# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2001 JUL 30 P 2:38

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Wisconsin Health & Hospital Association Federal PAC

ADDRESS (number and street) ☐ Check if different than previously reported
5721 Odana Road

CITY, STATE and ZIP CODE
Madison, WI 53719

2. FEC IDENTIFICATION NUMBER
C00359455

3. ☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**4. TYPE OF REPORT**

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

☒ July 31 Mid Year Report (Non-election Year Only)

☐ Termination Report

Monthly Report Due On:

| | | |
|---|---|---|
| ☐ February 20 | ☐ June 20 | ☐ October 20 |
| ☐ March 20 | ☐ July 20 | ☐ November 20 |
| ☐ April 20 | ☐ August 20 | ☐ December 20 |
| ☐ May 20 | ☐ September 20 | ☐ January 31 |

☐ 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____

☐ 30-Day Post-Election Report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? ☐ YES ☒ NO

**SUMMARY**

5. Covering Period 1/1/01 through 6/30/01

| | | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|---|---|---|
| 6. | (a) Cash on Hand January 1, as 2000 | | $2333.24 |
| | (b) Cash on Hand at Beginning of Reporting Period | $2333.24 | |
| | (c) Total Receipts (from Line 19) | $4311.25 | $4311.25 |
| | (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | $6644.49 | $6644.49 |
| 7. | Total Disbursements (from Line 30) | $3709.75 | $3709.75 |
| 8. | Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | $2934.74 | $2934.74 |
| 9. | Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | $ -0- | |
| 10. | Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | $ -0- | |

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

*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
Alison K. Prange

Signature of Treasurer
Alison K. Prange

Date
7/20/01

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

**FEC FORM 3X**
(revised 9/99)

FEDAN099

# DETAILED SUMMARY PAGE
## OF RECEIPTS AND DISBURSEMENTS
### PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: Wisconsin Health and Hospital Association Federal PAC

REPORT COVERING PERIOD FROM 1/1/01 TO: 6/30/01

| | COLUMN A Total This Period | COLUMN B Calendar Year | |
|---|---|---|---|
| **I. Receipts** | | | |
| 11. Contributions (other than loans) From: | | | |
| a. Individual/Persons Other Than Political Committees | | | |
| i. Itemized (use Schedule A) | 2461.25 | 2461.25 | 11(a)(i) |
| ii. Unitemized | 1850.00 | 1850.00 | 11(a)(ii) |
| iii. Total (add i and ii) ➤ | 4311.25 | 4311.25 | 11(a)(iii) |
| b. Political Party Committees | -0- | -0- | 11(b) |
| c. Other Political Committees (such as PACs) | -0- | -0- | 11(c) |
| d. Total Contributions (add a iii, b and c) ➤ | 4311.25 | 4311.25 | 11(d) |
| 12. Transfers From Affiliated/Other Party Committees | -0- | -0- | 12 |
| 13. All Loans Received | -0- | -0- | 13 |
| 14. Loan Repayments Received | -0- | -0- | 14 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) | -0- | -0- | 15 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees | -0- | -0- | 16 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | -0- | -0- | 17 |
| 18. Transfers from Nonfederal Account for Joint Activity | -0- | -0- | 18 |
| 19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤ | 4311.25 | 4311.25 | 19 |
| 20. Total Federal Receipts (subtract line 18 from line 19) ➤ | 4311.25 | 4311.25 | 20 |
| **II. Disbursements** | | | |
| 21. Operating Expenditures: | | | |
| a. Shared Federal/Non-Federal Activity (from Schedule H4) | | | |
| i. Federal Share | -0- | -0- | 21(a)(i) |
| ii. Non-Federal Share | -0- | -0- | 21(a)(ii) |
| b. Other Federal Operating Expenditures | 59.75 | 59.75 | 21(b) |
| c. Total Operating Expenditures (add a i, a ii, and b) ➤ | 59.75 | 59.75 | 21(c) |
| 22. Transfers to Affiliated/Other Party Committees | 250.00 | 250.00 | 22 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | 3400.00 | 3400.00 | 23 |
| 24. Independent Expenditures (use Schedule E) | -0- | -0- | 24 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) | -0- | -0- | 25 |
| 26. Loan Repayments Made | -0- | -0- | 26 |
| 27. Loans Made | -0- | -0- | 27 |
| 28. Refunds of Contributions To: | | | |
| a. Individuals/Persons Other Than Political Committees | -0- | -0- | 28(a) |
| b. Political Party Committees | -0- | -0- | 28(b) |
| c. Other Political Committees (such as PACs) | -0- | -0- | 28(c) |
| d. Total Contribution Refunds (add a, b and c) ➤ | -0- | -0- | 28(d) |
| 29. Other Disbursements | -0- | -0- | 29 |
| 30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤ | 3709.75 | 3709.75 | 30 |
| 31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤ | 3709.75 | 3709.75 | 31 |
| **III. Net Contributions/Operating Expenditures** | | | |
| 32. Total Contributions (other than loans)(from line 11d) | 4311.25 | 4311.25 | 32 |
| 33. Total Contribution Refunds (from line 28d) | -0- | -0- | 33 |
| 34. Net Contributions (other than loans)(subtract line 33 from 32) | 4311.25 | 4311.25 | 34 |
| 35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤ | 59.75 | 59.75 | 35 |
| 36. Offsets to Operating Expenditures (from line 15) | -0- | -0- | 36 |
| 37. Net Operating Expenditures (subtract line 36 from 35) ➤ | 59.75 | 59.75 | 37 |

