

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 FEDERATION OF AMERICAN HOSPITALS PAC

ADDRESS (number and street) 801 PENNSYLVANIA AVENUE SUITE 245 WASHINGTON DC 20004 2604 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00002261 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 06 01 2008 through 06 30 2008

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 Mr. Jeffrey Micklos

Signature of Treasurer Electronically Filed by Mr. Jeffrey Micklos Date 07 18 2008

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

Table with 8 columns and 1 row for Office Use Only

FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
FEDERATION OF AMERICAN HOSPITALS PAC

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		20485.02
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	100913.72									
(c) Total Receipts (from Line 19)	15787.89	255997.70								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	116701.61	276482.72								
7. Total Disbursements (from Line 31)	49667.05	209448.16								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	67034.56	67034.56								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY 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
FEDERATION OF AMERICAN HOSPITALS PAC

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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	14183.34	184213.36
(i) Itemized (use Schedule A)		
(ii) Unitemized	637.50	39291.68
(iii) TOTAL (add Lines 11(a)(i) and (ii)	14820.84	223505.04
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	20000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	14820.84	243505.04
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	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	967.05	7492.66
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))	15787.89	255997.70
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	15787.89	255997.70

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	48700.00	201887.00
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	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	967.05	7561.16
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))..	49667.05	209448.16
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	49667.05	209448.16

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	14820.84	243505.04
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14820.84	243505.04
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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 22

(check only one)

<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)
FEDERATION OF AMERICAN HOSPITALS PAC

A.

Full Name (Last, First, Middle Initial)
Edward T Jones

Mailing Address 2239 Avery Valley Drive

City State Zip Code
Franklin TN 37067

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
HCA, Inc. VP of Supply Chain

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 03 / 2008

Transaction ID: 24855049

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Mr. David D. Dill

Mailing Address 121 Blueridge Drive

City State Zip Code
Hendersonville TN 37075-2666

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
LifePoint Hospitals, Inc Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 06 / 03 / 2008

Transaction ID: 24855226

Amount of Each Receipt this Period 2000.00

C.

Full Name (Last, First, Middle Initial)
Trevor Fetter

Mailing Address 3821 Beverly Drive

City State Zip Code
Highland Park TX 75205

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Tenet Healthcare Corporation President and CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 09 / 2008

Transaction ID: 24980156

Amount of Each Receipt this Period 5000.00

SUBTOTAL of Receipts This Page (optional) 7500.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 22
	<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)
FEDERATION OF AMERICAN HOSPITALS PAC

A.	Full Name (Last, First, Middle Initial) Mr. Stephen L. Newman	Date of Receipt MM / DD / YYYY 06 / 09 / 2008
	Mailing Address 13 Newcastle Lane	Transaction ID: 24980158
	City Laguna Niguel State CA Zip Code 92677	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Tenet Healthcare Corporation Occupation CEO, Tenet California	Aggregate Year-to-Date 5000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.	Full Name (Last, First, Middle Initial) Steven D. Patonai	Date of Receipt MM / DD / YYYY 06 / 25 / 2008
	Mailing Address 3265 Cumberland Hills Circle	Transaction ID: 25178839
	City Cleveland State TN Zip Code 37312-2458	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Auburn Regional Medical Center Occupation Hospital CEO	Aggregate Year-to-Date 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.	Full Name (Last, First, Middle Initial) Mr. Andrew M. Harris	Date of Receipt MM / DD / YYYY 06 / 25 / 2008
	Mailing Address 14810 Adios	Transaction ID: 25179054
	City San Antonio State TX Zip Code 78248-0977	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Baptist Medical Center Occupation Executive	Aggregate Year-to-Date 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	5800.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 22

(check only one)

<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)
FEDERATION OF AMERICAN HOSPITALS PAC

A.

Full Name (Last, First, Middle Initial)
Daniel R. Waldmann

Mailing Address 2001 19th St., NW
#5

City State Zip Code
Washington DC 20009-1343

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

Name of Employer Tenet Healthcare Corporation
Occupation Vice President, Government Relations

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	0	8

Transaction ID: 25192553

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Jayne Chambers

Mailing Address 1256 Kensington Rd

City State Zip Code
McLean VA 22101

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

Name of Employer FAH
Occupation Vice President Legislation & Public Af

Receipt For: Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 516.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	8

Transaction ID: 25422238

Amount of Each Receipt this Period

43.00

C.

