 14th Street Nw Suite 800 Suite 1434		Amount of Each Disbursement this Period 2000.00
City Washington	State DC	
Zip Code 20005		
Purpose of Disbursement		
Candidate Name Sen. Mary Landrieu		011 Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: LA District: 1		

Full Name (Last, First, Middle Initial) C. Mccrery For Congress Committee		Transaction ID: 26202697 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address Post Office Box 52956 333 Texas Street Suite 1900		Amount of Each Disbursement this Period 2500.00
City Shreveport	State LA	
Zip Code 71135		
Purpose of Disbursement		
Candidate Name Rep. Jim McCrery		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: LA District: 4		

SUBTOTAL of Disbursements This Page (optional) ▶	9500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

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

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NAME OF COMMITTEE (In Full)
Triad Hospitals, Inc. Good Government Fund

Full Name (Last, First, Middle Initial) A. Mccrery For Congress Committee		Transaction ID: 26202699 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address Post Office Box 52956 333 Texas Street Suite 1900		Amount of Each Disbursement this Period 2500.00
City Shreveport State LA Zip Code 71135		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Rep. Jim McCrery		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 4	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. John D. Dingell For Congress Committee		Transaction ID: 26202608 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address 607 14th Street N.W. Suite 800		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20005		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Rep. John Dingell		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 15	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Bill Mccamley For Congress		Transaction ID: 26064285 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 7
Mailing Address PO Box 6552		Amount of Each Disbursement this Period 1000.00
City Las Cruces State NM Zip Code 88006		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Mr. William McCamley		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 2	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	8500.00
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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Triad Hospitals, Inc. Good Government Fund

Full Name (Last, First, Middle Initial) A. People For English		Transaction ID: 26064292																					
Mailing Address PO Box 1940		Date of Disbursement																					
City Erie State PA Zip Code 16507		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		0	5		2	0	0	7														
Purpose of Disbursement		Amount of Each Disbursement this Period																					
Candidate Name Rep. Phil English		<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>		011	Category/ Type																		
011																							
Category/ Type																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1"> <tr> <td>2500.00</td> </tr> </table>		2500.00																			
2500.00																							
State: PA District: 3																							

Full Name (Last, First, Middle Initial) B. Cantor For Congress		Transaction ID: 26064296																					
Mailing Address P. O. Box 17813		Date of Disbursement																					
City Richmond State VA Zip Code 23226		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		0	5		2	0	0	7														
Purpose of Disbursement		Amount of Each Disbursement this Period																					
Candidate Name Rep. Eric Cantor		<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>		011	Category/ Type																		
011																							
Category/ Type																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1"> <tr> <td>2500.00</td> </tr> </table>		2500.00																			
2500.00																							
State: VA District: 7																							

SUBTOTAL of Disbursements This Page (optional) ►

5000.00

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

159000.00

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

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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Triad Hospitals, Inc. Good Government Fund

Full Name (Last, First, Middle Initial) A. Northern Pima Cnty Chamber of Commerce Issues PAC		Transaction ID: 26064289 Date of Disbursement
Mailing Address 200 West Magee Road		<input type="text" value="06"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City Tucson	State AZ	Zip Code 85704
Purpose of Disbursement	<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:		

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) B. Kraft CPAs PLLC		Transaction ID: 26064283 Date of Disbursement
Mailing Address 555 Great Circle Road Suite 200		<input type="text" value="06"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City Nashville	State TN	Zip Code 37228
Purpose of Disbursement Accounting fees	<input type="text" value="001"/> 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:		

Amount of Each Disbursement this Period

Accounting fees

Full Name (Last, First, Middle Initial) C. West Virginia Hospital Association		Transaction ID: 26064278 Date of Disbursement
Mailing Address 100 Association Drive		<input type="text" value="06"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City Charleston	State WV	Zip Code 25311
Purpose of Disbursement	<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:		

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2560.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Triad Hospitals, Inc. Good Government Fund

Full Name (Last, First, Middle Initial) A. Friends of Bill Fleenor		Transaction ID: 26202700 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 7	
Mailing Address PO Box 216		Amount of Each Disbursement this Period 1000.00	
City Mapleton	State OR	Zip Code 97453	Category/ Type 011 Bill Fleenor, LOCAL 1st OR
Purpose of Disbursement Bill Fleenor, LOCAL 1st OR		Candidate Name Bill Fleenor	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Debt Retirement		

SUBTOTAL of Disbursements This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	3560.00