FEC FORM 3X	AND DIS	GOF RECEIP BURSEMEN an An Authorized Cor	TS	Office Use Only	
1. NAME OF COMMITTEE (in fu	USE FEC MAILI OR TYPE OR PF	Enampion	f typing, type		
ADDRESS (number and s	street) 501 CORPOF		200		
Check if differe than previously reported. (ACC	FRANKLIN			N 37067	
2. FEC IDENTIFICAT	ION NUMBER 🛛 🐨	CITY 🛋	STA		DDE 🔺
C00421420		3. IS THIS REPORT	(NEW (N) <b>OR</b>	AMENDED (A)	
July 15 Quarterly October 1 Quarterly January 3 Quarterly July 31 M	Report Due On: Due On: Due On: Due On: Contemport Report(Q2) S Report(Q3) Report(Q3) Report(YE) d-Year on-election ) (MY) Report Report Contemport (d) 30-E Pos Report Contemport (d) 30-E	E-Election Nort for the: Conv Election on 1	May 20 (M5) Jun 20 (M6) Jul 20 (M7) ry (12P) X ention (12C) 1 0 4 2 0 ral (30G)	Aug 20 (M8)         Sep 20 (M9)         Oct 20 (M10)         General (12G)         Special (12G)         0 8       in the State         Runoff (30R)       in the State	of Special (30S)
Type or Print Name of Tr Signature of Treasurer	Eugene A. (T	best of my knowledge and be	Date	10 20	2 0 0 8 I.S.C 437g.
Office Use Only				FEC FOI (Rev. 12/2	

# SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

FEG FORM 3X (Rev. 02/2003)			Page 2
	be Committee Name LA HEALTHCARE, INC. GOVERN	IMENT AFFAIRS COMMITTEE	
Report Cove	ering the Period: From:	D D Y Y W Y 01 2008	To:
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Casl	n on Hand January 1 Ž008 <sup>Y Y</sup>		19452.49
( )	n on Hand at ning of Reporting Period	17364.67	
(c) Tota	I Receipts (from Line 19)	2496.52	26399.20
(d) Subt	total (add lines 6(b) and		
6(c)	for Column A and Lines and 6(c) for Column B)	19861.19	45851.69
7. Total Disk	pursements (from Line 31)	1000.00	26990.50
Reporting	Hand at Close of I Period Line 7 from Line 6(d))	18861.19	18861.19
the comm	d Obligations owed <b>TO</b> hittee (Itemize all on C and/or Schedule D)	0.00	
the comm	d Obligations owed <b>BY</b> hittee (Itemize all on 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

FE6AN026

# DETAILED SUMMARY PAGE

OF RECEIPTS FEC Form 3X (Rev. 06/2004) Page 3 Write or Type Committee Name CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE 0<sup>D</sup>1 1<sup>D</sup>5 м м 10 <sup>м</sup> м 10 D D 2008 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 22531.22 2103.12 (i) Itemized (use Schedule A) ..... 393.40 3867.98 (ii) Unitemized ..... (iii) TOTAL (add 2496.52 26399.20 Lines 11(a)(i) and (ii) ..... 0.00 0.00 (b) Political Party Committees ..... (c) Other Political Committees 0.00 0.00 (such as PACs) ..... Total Contributions (add Lines (d) 11(a)(iii),(b) and (c)) (Carry 2496.52 26399.20 Totals to Line 33, page 5) ..... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees ..... 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) ..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (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)). 19. Total Receipts (add Lines 11(d), 2496.52 26399.20 12, 13, 14, 15, 16, 17, and 18(c)) ..... 20. Total Federal Receipts 2496.52 26399.20 (subtract Line 18(c) from Line 19) .....

