

# 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  
HOSPAC - Federal The Political Action Committee of The Texas Hospital Association

ADDRESS (number and street) P.O. Box 15587  
 Check if different than previously reported. (ACC)  
Austin TX 78761 5587

2. **FEC IDENTIFICATION NUMBER** C00301325  
**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 04 01 2006 through 06 30 2006

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 Joe A. DaSilva

Signature of Treasurer Electronically Filed by Joe A. DaSilva Date 07 14 2006

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

HOSPAC - Federal The Political Action Committee of The Texas Hospital Association

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		4749.87
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	42965.18									
(c) Total Receipts (from Line 19) .....	31494.52	69737.83								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	74459.70	74487.70								
7. Total Disbursements (from Line 31) .....	67000.00	67028.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	7459.70	7459.70								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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

HOSPAC - Federal The Political Action Committee of The Texas Hospital Association

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	24009.26	53437.60
(i) Itemized (use Schedule A) .....	2474.06	6284.52
(ii) Unitemized .....		
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	26483.32	59722.12
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	5000.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	31483.32	69722.12
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.) .....	11.20	15.71
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)) .....	31494.52	69737.83
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	31494.52	69737.83

**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	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	61000.00	61000.00
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 .....	1000.00	1000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	5000.00	5000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	6000.00	6000.00
29. Other Disbursements.....	0.00	28.00
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))..	67000.00	67028.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	67000.00	67028.00

**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) .....	31483.32	69722.12
34. Total Contribution Refunds (from Line 28(d)) .....	6000.00	6000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	25483.32	63722.12
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**HOSPAC - Federal The Political Action Committee of The Texas Hospital Association**

**A.** Full Name (Last, First, Middle Initial)  
 Ms. Margaret Allison

Mailing Address 200 Morningside Dr

City State Zip Code  
 San Antonio TX 78209

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

Name of Employer  
 Methodist Healthcare System of San Ant

Occupation  
 Member MHS Board of Governors

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 336.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 10 / 2006

**Transaction ID: 12355371**

Amount of Each Receipt this Period  
 84.00

**B.** Full Name (Last, First, Middle Initial)  
 Mr. Jeff Webster

Mailing Address 1401 St Joseph Parkway

City State Zip Code  
 Houston TX 77002-8301

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

Name of Employer  
 Christus St. Joseph Hospital

Occupation  
 Administrator CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 10 / 2006

**Transaction ID: 12355383**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
 Mr. Mark A Wallace

Mailing Address PO Box 300630

City State Zip Code  
 Houston TX 77230-0630

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

Name of Employer  
 Texas Children's Hospital

Occupation  
 President CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 10 / 2006

**Transaction ID: 12355386**

Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2084.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**HOSPAC - Federal The Political Action Committee of The Texas Hospital Association**

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Kelley Oliphint		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6
Mailing Address PO Box 520		<b>Transaction ID:</b> 12355389
City State Zip Code La Grange TX 78945-0520	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer St. Mark's Medical Center	Occupation Administrator CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Richard C. Hoeth, FACHE, CAE		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6
Mailing Address PO Box 15587		<b>Transaction ID:</b> 12355398
City State Zip Code Austin TX 78761-5587	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Texas Hospital Association	Occupation VP Rural Hlth Member Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Jon C. Hillsabeck, CAE, FACHE		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6
Mailing Address PO Box 15587		<b>Transaction ID:</b> 12355400
City State Zip Code Austin TX 78761-5587	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Texas Hospital Association	Occupation Sr Vice President Member Rels	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**HOSPAC - Federal The Political Action Committee of The Texas Hospital Association**

**A.** Full Name (Last, First, Middle Initial)  
 Dr. Steven Allen, M.D.

Mailing Address 6411 Fannin Ste 712

City State Zip Code  
 Houston TX 77030-1501

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

Name of Employer Occupation  
 Memorial Hermann Children's Hospital Chief Executive Officer