FEQAN059

**SCHEDULE A** **ITEMIZED RECEIPTS**

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

PAGE 1 OF 5

FOR LINE NUMBER

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)

Wisconsin Health and Hospital Association Federal PAC

| Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| A. Mary Starmann-Harrison<br>707 S. Mills Street<br>Madison, WI 53715<br>Receipt For: [X] Primary [ ] General [ ] Other (specify): | Employer: SSM Healthcare of Wisconsin<br>Occupation: CEO<br>Aggregate Year-to-Date > $ 500.00 | 4/5/01 | 500.00 |
| B. Gerald Lefert<br>707 S. Mills Street<br>Madison, WI 53715<br>Receipt For: [X] Primary [ ] General [ ] Other (specify): | Employer: St. Mary's Hospital Medical Center<br>Occupation: President<br>Aggregate Year-to-Date > $ 250.00 | 4/2/01 | 250.00 |
| C. Ralph Baeten<br>1726 Shawano Avenue<br>Green Bay, WI 54303<br>Receipt For: [X] Primary [ ] General [ ] Other (specify): | Employer: St. Mary's Hospital Medical Center<br>Occupation: Vice President<br>Aggregate Year-to-Date > $ 25.00 | 4/23/01 | 25.00 |
| D. Donna Sollenberger<br>600 Highland Avenue<br>Madison, WI 53792<br>Receipt For: [X] Primary [ ] General [ ] Other (specify): | Employer: University of Wisconsin Hospital & Clinics<br>Occupation: President & CEO<br>Aggregate Year-to-Date > $ 125.00 | 4/16/01 | 125.00 |
| E. Dr. Edward Kramper<br>3694 East Dyreson Road<br>McFarland, WI 53558<br>Receipt For: [X] Primary [ ] General [ ] Other (specify): | Employer: Wisconsin Health & Hospital Association<br>Occupation: Medical Director<br>Aggregate Year-to-Date > $ 250.00 | 4/23/01 | 250.00 |
| F. Joseph Neidenbach<br>P.O. Box 13508<br>Green Bay, WI 54307-3508<br>Receipt For: [X] Primary [ ] General [ ] Other (specify): | Employer: St. Vincent Hospital<br>Occupation: Administrator<br>Aggregate Year-to-Date > $ 250.00 | 4/27/01 | 250.00 |
| G. Carolyn Friese<br>P.O. Box 13508<br>Green Bay, WI 54307-3508<br>Receipt For: [X] Primary [ ] General [ ] Other (specify): | Employer: St. Vincent Hospital<br>Occupation: Assistant Administrator<br>Aggregate Year-to-Date > $ 50.00 | 5/4/01 | 50.00 |

SUBTOTAL of Receipts This Page (optional) ..... 1450.00

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

FEDAN099

**SCHEDULE A** **ITEMIZED RECEIPTS**

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

PAGE 3 OF 5

FOR LINE NUMBER

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**NAME OF COMMITTEE (in Full)**