### **DETAILED SUMMARY PAGE**

	FEC Form 3X (Rev. 02/2003)	Page 4	
	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures:		Galendar Tear-to-Date
	(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating		
	Expenditures	0.00	1065.50
	(c) Total Operating Expenditures	0.00	1005 50
2	(add 21(a)(i), (a)(ii) and (b)) <b>F</b>	0.00	1065.50
	Committees	0.00	0.00
23.	Contributions to		
	Federal Candidates/Committeesand Other Political Committees	1000.00	21325.00
24.	Independent Expenditure	0.00	0.00
25.	(use Schedule E) Coordinated Expenditures Made by Party		
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
		0.00	0.00
26.	Loan Repayments Made	0.00	0.00
27.	Loans Made	0.00	0.00
	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	0.00	0.00
	(add Lines 28(a), (b), and (c)) 🕨	0.00	0.00
29.	Other Disbursements	0.00	4600.00
80.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity (from Schedule H6)		
	(i) Federal Share	0.00	0.00
		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))	1000.00	26990.50
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	1000.00	00000 50

1000.00

26990.50

from Line 31).....

### DETAILED SUMMARY PAGE

	FEC Form 3X (Rev. 02/2003)	· ·	Page :
	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)	2496.52	26399.20
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	2496.52	26399.20
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	1065.50
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	1065.50

FE6AN026

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 6 / 13           (check only one)         11a           X         11a           13         14           15         16
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	son for the purpose of soliciting contributions to solicit contributions from such committee.	
		ERNMENT AFFAIRS COMMITTEE	
۹.	Full Name (Last, First, Middle Initial) J. Thomas Anderson		Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	Drive	10 <sup>1</sup> 15 <sup>2</sup> 2008
	City	State Zip Code	Transaction ID: SA11AI.4580
	Brentwood FEC ID number of contributing federal political committee.	TN 37067	Amount of Each Receipt this Period 250.00
	Name of Employer Capella Healthcare	Occupation President	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
- 3.	Full Name (Last, First, Middle Initial) Dan Aranda		Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	Drive	10 <sup>//</sup> 15 <sup>/</sup> 2008
	City	State Zip Code	Transaction ID: SA11AI.4592
	Franklin FEC ID number of contributing federal political committee.	TN 37067	Amount of Each Receipt this Period 115.62
	Name of Employer Capella Healthcare Company	Occupation Hospital CEO	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1156.20	
-	Full Name (Last, First, Middle Initial) Steven R. Brumfield	1	Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	Drive	мм/ D D / Y Y Y Y 10 15 2008
	City	State Zip Code	Transaction ID: SA11AI.4581
	Franklin FEC ID number of contributing federal political committee.	TN 37067	Amount of Each Receipt this Period 91.00
	Name of Employer Capella Health, Inc.	Occupation Vice President/Assistant PAC Treas	surer
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 910.00	
Г		1	456.62

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 7 / 13           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         1
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pers e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
		ERNMENT AFFAIRS COMMITTEE	
	Full Name (Last, First, Middle Initial) Rick Charbonneau		Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	Drive	10 <sup>1</sup> 15 <sup>2</sup> 2008
	City	State Zip Code	Transaction ID: SA11AI.4593
	Franklin	TN 37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	55.00
	Name of Employer Capella Healthcare Company	Occupation VP Managed Care	
	Receipt For:	Aggregate Year-to-Date V	
	Primary     General       Other (specify)	550.00	
_	Full Name (Last, First, Middle Initial) S. Ray Coffey	Date of Receipt	
	Mailing Address 501 Corporate Centre Suite 200		M M / D D / Y Y Y 10 / 15 / 2008
	City Freeklin	State Zip Code	Transaction ID: SA11AI.4582
	Franklin	TN 37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		77.28
	Name of Employer Capella Healthcare	Occupation VP & Government Programs	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 772.80	
_	Full Name (Last, First, Middle Initial) Beverly Craig		Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	M M / D D / Y Y Y Y 10 15 2008	
	City	State Zip Code	Transaction ID: SA11AI.4583
	Franklin	TN 37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	75.00
	Name of Employer Capella Healthcare	Occupation VP & Quality Management	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 810.00	
Γ	SUBTOTAL of Receipts This Page (optional)		207.28