Full Name (Last, First, Middle Initial)
Jeffrey E. Cohen

Mailing Address 4927 15th Street, North

City State Zip Code
Arlington VA 22205-2616

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

Name of Employer FAH
Occupation Lobbyist

Receipt For: Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 504.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	8

Transaction ID: 25422378

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional) ▶

585.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
FEDERATION OF AMERICAN HOSPITALS PAC

A. Full Name (Last, First, Middle Initial)
Charles N. Kahn, III

Mailing Address 4545 N Glebe Road

City Arlington State VA Zip Code 22207-4848

FEC ID number of contributing federal political committee. C

Name of Employer FAH Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt 06 / 30 / 2008

Transaction ID: 25422425

Amount of Each Receipt this Period 41.67

B. Full Name (Last, First, Middle Initial)
Bonnie Money Penny

Mailing Address 14128 Burlingame Road

City Little Rock State AR Zip Code 72211

FEC ID number of contributing federal political committee. C

Name of Employer FAH Occupation SVP Administrative Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt 06 / 30 / 2008

Transaction ID: 25422437

Amount of Each Receipt this Period 35.00

C. Full Name (Last, First, Middle Initial)
Jeffrey G. Micklos

Mailing Address 3130 Tennyson St., N.W.

City Washington State DC Zip Code 20015

FEC ID number of contributing federal political committee. C

Name of Employer FAH Occupation General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 06 / 30 / 2008

Transaction ID: 25422440

Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional) 106.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 22
(check only one)

<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)
FEDERATION OF AMERICAN HOSPITALS PAC

A.

Full Name (Last, First, Middle Initial)
Jayne Chambers

Mailing Address 1256 Kensington Rd

City State Zip Code
McLean VA 22101

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

Name of Employer FAH Occupation Vice President Legislation & Public Af

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 473.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 0 8

Transaction ID: 25438515

Amount of Each Receipt this Period
43.00

B.

Full Name (Last, First, Middle Initial)
Jeffrey E. Cohen

Mailing Address 4927 15th Street, North

City State Zip Code
Arlington VA 22205-2616

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

Name of Employer FAH Occupation Lobbyist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 462.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 0 8

Transaction ID: 25438584

Amount of Each Receipt this Period
42.00

C.

Full Name (Last, First, Middle Initial)
Charles N. Kahn, III

Mailing Address 4545 N Glebe Road

City State Zip Code
Arlington VA 22207-4848

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

Name of Employer FAH Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 458.37

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 0 8

Transaction ID: 25438622

Amount of Each Receipt this Period
41.67

SUBTOTAL of Receipts This Page (optional) ► 126.67

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

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

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

FOR LINE NUMBER: PAGE 11 / 22

(check only one)

<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)
FEDERATION OF AMERICAN HOSPITALS PAC

A.

Full Name (Last, First, Middle Initial)
Bonnie Money Penny

Mailing Address 14128 Burlingame Road

City State Zip Code
Little Rock AR 72211

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

Name of Employer Occupation
FAH SVP Administrative Services

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 385.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	0	8

Transaction ID: 25438623

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)
Jeffrey G. Micklos

Mailing Address 3130 Tennyson St., N.W.

City State Zip Code
Washington DC 20015

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

Name of Employer Occupation
FAH General Counsel

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 330.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	0	8

Transaction ID: 25438625

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

65.00

TOTAL This Period (last page this line number only)

14183.34

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 22
	(check only one)	
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
FEDERATION OF AMERICAN HOSPITALS PAC

A.

Full Name (Last, First, Middle Initial) Federation of American Hospitals - FEE REIMBURSEME		Date of Receipt
Mailing Address 801 Pennsylvania Ave., NW Suite 245		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 6 / 3 0 / 2 0 0 8
City	State	Zip Code
Washington	DC	20004
FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>	Transaction ID: 25422441
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 7492.66	<input type="text"/> 105.00

B.

