

**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)
AMERICAN SURGICAL HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. CONGRESSIONAL MAJORITY COMMITTEE		Transaction ID: SB23.4343 Date of Disbursement
Mailing Address P. O. BOX 746		<input type="text" value="06"/> / <input type="text" value="13"/> / <input type="text" value="2006"/>
City Bakersfield	State CA	Zip Code 93302
Purpose of Disbursement Contribution	<input type="text"/>	Amount of Each Disbursement this Period
Candidate Name	Category/ Type	<input type="text" value="1000.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Other	

Full Name (Last, First, Middle Initial) B. FREEDOM FUND		Transaction ID: SB23.4329 Date of Disbursement
Mailing Address 1155 21st Street NW Suite 300		<input type="text" value="06"/> / <input type="text" value="13"/> / <input type="text" value="2006"/>
City Washington	State DC	Zip Code 20036
Purpose of Disbursement Contribution	<input type="text"/>	Amount of Each Disbursement this Period
Candidate Name	Category/ Type	<input type="text" value="2500.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Other	

Full Name (Last, First, Middle Initial) C. FRIENDS OF CLAY SHAW		Transaction ID: SB23.4322 Date of Disbursement
Mailing Address P.O. Box 2188 2600 NE 14th. Street Causeway		<input type="text" value="05"/> / <input type="text" value="20"/> / <input type="text" value="2006"/>
City Fort Lauderdale	State FL	Zip Code 33303
Purpose of Disbursement Contribution	<input type="text"/>	Amount of Each Disbursement this Period
Candidate Name E CLAY JR SHAW	Category/ Type	<input type="text" value="1000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL District: 22		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>