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 8 / 13           (check only one)         11a           X         11a           13         14           15         16
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOVE	name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Janice Darnaby		Date of Receipt
	Mailing Address 501 Corporate Centre,	Ste 200	10 15 2008
	City	State Zip Code	Transaction ID: SA11AI.4594
	Franklin FEC ID number of contributing federal political committee.	TN 37067	Amount of Each Receipt this Period 47.66
	Name of Employer Capella Healthcare Company	Occupation Hospital CNO	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 285.96	
	Full Name (Last, First, Middle Initial) Eugene A. (Tony) Fay Mailing Address 501 Corporate Centre Suite 200	Drive	Date of Receipt
	City Franklin	State Zip Code TN 37067	Transaction ID: SA11AI.4584 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	85.00
	Name of Employer Capella Healthcare, Inc.	Occupation Vice President	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	
-	Full Name (Last, First, Middle Initial) Brian Hitchcock	<u> </u>	Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	10 <sup> / D D</sup> / Y Y Y Y 12008	
	City Franklin	State Zip Code TN 37067	Transaction ID: SA11AI.4585
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 85.48
	Name of Employer Capella Healthcare	Occupation VP & Materials Management	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 854.80	
ſ	SUBTOTAL of Receipts This Page (optional)		218.14

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 9 / 13           (check only one)         X           X         11a           11b         11c           12           13         14
	ny information copied from such Reports and r for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	Statements may the name and add	not be sold or used by any persi ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	CAPELLA HEALTHCARE, INC. GOV	ERNMENT A	FFAIRS COMMITTEE	
	Full Name (Last, First, Middle Initial) George Kruger			Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	e Drive		10 <sup>D</sup> 15 <sup>Y</sup> YYY 10 <sup>D</sup> 15 <sup>Y</sup> 2008
	City	State	Zip Code	Transaction ID: SA11AI.4591
	Franklin	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		65.00
	Name of Employer Capella Healthcare	Occupation Hospital I	- Finance Officer	
	Receipt For:	Aggregate	Year-to-Date 🔻	_
	Other (specify)	0 0	630.00	]
	Full Name (Last, First, Middle Initial) Steve Mahan			Date of Receipt
	Mailing Address 501 Corporate Centre	M M / D D / Y Y Y Y 10 15 2008		
	City	State	Zip Code	Transaction ID: SA11AI.4597
	Franklin	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Capella Healthcare Company	Occupation Hospital (		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 600.00	]
_	Full Name (Last, First, Middle Initial) Mike McCoy			Date of Receipt
	Mailing Address 501 Corporate Centre Drive Suite 200			M M / D D / Y Y Y Y 10 15 2008
	City	State	Zip Code	Transaction ID: SA11AI.4603
	Franklin	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		130.00
	Name of Employer Capella Healthcare	Occupation Hospital		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date <b>V</b> 390.00	]
Γ	SUBTOTAL of Receipts This Page (optional) .			295.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 10 / 13           (check only one)         11a         11b         11c         12           13         14         15         16         1
A	ny information copied from such Reports and S for commercial purposes, other than using the	on for the purpose of soliciting contributions oscilicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOVI	ERNMENT A	FFAIRS COMMITTEE	
	Full Name (Last, First, Middle Initial) John McLain			Date of Receipt
	Mailing Address 501 Corporate Centre	Dr, Ste 200		M M / D D / Y Y Y Y 10 15 2008
	City	State	Zip Code	Transaction ID: SA11AI.4595
	Franklin	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Capella Healthcare Company	Occupatio Hospital		_
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Primary   General     Other (specify)	0 0	600.00	]
	Full Name (Last, First, Middle Initial) Jon O'Shaunnesy	<u> </u>		Date of Receipt
	Mailing Address 501 Corporate Centre Drive Suite 200			M M / D D / Y Y Y Y 10 15 2008
	City	State	Zip Code	Transaction ID: SA11AI.4590
	Franklin	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		160.00
	Name of Employer Capella Healthcare Company	Occupatio Hospital		
	Receipt For:       Primary       General       Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1600.00	]
	Full Name (Last, First, Middle Initial) Christina Patterson			Date of Receipt
	Mailing Address 501 Corporate Center Dr Ste 200			M M / D D / Y Y Y Y 10 15 2008
	City	State	Zip Code	Transaction ID: SA11AI.4596
	Franklin	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Capella Healthcare Company	Occupatio Hospital		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 300.00	]
	UBTOTAL of Receipts This Page (optional)	1		310.00