Wisconsin Health and Hospital Association Federal PAC

| A. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| Steve Ronstrom<br>900 W. Claremont Avenue<br>Eau Claire, WI 54701<br>Receipt For: [X] Primary [ ] General [ ] Other (specify): | Sacred Heart Hospital<br>Occupation: Administrator<br>Aggregate Year-to-Date > $ 100.00 | 5/25/01 | 100.00 |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| Patricia Kalder<br>5000 W. Chambers Street<br>Milwaukee, WI<br>Receipt For: [X] Primary [ ] General [ ] Other (specify): | Covenant / St. Joseph's Hospital<br>Occupation: President<br>Aggregate Year-to-Date > $ 50.00 | 5/25/01 | 50.00 |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| Gary Eilier<br>600 Highland Avenue<br>Madison, WI 53792<br>Receipt For: [X] Primary [ ] General [ ] Other (specify): | University of Wisconsin Hospital and Clinics<br>Occupation: Chief Financial Officer<br>Aggregate Year-to-Date > $ 250.00 | 5/25/01 | 250.00 |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| Mark Hamilton<br>600 Highland Avenue<br>Madison, WI 53792<br>Receipt For: [X] Primary [ ] General [ ] Other (specify): | University of Wisconsin Hospital and Clinics<br>Occupation: Vice President<br>Aggregate Year-to-Date > $ 250.00 | 6/8/01 | 250.00 |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| Jeffrey Martin<br>900 Illinois Avenue<br>Stevens Point, WI 54481<br>Receipt For: [X] Primary [ ] General [ ] Other (specify): | St. Michaels Hospital<br>Occupation: President / CEO<br>Aggregate Year-to-Date > $ 100.00 | 6/15/01 | 100.00 |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| Linda Bizi<br>610 Walnut Street, Suite 1007<br>WARF<br>Madison, WI 53705<br>Receipt For: [X] Primary [ ] General [ ] Other (specify): | University of Wisconsin Hospital & Clinics<br>Occupation: Director of Public Affairs<br>Aggregate Year-to-Date > $ 250.00 | 5/16/01 | 250.00 |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| Terri Potter<br>202 South Park Street<br>Madison, WI 53715<br>Receipt For: [X] Primary [ ] General [ ] Other (specify): | Meriter Hospital<br>Occupation: CEO<br>Aggregate Year-to-Date > $ | 6/26 | 50.00 |

**SUBTOTAL** of Receipts This Page (optional) ..... 1050.00

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

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**SCHEDULE A** **ITEMIZED RECEIPTS**

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



FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

Wisconsin Health and Hospital Association Federal PAC

| Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| A. Jeff Martin, 900 Illinois Avenue, Stevens Point, WI 54481 — Receipt For: [X] Primary [ ] General [ ] Other (specify): | Employer: St. Michaels Hospital; Occupation: President & CEO; Aggregate Year-to-Date > $ 150.00 | 6/26/01 | 50.00 |
| B. Nick Desien, 11925 West Lake Park Drive, Suite 100, Milwaukee, WI 53224 — Receipt For: [X] Primary [ ] General [ ] Other (specify): | Employer: Ministry Healthcare; Occupation: President & CEO; Aggregate Year-to-Date > $ 100.00 | 6/26/01 | 100.00 |
| C. Scott Peterson — Receipt For: [X] Primary [ ] General [ ] Other (specify): | Employer: Gateway Ventures; Occupation: Consultant; Aggregate Year-to-Date > $ 100.00 | 6/26/01 | 100.00 |
| D. Bob Fale, 430 E. Division Street, Fond du Lac, WI 54935 — Receipt For: [X] Primary [ ] General [ ] Other (specify). | Employer: Agnesian Healthcare; Occupation: President & CEO; Aggregate Year-to-Date > $ 100.00 | 6/26/01 | 100.00 |
| E. Bill Petasnick, 9200 W. Wisconsin Avenue, Milwaukee, WI 53226 — Receipt For: [X] Primary [ ] General [ ] Other (specify): | Employer: Froedtert Hospital; Occupation: President & CEO; Aggregate Year-to-Date > $ 50.00 | 6/26/01 | 50.00 |
| F. Craig Schmidt, 225 Memorial Drive, Beloit, WI 54923 — Receipt For: [X] Primary [ ] General [ ] Other (specify): | Employer: Platners Health System; Occupation: Chairman & CEO; Aggregate Year-to-Date > $ 100.00 | 6/26/01 | 100.00 |
| G. Mark Knight, 5721 Odana Road, Madison, WI 53719 — Receipt For: [X] Primary [ ] General [ ] Other (specify): | Employer: Wisconsin Health & Hospital Association; Occupation: Interim President; Aggregate Year-to-Date > $ 100.00 | 6/26/01 | 100.00 |