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 1 0 / 2 0 0 6

**Transaction ID: 12355406**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
 Mr. Patrick Carrier

Mailing Address 1401 St Joseph Parkway

City State Zip Code  
 Houston TX 77002-8301

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

Name of Employer Occupation  
 Christus Gulf Coast Regional Division President CEO

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 1 2 / 2 0 0 6

**Transaction ID: 12393704**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
 Mr. Howard M. Chase, FACHE

Mailing Address PO Box 655999

City State Zip Code  
 Dallas TX 75265-5999

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

Name of Employer Occupation  
 Methodist Health System President CEO

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 1 2 / 2 0 0 6

**Transaction ID: 12393714**

Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**HOSPAC - Federal The Political Action Committee of The Texas Hospital Association**

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Dan J. Wolterman		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 6
Mailing Address 7737 Southwest Freeway Ste 200		<b>Transaction ID:</b> 12393721
City State Zip Code Houston TX 77074-1800	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Memorial Hermann Healthcare System	Occupation President CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Jon Sullivan, Jr.		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 6
Mailing Address 611 Ryan Plaza Dr Ste 900 10th Floor		<b>Transaction ID:</b> 12393731
City State Zip Code Arlington TX 76011-4008	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Texas Health Resources	Occupation VP Real Estate Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Tim Lancaster, FACHE		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 6
Mailing Address 1900 Pine		<b>Transaction ID:</b> 12393740
City State Zip Code Abilene TX 79601-2432	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Hendrick Health System	Occupation President CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**HOSPAC - Federal The Political Action Committee of The Texas Hospital Association**

**A.** Full Name (Last, First, Middle Initial)  
 Ms. Elaine F. Morris

Mailing Address 9150 Huebner Rd Ste 100

City State Zip Code  
 San Antonio TX 78240-1545

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

Name of Employer  
 Methodist Ambulatory Surgery Hospital

Occupation  
 Administrator CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 4 / 1 2 / 2 0 0 6

**Transaction ID: 12393790**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
 Ms. Palmira A. Arellano

Mailing Address 8109 Fredericksburg Rd

City State Zip Code  
 San Antonio TX 78229-3311

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

Name of Employer  
 Methodist Healthcare System of San Ant

Occupation  
 VP of Marketing and Public Rels

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 4 / 1 2 / 2 0 0 6

**Transaction ID: 12393802**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
 Mr. Tucker Bonner, CHE

Mailing Address 1901 S.W. H.K. Dodgen Loop

City State Zip Code  
 Temple TX 76502-1896

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

Name of Employer  
 King's Daughters Hospital

Occupation  
 President CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 4 / 0 5 / 2 0 0 6

**Transaction ID: 12399322**

Amount of Each Receipt this Period  
 1500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**HOSPAC - Federal The Political Action Committee of The Texas Hospital Association**

**A.** Full Name (Last, First, Middle Initial)  
Mr. Douglas Beckstett

Mailing Address 9401 Southwest Fwy Ste 249

City State Zip Code  
 Houston TX 77074-1407

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

Name of Employer  
Memorial Hermann Healthcare System

Occupation  
Chief Human Resources Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 4 / 2 0 / 2 0 0 6

**Transaction ID: 12461824**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Lydia Valadez-McStay, CHE

Mailing Address PO Box 301011 NB 8365

City State Zip Code  
 Houston TX 77230-1011

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

Name of Employer  
Texas Children's Hospital

Occupation  
Government Relations Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 4 / 2 0 / 2 0 0 6

**Transaction ID: 12461844**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Theodore Dyer, M.D., CHE

Mailing Address 1900 Pine

City State Zip Code  
 Abilene TX 79601-2432

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

Name of Employer  
Hendrick Health System

Occupation  
Vice President, Medical Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 668.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 4 / 2 0 / 2 0 0 6

