

**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"/> 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)  
**MHA Federal Pac**

**A. AHAPAC-American Hospital Association FEDERAL**

Full Name (Last, First, Middle Initial)

Mailing Address 800 10th Street, NW  
Two City Center, Suite 400

City Washington State DC Zip Code 20001-4956

Purpose of Disbursement  011 Category/Type

Candidate Name **AHAPAC-American Hospital Association FEDERAL**

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 04 / 04 / 2018

FEC Identification Number **C** C00106146  
**Transaction ID : 24463387**  
Amount of Each Disbursement this Period 10000.00

Memo Item

**B. AHAPAC-American Hospital Association FEDERAL**

Full Name (Last, First, Middle Initial)

Mailing Address 800 10th Street, NW  
Two City Center, Suite 400

City Washington State DC Zip Code 20001-4956

Purpose of Disbursement  011 Category/Type

Candidate Name **AHAPAC-American Hospital Association FEDERAL**

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 04 / 16 / 2018

FEC Identification Number **C** C00106146  
**Transaction ID : 24463388**  
Amount of Each Disbursement this Period 100.00

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement  Category/Type

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

FEC Identification Number **C**

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	10100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	10100.00