Full Name (Last, First, Middle Initial) Federation of American Hospitals - FEE REIMBURSEME		Date of Receipt
Mailing Address 801 Pennsylvania Ave., NW Suite 245		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 6 / 1 3 / 2 0 0 8
City	State	Zip Code
Washington	DC	20004
FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>	Transaction ID: 25426812
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 7387.66	<input type="text"/> 862.05

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 967.05
TOTAL This Period (last page this line number only)	<input type="text"/> 967.05

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 13 / 22

<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)
FEDERATION OF AMERICAN HOSPITALS PAC

<p>A. Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committee</p> <p>Mailing Address 120 Maryland Avenue NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: 24859648 Date of Disbursement: <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>10000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	3		2	0	0	8	10000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		0	3		2	0	0	8													
10000.00																						
<p>B. Full Name (Last, First, Middle Initial) Friends Of Rahm Emanuel</p> <p>Mailing Address P.O. Box 101124</p> <p>City Chicago State IL Zip Code 60610</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Rahm Emanuel</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 05</p>	<p>Transaction ID: 24880851 Date of Disbursement: <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>5000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	5		2	0	0	8	5000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		0	5		2	0	0	8													
5000.00																						
<p>C. Full Name (Last, First, Middle Initial) Friends Of Rahm Emanuel</p> <p>Mailing Address P.O. Box 101124</p> <p>City Chicago State IL Zip Code 60610</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Rahm Emanuel</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 05</p>	<p>Transaction ID: 24880976 Date of Disbursement: <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>5000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	5		2	0	0	8	5000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		0	5		2	0	0	8													
5000.00																						

SUBTOTAL of Disbursements This Page (optional)	<table border="1" style="width: 100%;"><tr><td style="text-align: center;">20000.00</td></tr></table>	20000.00
20000.00		
TOTAL This Period (last page this line number only)	<table border="1" style="width: 100%;"><tr><td style="text-align: center;"> </td></tr></table>	

**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)

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<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)
FEDERATION OF AMERICAN HOSPITALS PAC

A.	Full Name (Last, First, Middle Initial) PHILPAC (Prosperity Helps Inspire Leadership) PAC	Transaction ID: 24968271 Date of Disbursement
	Mailing Address 104 Hume Avenue	<input type="text" value="06"/> / <input type="text" value="06"/> / <input type="text" value="2008"/>
	City Alexandria State VA Zip Code 22301	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends Of Dick Durbin Committee	Transaction ID: 24968272 Date of Disbursement
	Mailing Address PO Box 1949	<input type="text" value="06"/> / <input type="text" value="06"/> / <input type="text" value="2008"/>
	City Springfield State IL Zip Code 62705	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Sen. Richard Durbin	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Cantor For Congress	Transaction ID: 24979699 Date of Disbursement
	Mailing Address P. O. Box 17813	<input type="text" value="06"/> / <input type="text" value="09"/> / <input type="text" value="2008"/>
	City Richmond State VA Zip Code 23226	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="5000.00"/>
	Candidate Name Rep. Eric Cantor	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="8500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)
FEDERATION OF AMERICAN HOSPITALS PAC

A.

Full Name (Last, First, Middle Initial)
Forbes For Congress

Mailing Address PO Box 15100

City Chesapeake State VA Zip Code 23328

Purpose of Disbursement

Candidate Name
Rep. J. Forbes

Office Sought: House
 Senate
 President

State: VA District: 04

Disbursement For: 2008
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 24999358
Date of Disbursement

06 / 12 / 2008

Amount of Each Disbursement this Period

1200.00

B.

Full Name (Last, First, Middle Initial)
Geoff Davis For Congress

Mailing Address 3161 Dixie Highway
Suite F

City Erlanger State KY Zip Code 41018

Purpose of Disbursement

Candidate Name
Rep. Geoffrey Davis

Office Sought: House
 Senate
 President

State: KY District: 04

Disbursement For: 2008
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 24999361
Date of Disbursement

06 / 12 / 2008

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)
Charles Boustany Jr. For Congress

Mailing Address Post Office Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement

Candidate Name
Rep. Charles Boustany, Jr.