**Transaction ID: 12461893**

Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**HOSPAC - Federal The Political Action Committee of The Texas Hospital Association**

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Jan A. Reed, CPA		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address PO Box 1112		<b>Transaction ID:</b> 12462108	
City State Zip Code Electra TX 76360-1112	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Electra Memorial Hospital	Occupation CEO Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Kathryn McDonagh, FACHE, FAA		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address 1702 Santa Fe		<b>Transaction ID:</b> 12462194	
City State Zip Code Corpus Christi TX 78404-1857	Amount of Each Receipt this Period 1500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer CHRISTUS Spohn Health System	Occupation President CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Thomas C. Royer, M.D.		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address 6363 N Highway 161 Ste 450		<b>Transaction ID:</b> 12462198	
City State Zip Code Irving TX 75038-2238	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Christus Health	Occupation President CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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)  
**HOSPAC - Federal The Political Action Committee of The Texas Hospital Association**

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. John E. Hornbeak, FACHE Mailing Address 7700 Floyd Curl Dr City San Antonio State TX Zip Code 78229-3979 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 6 <b>Transaction ID: 12462537</b> Amount of Each Receipt this Period 1000.00
Name of Employer Methodist Hospital Occupation President CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Gregg W. Knaupe, J.D. Mailing Address PO Box 15587 City Austin State TX Zip Code 78761 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 6 <b>Transaction ID: 12462586</b> Amount of Each Receipt this Period 77.00
Name of Employer Texas Hospital Association Occupation VP of Public Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 308.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Joe A. DaSilva, FACHE, CAE Mailing Address PO Box 15587 City Austin State TX Zip Code 78761 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 6 <b>Transaction ID: 12462605</b> Amount of Each Receipt this Period 62.50
Name of Employer Texas Hospital Association Occupation Sr VP Advocacy Public Policy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1139.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**HOSPAC - Federal The Political Action Committee of The Texas Hospital Association**

**A.** Full Name (Last, First, Middle Initial)  
 Mr. Richard J. Bettis, CAE

Mailing Address PO Box 15587

City State Zip Code  
 Austin TX 78761

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

Name of Employer Occupation  
 Texas Hospital Association President CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 2 5 / 2 0 0 6

**Transaction ID: 12462612**

Amount of Each Receipt this Period  
 100.00

**B.** Full Name (Last, First, Middle Initial)  
 Mr. Kent Stevens

Mailing Address PO Box 15587

City State Zip Code  
 Austin TX 78761

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

Name of Employer Occupation  
 HealthShare/THA VP THA Patient Data System

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 2 5 / 2 0 0 6

**Transaction ID: 12462639**

Amount of Each Receipt this Period  
 83.34

**C.** Full Name (Last, First, Middle Initial)  
 Ms. Sarah A. James

Mailing Address PO Box 15587

City State Zip Code  
 Austin TX 78761-5587

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

Name of Employer Occupation  
 HealthShare/THA Vice President Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 2 5 / 2 0 0 6

**Transaction ID: 12462644**

Amount of Each Receipt this Period  
 84.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>267.34</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 31
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**HOSPAC - Federal The Political Action Committee of The Texas Hospital Association**

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Nancy J. Edgar		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6
Mailing Address 8109 Fredericksburg Road		<b>Transaction ID:</b> 12538037
City State Zip Code San Antonio TX 78229-3311	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Methodist Healthcare System of San Ant	Occupation VP Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Margaret Allison		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6
Mailing Address 200 Morningside Dr		<b>Transaction ID:</b> 12538132
City State Zip Code San Antonio TX 78209	Amount of Each Receipt this Period 84.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Methodist Healthcare System of San Ant	Occupation Member MHS Board of Governors	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Theodore Dyer, M.D., CHE		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6
Mailing Address 1900 Pine		<b>Transaction ID:</b> 12538139
City State Zip Code Abilene TX 79601-2432	Amount of Each Receipt this Period 42.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Hendrick Health System	Occupation Vice President, Medical Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 710.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	376.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**HOSPAC - Federal The Political Action Committee of The Texas Hospital Association**