**SUBTOTAL** of Receipts This Page (optional) ..... $600.00

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

FESAN103

**SCHEDULE A** **ITEMIZED RECEIPTS**

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



FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

Wisconsin Health and Hospital Association Federal PAC

| Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| A. David Olson, 3100 Shore Drive, Marinette, WI 54143 — Receipt For: [X] Primary [ ] General [ ] Other (specify): | Bay Area Medical Center — President & CEO — Aggregate Year-to-Date > $ 50.00 | 6/26/01 | 50.00 |
| B. Charlie Rung, 9200 W. Wisconsin Avenue, Milwaukee, WI 53226 — Receipt For: [X] Primary [ ] General [ ] Other (specify): | Froedtert Hospital — Senior VP, Clinical Services — Aggregate Year-to-Date > $ 100.00 | 6/26/01 | 100.00 |
| C. Glen Grady, 216 Sunset Place, Neillsville, WI 54456 — Receipt For: [X] Primary [ ] General [ ] Other (specify): | Neillsville Medical Center — Administrator — Aggregate Year-to-Date > $ 100.00 | 6/26/01 | 100.00 |
| D. Bill Bestor, N180 N8085 Town Hall Road, Menomonee Falls, WI 53051 — Receipt For: [X] Primary [ ] General [ ] Other (specify): | Community Memorial Hospital — President — Aggregate Year-to-Date > $ 50.00 | 6/26/01 | 50.00 |
| E. Tim Wick, 257 W. St. George Avenue, Grantsburg, WI 54840 — Receipt For: [X] Primary [ ] General [ ] Other (specify): | Burnett Medical Center — CEO — Aggregate Year-to-Date > $ 50.00 | 6/26/01 | 50.00 |
| F. George Johnson, 2000 N. Dewey Street, Reedsburg, WI 53959 — Receipt For: [X] Primary [ ] General [ ] Other (specify): | Reedsburg Area Medical Center — President — Aggregate Year-to-Date > $ 100.00 | 6/26/01 | 100.00 |
| G. Tim Size, 880 Independence Lane, P.O. Box 490, Sauk City, WI 53583 — Receipt For: [X] Primary [ ] General [ ] Other (specify): | Wisconsin Rural Health Co-op — Executive Director — Aggregate Year-to-Date > $ 250.00 | 6/26/01 | 250.00 |

**SUBTOTAL** of Receipts This Page (optional) ..... $700.00

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

FE6AN1.03

**SCHEDULE A** **ITEMIZED RECEIPTS**

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

PAGE 5 OF 5

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

Wisconsin Health and Hospital Association Federal PAC

| Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| A. Greg Britton, 1969 West Hart Road, Beloit, WI 53511 — Receipt For: [X] Primary [ ] General [ ] Other (specify): | Beloit Memorial Hospital / President & CEO — Aggregate Year-to-Date > $ | 6/26/01 | 50.00 |
| B. Jim Jablonski, 9000 W. Wisconsin Avenue, P.O. Box 1997, Milwaukee, WI 53201 — Receipt For: [X] Primary [ ] General [ ] Other (specify): | Children's Health System / Director — Aggregate Year-to-Date > $ 50 — | 6/26/01 | 50.00 |
| C. Mary O'Connor, 9000 W. Wisconsin Avenue, P.O. Box 1997, Milwaukee, WI 53201 — Receipt For: [X] Primary [ ] General [ ] Other (specify): | Children's Health System / Director — Aggregate Year-to-Date > $ 100 — | 6/26/01 | 100.00 |
| D. Dr. Robert Miller, 9000 W. Wisconsin Avenue, P.O. Box 1997, Milwaukee, WI 53201 — Receipt For: [X] Primary [ ] General [ ] Other (specify): | Childrens Health System / VP Medical Affairs — Aggregate Year-to-Date > $ 100 — | 6/26/01 | 100.00 |
| E. Midbank of Southern Wisconsin, 401 N. Segoe Road, Madison, WI 53705 — Receipt For: [ ] Primary [ ] General [X] Other (specify): Admin. Fee Reimbursement | — / — — Aggregate Year-to-Date > $ | 3/5/01 | 211.25 |
| F. Full Name, Mailing Address and ZIP Code — Receipt For: [ ] Primary [ ] General [ ] Other (specify): | Name of Employer / Occupation — Aggregate Year-to-Date > $ | Date (month, day, year) | Amount of Each Receipt this Period |
| G. Full Name, Mailing Address and ZIP Code — Receipt For: [ ] Primary [ ] General [ ] Other (specify): | Name of Employer / Occupation — Aggregate Year-to-Date > $ | Date (month, day, year) | Amount of Each Receipt this Period |