Office Sought: House
 Senate
 President

State: LA District: 07

Disbursement For: 2008
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 24999362
Date of Disbursement

06 / 12 / 2008

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

5200.00

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

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)
FEDERATION OF AMERICAN HOSPITALS PAC

A.	Full Name (Last, First, Middle Initial) A Lot Of People For Dave Obey	Transaction ID: 24999364 Date of Disbursement 06 / 12 / 2008
	Mailing Address P O Box 1322 PO Box 1322	Amount of Each Disbursement this Period 2000.00
	City Wausau State WI Zip Code 54402	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. David Obey	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 07	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ERICPAC	Transaction ID: 24999366 Date of Disbursement 06 / 12 / 2008
	Mailing Address 209 Pennsylvania Avenue SE	Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement	011 Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Matheson For Congress	Transaction ID: 25054554 Date of Disbursement 06 / 17 / 2008
	Mailing Address PO Box 636	Amount of Each Disbursement this Period 3000.00
	City Annandale State VA Zip Code 22003	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. James Matheson	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	10000.00
TOTAL This Period (last page this line number only)	

**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)
FEDERATION OF AMERICAN HOSPITALS PAC

<p>A. Full Name (Last, First, Middle Initial) Friends Of Rahm Emanuel</p> <p>Mailing Address P.O. Box 101124</p> <p>City Chicago State IL Zip Code 60610</p> <p>Purpose of Disbursement Void - Friends Of Rahm Emanuel</p> <p>Candidate Name Rep. Rahm Emanuel</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 05</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 25078388 Date of Disbursement 06 / 20 / 2008</p> <p>Amount of Each Disbursement this Period -5000.00</p> <p>011 Category/ Type</p> <p>Void - Friends Of Rahm Emanuel</p>
<p>B. Full Name (Last, First, Middle Initial) Our Common Values PAC</p> <p>Mailing Address 101 West Grand Suite 200</p> <p>City Chicago State IL Zip Code 60610</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 25078389 Date of Disbursement 06 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Geoff Davis For Congress</p> <p>Mailing Address 3161 Dixie Highway Suite F</p> <p>City Erlanger State KY Zip Code 41018</p> <p>Purpose of Disbursement Void - Geoff Davis For Congress</p> <p>Candidate Name Rep. Geoffrey Davis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 04</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 25178795 Date of Disbursement 06 / 25 / 2008</p> <p>Amount of Each Disbursement this Period -2000.00</p> <p>011 Category/ Type</p> <p>Void - Geoff Davis For Congress</p>

SUBTOTAL of Disbursements This Page (optional) ▶

-2000.00

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

**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)
FEDERATION OF AMERICAN HOSPITALS PAC

A. Full Name (Last, First, Middle Initial) Geoff Davis For Congress <hr/> Mailing Address 3161 Dixie Highway Suite F <hr/> City Erlanger State KY Zip Code 41018 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Geoffrey Davis <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 04 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 25178796 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Pallone For Congress <hr/> Mailing Address PO Box 3176 <hr/> City Long Branch State NJ Zip Code 07740 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Frank Pallone, Jr. <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 25186552 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 8
	Amount of Each Disbursement this Period 1500.00
	Category/ Type 011
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Earl Pomeroy For Congress <hr/> Mailing Address P.O. Box 75214 <hr/> City Washington State DC Zip Code 20013 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Earl Pomeroy <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 25186608 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 8
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

**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)
FEDERATION OF AMERICAN HOSPITALS PAC

<p>A. Full Name (Last, First, Middle Initial) Charles Boustany Jr. For Congress</p> <p>Mailing Address Post Office Box 80126</p> <p>City Lafayette State LA Zip Code 70598</p> <p>Purpose of Disbursement Void - Charles Boustany Jr. For Congress</p> <p>Candidate Name Rep. Charles Boustany, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 07</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 25186941 Date of Disbursement 06 / 26 / 2008</p> <p>Amount of Each Disbursement this Period -2000.00</p> <p>011 Category/ Type</p> <p>Void - Charles Boustany Jr. For Congress</p>
<p>B. Full Name (Last, First, Middle Initial) Charles Boustany Jr. For Congress</p> <p>Mailing Address Post Office Box 80126</p> <p>City Lafayette State LA Zip Code 70598</p> <p>Purpose of Disbursement</p> <p>Candidate Name Rep. Charles Boustany, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 07</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 25186953 Date of Disbursement 06 / 26 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Friends Of Dan Maffei</p> <p>Mailing Address 10 G Street NE Suite 470</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement</p> <p>Candidate Name Mr. Daniel Maffei</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 25291564 Date of Disbursement 06 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