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Jeff A. Bourgeois, FACHE		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address PO Box 835		<b>Transaction ID:</b> 12538145	
City Fredericksburg	State TX	Zip Code 78624-0835	Amount of Each Receipt this Period 84.00
FEC ID number of contributing federal political committee. C			
Name of Employer Hill Country Memorial Hospital	Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Michael D. Williams		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 6	
Mailing Address 7160 Dallas Parkway Ste 600 Suite 600		<b>Transaction ID:</b> 12592677	
City Plano	State TX	Zip Code 75024	Amount of Each Receipt this Period 1500.00
FEC ID number of contributing federal political committee. C			
Name of Employer VHASW Community Health Corporation	Occupation President CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Lisa Kepple		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 6	
Mailing Address PO Box 15587		<b>Transaction ID:</b> 12592684	
City Austin	State TX	Zip Code 78761	Amount of Each Receipt this Period 41.68
FEC ID number of contributing federal political committee. C			
Name of Employer Texas Hospital Association	Occupation Director Political Action Progra		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.40		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1625.68
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**HOSPAC - Federal The Political Action Committee of The Texas Hospital Association**

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Gregg W. Knaupe, J.D. Mailing Address PO Box 15587 City State Zip Code Austin TX 78761 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 6 <b>Transaction ID: 12592685</b> Amount of Each Receipt this Period 77.00
Name of Employer Texas Hospital Association Occupation VP of Public Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 385.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Ignacio O. Zamarron Mailing Address PO Box 15587 City State Zip Code Austin TX 78761 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 6 <b>Transaction ID: 12592694</b> Amount of Each Receipt this Period 52.09
Name of Employer Texas Hospital Association Occupation Chief Financial Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 218.81		

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Richard S. Schirmer, , CHE Mailing Address PO Box 15587 City State Zip Code Austin TX 78761 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 6 <b>Transaction ID: 12592695</b> Amount of Each Receipt this Period 41.68
Name of Employer Texas Hospital Association Occupation VP Health Care Policy Analysis Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 208.40		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>170.77</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**HOSPAC - Federal The Political Action Committee of The Texas Hospital Association**

**A.** Full Name (Last, First, Middle Initial)  
 Mr. Joe A. DaSilva, FACHE, CAE

Mailing Address PO Box 15587

City State Zip Code  
 Austin TX 78761

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

Name of Employer Occupation  
 Texas Hospital Association Sr VP Advocacy Public Policy

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 312.50

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 2 2 / 2 0 0 6

**Transaction ID: 12592698**

Amount of Each Receipt this Period  
 62.50

**B.** Full Name (Last, First, Middle Initial)  
 Mr. Richard J. Bettis, CAE

Mailing Address PO Box 15587

City State Zip Code  
 Austin TX 78761

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

Name of Employer Occupation  
 Texas Hospital Association President CEO

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 2 2 / 2 0 0 6

**Transaction ID: 12592705**

Amount of Each Receipt this Period  
 100.00

**C.** Full Name (Last, First, Middle Initial)  
 Ms. Ann Ward, APR

Mailing Address PO Box 15587

City State Zip Code  
 Austin TX 78761

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

Name of Employer Occupation  
 Texas Hospital Association VP Communications Marketing

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 208.30

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 2 2 / 2 0 0 6

**Transaction ID: 12592717**

Amount of Each Receipt this Period  
 41.66

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>204.16</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 31
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**HOSPAC - Federal The Political Action Committee of The Texas Hospital Association**

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Charles W. Bailey, J.D. Mailing Address PO Box 15587 City State Zip Code Austin TX 78761 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 6 <b>Transaction ID: 12592723</b> Amount of Each Receipt this Period 41.68
Name of Employer Occupation Texas Hospital Association General Counsel Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 208.40		