**SUBTOTAL** of Receipts This Page (optional) ..... 511.25

**TOTAL** This Period (last page this line number only) ..... 4311.25

FEDAN133

**SCHEDULE B** **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 21B

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NAME OF COMMITTEE (In Full)

Wisconsin Health and Hospital Association Federal PAC

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|---|---|---|
| M&I Bank of Southern WI<br>403 N. Segoe Rd.<br>Madison WI 53705 | Bank Charges<br>Disbursement for: ☐ Primary ☐ General ☒ Other (specify) | 1/1/01 - 6/1/01 | 59.75 |
| B. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: ☐ Primary ☐ General ☐ Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| C. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: ☐ Primary ☐ General ☐ Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| D. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: ☐ Primary ☐ General ☐ Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| E. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: ☐ Primary ☐ General ☐ Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| F. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: ☐ Primary ☐ General ☐ Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| G. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: ☐ Primary ☐ General ☐ Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| H. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: ☐ Primary ☐ General ☐ Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: ☐ Primary ☐ General ☐ Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |

| | |
|---|---|
| SUBTOTAL of Disbursements This Page (optional) | 59.75 |
| TOTAL This Period (last page this line number only) | 59.75 |

FEDHANDB

**SCHEDULE B** **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 22

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NAME OF COMMITTEE (In Full)

Wisconsin Health & Hospital Association Federal PAC

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|---|---|---|
| AHA PAC | Transfer to affiliated PAC<br>Disbursement for: ☐ Primary ☐ General ☐ Other (specify) | 1/12/01 | 250.00 |
| B. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: ☐ Primary ☐ General ☐ Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| C. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: ☐ Primary ☐ General ☐ Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| D. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: ☐ Primary ☐ General ☐ Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| E. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: ☐ Primary ☐ General ☐ Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| F. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: ☐ Primary ☐ General ☐ Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| G. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: ☐ Primary ☐ General ☐ Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| H. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: ☐ Primary ☐ General ☐ Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: ☐ Primary ☐ General ☐ Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |

| | |
|---|---|
| **SUBTOTAL** of Disbursements This Page (optional) | 250.00 |
| **TOTAL** This Period (last page this line number only) | $250.00 |

FEDAN030

**SCHEDULE B** **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

Wisconsin Health and Hospital Association Federal PAC

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|---|---|---|
| Tom Barrett for Congress<br>2711 N Avondale Blvd.<br>Milwaukee, WI 53210 | Contribution<br>Disbursement for: [X] Primary [ ] General [ ] Other (specify) | 2/20/01 | 250.00 |
| B. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| Ryan for Congress<br>P.O. Box 1919<br>Janesville, WI 53547 | Contribution<br>Disbursement for: [X] Primary [ ] General [ ] Other (specify) | 5/31/01 | 1000.00 |
| C. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| A lot of People for Dave Obey<br>P.O Box 132<br>Wausau, WI 54402 | Contribution<br>Disbursement for: [X] Primary [ ] General [ ] Other (specify) | 6/15/01 | 100.00 |
| D. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| Green for Congress<br>2152 Gloucester Drive<br>Green Bay, WI 54304 | Contribution<br>Disbursement for: [X] Primary [ ] General [ ] Other (specify) | 6/22/01 | 1800.00 |
| E. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| Kleczka for Congress<br>5020 W. Oklahoma Avenue<br>Milwaukee, WI 53219 | Contribution<br>Disbursement for: [X] Primary [ ] General [ ] Other (specify) | 6/26/01 | 250.00 |
| F. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: [ ] Primary [ ] General [ ] Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| G. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: [ ] Primary [ ] General [ ] Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| H. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: [ ] Primary [ ] General [ ] Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: [ ] Primary [ ] General [ ] Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |

| | |
|---|---|
| SUBTOTAL of Disbursements This Page (optional) | $3400.00 |
| TOTAL This Period (last page this line number only) | $3400.00 |

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Federal Election Commission

# ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

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| ☐ | Received from the House office of Records and Registration | Date of Receipt |
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| ☐ | Other ( Specify): | Postmarked _____ and/or Date of Receipt |
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[signature] 7-30-01

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