ľ	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 11 / 13           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         1
	Any information copied from such Reports and S r for commercial purposes, other than using the	Statements may not be sold or used by any per e name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOV	ERNMENT AFFAIRS COMMITTEE	
	Full Name (Last, First, Middle Initial) Dan Slipkovich	2.	Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	Drive	10 <sup> / D D</sup> / Y Y Y 10 <sup> / 15</sup> 2008
	City	State Zip Code	Transaction ID: SA11AI.4586
	Franklin	TN 37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Capella Healthcare Company	Occupation Chief Executive Officer	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	1250.00	
_	Full Name (Last, First, Middle Initial) D. Andrew Slusser	Date of Receipt	
	Mailing Address 501 Corporate Centre Suite 200		M M / D D / Y Y Y Y Y 10 15 2008
	City	State Zip Code	Transaction ID: SA11AI.4587
	Franklin	TN 37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		195.83
	Name of Employer Capella Healthcare	Occupation Senior VP & Development Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1958.30	
_	Full Name (Last, First, Middle Initial) Warren Smith		Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	M M / D D / Y Y Y Y 10 15 2008	
	City	State Zip Code	Transaction ID: SA11AI.4589
	Franklin	TN 37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		35.25
	Name of Employer Capella Healthcare	Occupation Hospital Finance Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 352.50	
Γ	SUBTOTAL of Receipts This Page (optional) .	1	481.08

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

for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 12/13 Use separate schedule(s) (check only one) Х 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. CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

NAME OF COMMITTEE (In Full)

Α.

Full Name (Last, First, Middle Initial) Robert Wampler	Date of Receipt	
Mailing Address 501 Corporate Centre I	Drive, Ste 20	M M / D D / Y Y Y Y 10 15 2008
City	State Zip Code	Transaction ID: SA11AI.4588
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	135.00
Name of Employer Capella Healthcare Company	Occupation	
Capella Healthcare Company	VP & Operations CFO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date  810.00	

SUBTOTAL of Receipts This Page (optional)	135.00	
TOTAL This Period (last page this line number only)	►	2103.12

	SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the Detailed Summary Page	FOR LINE (check on 21b 27	E NUMBER: ly one) 22 X 23 28a 28b	PAGE         13 / 13           24         25         26           28c         29         30b		
	Any Information copied from such Reports and Sta or for commercial purposes, other than using the r						
	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOVEI	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE					
Α.	Full Name (Last, First, Middle Initial) ALEXANDER FOR SENATE 2008 INC Mailing Address 228 S WASHINGTON	STREET SUITE 115		Transaction ID:SDate of Disburseme $10^{M}$ $10^{M}$	ent		
	City ALEXANDRIA	State Zip Code VA 22314		Amount of Each Dis	sbursement this Period		
	Purpose of Disbursement campaign			]	1000.00		
	Candidate Name ALEXANDER FOR SENATE 2008 INC		Category/ Type				
	Office Sought: House Disb X Senate President State: TN District: 00	Primary X General Other (specify) ▼					

	SUBTOTAL of Disbursements This Page (optional)	►	1000.00
	TOTAL This Period (last page this line number only)	►	1000.00
i	FE6AN026		FEC Schedule B ( Form 3X) (Revised 02/2003)