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Kent Stevens Mailing Address PO Box 15587 City State Zip Code Austin TX 78761 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 6 <b>Transaction ID: 12592732</b> Amount of Each Receipt this Period 83.34
Name of Employer Occupation HealthShare/THA VP THA Patient Data System Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 416.70		

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Charles J. Barnett, CHE Mailing Address 1201 W 38th St City State Zip Code Austin TX 78705 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 6 <b>Transaction ID: 12592737</b> Amount of Each Receipt this Period 1500.00
Name of Employer Occupation SETON Healthcare Network President CEO Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1625.02</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**HOSPAC - Federal The Political Action Committee of The Texas Hospital Association**

**A.** Full Name (Last, First, Middle Initial)  
 Ms. Patricia M. Currie, FACHE

Mailing Address 1150 Hartrick Canyon Road

City State Zip Code  
 Temple TX 76502-4236

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

Name of Employer: Scott and White Memorial Hospital  
 Occupation: Executive Director, Hospital

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 1 4 / 2 0 0 6

**Transaction ID: 12648117**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
 Ms. Vicki S. Perkins

Mailing Address 333 N Santa Rosa St

City State Zip Code  
 San Antonio TX 78207-3108

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

Name of Employer: Christus Santa Rosa Children's Hospital  
 Occupation: Director, Advocacy & Public Policy

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 1 4 / 2 0 0 6

**Transaction ID: 12648130**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
 Dr. Theodore Dyer, M.D., CHE

Mailing Address 1900 Pine

City State Zip Code  
 Abilene TX 79601-2432

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

Name of Employer: Hendrick Health System  
 Occupation: Vice President, Medical Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 752.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 1 3 / 2 0 0 6

**Transaction ID: 12652779**

Amount of Each Receipt this Period  
 42.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>542.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**HOSPAC - Federal The Political Action Committee of The Texas Hospital Association**

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. David N. Parmer		Date of Receipt M M / D D / Y Y Y Y 06 / 13 / 2006
Mailing Address PO Box 1591		<b>Transaction ID:</b> 12652781
City State Zip Code Beaumont TX 77704-1591	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Memorial Hermann Baptist Beaumont Hosp	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Lucille H. Rochs		Date of Receipt M M / D D / Y Y Y Y 06 / 13 / 2006
Mailing Address PO Box 835		<b>Transaction ID:</b> 12652783
City State Zip Code Fredericksburg TX 78624-0835	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Hill Country Memorial Hospital	Occupation Board Member	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. David L. Jones		Date of Receipt M M / D D / Y Y Y Y 06 / 07 / 2006
Mailing Address 7737 Southwest Freeway Ste 200		<b>Transaction ID:</b> 12663033
City State Zip Code Houston TX 77074	Amount of Each Receipt this Period 48.75	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Memorial Hermann Health-care System	Occupation SVP Community Hosp Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 209.25	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	798.75
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**HOSPAC - Federal The Political Action Committee of The Texas Hospital Association**

Full Name (Last, First, Middle Initial) <b>A. Mr. Cary A. Fox</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 07 / 2006
Mailing Address <b>333 N Santa Rosa St</b>		<b>Transaction ID: 12663067</b>
City <b>San Antonio</b> State <b>TX</b> Zip Code <b>78207</b>	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>Christus Santa Rosa Health Care</b>	Occupation <b>Regional Vice President</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Jeff A. Bourgeois, FACHE</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 07 / 2006
Mailing Address <b>PO Box 835</b>		<b>Transaction ID: 12663101</b>
City <b>Fredericksburg</b> State <b>TX</b> Zip Code <b>78624-0835</b>	Amount of Each Receipt this Period 84.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>Hill Country Memorial Hospital</b>	Occupation <b>Chief Executive Officer</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Steven H. Bancroft</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 07 / 2006
Mailing Address <b>8109 Fredericksburg Rd</b>		<b>Transaction ID: 12663141</b>
City <b>San Antonio</b> State <b>TX</b> Zip Code <b>78229-3311</b>	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>Methodist Healthcare System of San Ant</b>	Occupation <b>Chief Financial Officer</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>834.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**HOSPAC - Federal The Political Action Committee of The Texas Hospital Association**