**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)

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<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)
FEDERATION OF AMERICAN HOSPITALS PAC

A. Full Name (Last, First, Middle Initial) Hoyer For Congress <hr/> Mailing Address 4201 Northview Drive Suite 307 <hr/> City Bowie State MD Zip Code 20716 <hr/> Purpose of Disbursement Funds Reported On June 20th Report Candidate Name Rep. Steny Hoyer <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05 <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 25606123 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 8
	Amount of Each Disbursement this Period 2500.00 [MEMO ITEM] Funds Reported On June 20th Report
B. Full Name (Last, First, Middle Initial) Hoyer For Congress <hr/> Mailing Address 4201 Northview Drive Suite 307 <hr/> City Bowie State MD Zip Code 20716 <hr/> Purpose of Disbursement Re-designated funds for trans. dated 5/5/2008 Candidate Name Rep. Steny Hoyer <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 25606124 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 8
	Amount of Each Disbursement this Period 2500.00 [MEMO ITEM] Re-designated funds for trans. dated 5/5/2008

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

48700.00

**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)

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

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NAME OF COMMITTEE (In Full)
FEDERATION OF AMERICAN HOSPITALS PAC

A. Full Name (Last, First, Middle Initial) Wachovia Bank <hr/> Mailing Address 801 Pennsylvania Ave, NW <hr/> City Washington State DC Zip Code 20004 <hr/> Purpose of Disbursement Credit Card Merchant Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 24980676 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 8
	Amount of Each Disbursement this Period 852.05
	Category/ Type 001
	Credit Card Merchant Fee

B. Full Name (Last, First, Middle Initial) Wachovia Bank <hr/> Mailing Address 801 Pennsylvania Ave, NW <hr/> City Washington State DC Zip Code 20004 <hr/> Purpose of Disbursement Commercial Service Charges Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 24998683 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 0 / 2 0 0 8
	Amount of Each Disbursement this Period 10.00
	Category/ Type 001
	Commercial Service Charges

C. Full Name (Last, First, Middle Initial) Wachovia Bank <hr/> Mailing Address 801 Pennsylvania Ave, NW <hr/> City Washington State DC Zip Code 20004 <hr/> Purpose of Disbursement Stop Check Bank Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 25194255 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 8
	Amount of Each Disbursement this Period 35.00
	Category/ Type 001
	Stop Check Bank Fee

SUBTOTAL of Disbursements This Page (optional) ▶	897.05
TOTAL This Period (last page this line number only) ▶	[]

**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)

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

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NAME OF COMMITTEE (In Full)
FEDERATION OF AMERICAN HOSPITALS PAC

A. Full Name (Last, First, Middle Initial) Wachovia Bank <hr/> Mailing Address 801 Pennsylvania Ave, NW <hr/> City Washington State DC Zip Code 20004 <hr/> Purpose of Disbursement Stop Check Bank Fee Candidate Name	Transaction ID: 25194324 Date of Disbursement 06 / 25 / 2008 <hr/> Amount of Each Disbursement this Period 35.00 <hr/> Stop Check Bank Fee
B. Full Name (Last, First, Middle Initial) Wachovia Bank <hr/> Mailing Address 801 Pennsylvania Ave, NW <hr/> City Washington State DC Zip Code 20004 <hr/> Purpose of Disbursement Stop Check Bank Fee Candidate Name	Transaction ID: 25194358 Date of Disbursement 06 / 26 / 2008 <hr/> Amount of Each Disbursement this Period 35.00 <hr/> Stop Check Bank Fee

SUBTOTAL of Disbursements This Page (optional) ►

70.00

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

967.05