Full Name (Last, First, Middle Initial) <b>A. Mr. William W. Webster</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6	
Mailing Address PO Drawer 7239		<b>Transaction ID: 12663506</b>	
City State Zip Code Odessa TX 79760-7239	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Medical Center Hospital	Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. Michael S. Potter, FACHE</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6	
Mailing Address PO Box 1878		<b>Transaction ID: 12663509</b>	
City State Zip Code Texarkana TX 75504-1878	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Wadley Regional Medical Center	Occupation President CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. Gregg W. Knaupe, J.D.</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6	
Mailing Address PO Box 15587		<b>Transaction ID: 12663560</b>	
City State Zip Code Austin TX 78761	Amount of Each Receipt this Period 77.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Texas Hospital Association	Occupation VP of Public Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 462.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	827.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**HOSPAC - Federal The Political Action Committee of The Texas Hospital Association**

Full Name (Last, First, Middle Initial) <b>A. Ms. Lisa Kepple</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 21 / 2006	
Mailing Address PO Box 15587		<b>Transaction ID: 12663572</b>	
City Austin State TX Zip Code 78761	Amount of Each Receipt this Period 41.68		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Texas Hospital Association Occupation Director Political Action Progra	Aggregate Year-to-Date ▼ 250.08		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Mr. Ignacio O. Zamarron</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 21 / 2006	
Mailing Address PO Box 15587		<b>Transaction ID: 12663573</b>	
City Austin State TX Zip Code 78761	Amount of Each Receipt this Period 62.50		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Texas Hospital Association Occupation Chief Financial Officer	Aggregate Year-to-Date ▼ 281.31		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Mr. Richard S. Schirmer, , CHE</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 21 / 2006	
Mailing Address PO Box 15587		<b>Transaction ID: 12663575</b>	
City Austin State TX Zip Code 78761	Amount of Each Receipt this Period 41.68		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Texas Hospital Association Occupation VP Health Care Policy Analysis	Aggregate Year-to-Date ▼ 250.08		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	145.86
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 / 31
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**HOSPAC - Federal The Political Action Committee of The Texas Hospital Association**

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Joe A. DaSilva, FACHE, CAE		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 1 / 2 0 0 6	
Mailing Address PO Box 15587		<b>Transaction ID:</b> 12663579	
City State Zip Code Austin TX 78761	Amount of Each Receipt this Period 62.50		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Texas Hospital Association	Occupation Sr VP Advocacy Public Policy		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Richard J. Bettis, CAE		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 1 / 2 0 0 6	
Mailing Address PO Box 15587		<b>Transaction ID:</b> 12663587	
City State Zip Code Austin TX 78761	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Texas Hospital Association	Occupation President CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Charles W. Bailey, J.D.		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 1 / 2 0 0 6	
Mailing Address PO Box 15587		<b>Transaction ID:</b> 12663597	
City State Zip Code Austin TX 78761	Amount of Each Receipt this Period 41.68		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Texas Hospital Association	Occupation General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.08		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	204.18
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**HOSPAC - Federal The Political Action Committee of The Texas Hospital Association**

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Ann Ward, , APR Mailing Address PO Box 15587 City Austin State TX Zip Code 78761 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6 <b>Transaction ID: 12663601</b> Amount of Each Receipt this Period 41.66
Name of Employer Texas Hospital Association Occupation VP Communications Marketing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 249.96		

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. John M. Hawkins Mailing Address PO Box 15587 City Austin State TX Zip Code 78761 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6 <b>Transaction ID: 12663607</b> Amount of Each Receipt this Period 40.00
Name of Employer Texas Hospital Association Occupation Vice President Govt Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Kent Stevens Mailing Address PO Box 15587 City Austin State TX Zip Code 78761 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6 <b>Transaction ID: 12663614</b> Amount of Each Receipt this Period 83.34
Name of Employer HealthShare/THA Occupation VP THA Patient Data System Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.04		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>165.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 27 / 31
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**HOSPAC - Federal The Political Action Committee of The Texas Hospital Association**

A. Full Name (Last, First, Middle Initial)  
 Mr. Ralph E. Beaty

Mailing Address PO Box 4001

City	State	Zip Code
Huntsville	TX	77342-4001

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

Name of Employer Huntsville Memorial Hospital	Occupation Administrator CEO
--	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 0.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 4 / 1 0 / 2 0 0 6

Transaction ID: 12775530

Amount of Each Receipt this Period  
 0.00

**[MEMO ITEM]**  
 Refund(s) on Schedule B  
 Totaling \$1000.00 This changes the YTD Total to \$0-.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	24009.26

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 28 / 31	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**HOSPAC - Federal The Political Action Committee of The Texas Hospital Association**

Full Name (Last, First, Middle Initial)  
**A. TENET HealthSystem Corporation - Federal PAC**

Mailing Address **3820 State Street**

City	State	Zip Code
<b>Santa Barbara</b>	<b>CA</b>	<b>93105</b>

FEC ID number of contributing federal political committee. **C C00119354**

Name of Employer	Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	2	/	2	0	0	6

**Transaction ID: 12398315**

Amount of Each Receipt this Period  
**5000.00**

PAC to PAC

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>5000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>5000.00</b>

**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)

HOSPAC - Federal The Political Action Committee of The Texas Hospital Association

Full Name (Last, First, Middle Initial)

**A.** AHAPAC-American Hospital Association Federal PAC

Mailing Address 325 Seventh Street, N.W.  
Suite 700

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Pac Transfer

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 12336685

Date of Disbursement

04 / 07 / 2006

Amount of Each Disbursement this Period

38400.00

Pac Transfer

**B.** AHAPAC-American Hospital Association Federal PAC

Mailing Address 325 Seventh Street, N.W.  
Suite 700

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Pac Transfer

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 12550414

Date of Disbursement

05 / 12 / 2006

Amount of Each Disbursement this Period

22600.00

Pac Transfer

**SUBTOTAL** of Disbursements This Page (optional) .....

61000.00

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

61000.00

**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 30 / 31

<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 checked="" 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)

HOSPAC - Federal The Political Action Committee of The Texas Hospital Association

Full Name (Last, First, Middle Initial)

**A.** Mr. Ralph E. Beaty

Mailing Address PO Box 4001

City Huntsville State TX Zip Code 77342-4001

Purpose of Disbursement  
Refund 3/22/06 Contrib Error

Candidate Name

010  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 12398605

Date of Disbursement

04 / 10 / 2006

Amount of Each Disbursement this Period

1000.00

Refund 3/22/06 Contrib Error

**SUBTOTAL** of Disbursements This Page (optional) .....

1000.00

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

1000.00

# 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 31 / 31

<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 checked="" type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)

HOSPAC - Federal The Political Action Committee of The Texas Hospital Association

Full Name (Last, First, Middle Initial)

**A.** Triad Hospitals Good Government Fund

Mailing Address 5800 Tennyson Pkwy.

City Plano State TX Zip Code 75024

Purpose of Disbursement  
Refund an excessive federal contrib

Candidate Name

010  
Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Transaction ID: 12632323

Date of Disbursement

05 / 25 / 2006

Amount of Each Disbursement this Period

5000.00

Refund an excessive federal contrib

SUBTOTAL of Disbursements This Page (optional) .....

5000.00

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

5000.00