

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
 Check if different than previously reported. (ACC)
WASHINGTON DC 20004-2604

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 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 06 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 Sylvia Ulrich

Signature of Treasurer Electronically Filed by Sylvia Ulrich Date 07 17 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
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	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		7785.85
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	16214.55									
(c) Total Receipts (from Line 19)	39705.10	207302.11								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	55919.65	215087.96								
7. Total Disbursements (from Line 31)	26420.76	185589.07								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	29498.89	29498.89								
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	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	39109.34	147867.36
(i) Itemized (use Schedule A)	175.00	8428.68
(ii) Unitemized	39284.34	156296.04
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	48000.00
(c) Other Political Committees (such as PACs)	39284.34	204296.04
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
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.)	420.76	3006.07
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))	39705.10	207302.11
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	39705.10	207302.11

DETAILED SUMMARY PAGE

of Disbursements

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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.....	26000.00	182500.00
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.....	420.76	3089.07
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))..	26420.76	185589.07
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	26420.76	185589.07

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	39284.34	204296.04
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	39284.34	204296.04
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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 28
	<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)
FEDERATION OF AMERICAN HOSPITALS PAC

A. Full Name (Last, First, Middle Initial)
Ms. Judith A. Curtiss

Mailing Address 15210 Laurel Lane S

City State Zip Code
Pembroke Pines FL 33027-1398

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

Name of Employer Kindred Healthcare Inc
Occupation Vice President Operations

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 / 0 2 / 2 0 0 6

Transaction ID: 14979506

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
William M Kimbrough

Mailing Address 6520 Edinbrough Drive

City State Zip Code
Nashville TN 37221

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

Name of Employer HCA, Inc.
Occupation VP Investor 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 / 0 6 / 2 0 0 6

Transaction ID: 15076591

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
R Parker Sherrill

Mailing Address 713 Vail Court

City State Zip Code
Nashville TN 37215

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

Name of Employer HCA, Inc.
Occupation Consultant

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 / 0 6 / 2 0 0 6

Transaction ID: 15076592

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL 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 / 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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)
FEDERATION OF AMERICAN HOSPITALS PAC

Full Name (Last, First, Middle Initial) A. R Warren Tardy		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address 1934 Old Hickory Blvd		Transaction ID: 15076593
City State Zip Code Brentwood TN 37027	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCA, Inc.	Occupation Consultant	
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. William P Rutledge		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address 9156 Saddlebow Drive		Transaction ID: 15076594
City State Zip Code Brentwood TN 37027	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCA, Inc.	Occupation Hospital Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Mr. Jack O. Bovender, Jr.		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address 520 Belle Meade Blvd.		Transaction ID: 15076597
City State Zip Code Nashville TN 37205	Amount of Each Receipt this Period 3000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCA, Inc.	Occupation Chairman & Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

SUBTOTAL of Receipts This Page (optional) ▶	5500.00
TOTAL 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 / 28
	<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)
FEDERATION OF AMERICAN HOSPITALS PAC

A. Full Name (Last, First, Middle Initial)
Linda M Tiemens

Mailing Address 100 Forest Place
Apt #P39

City State Zip Code
Oak Park IL 60301

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

Name of Employer Kindred Healthcare Inc Occupation VP Operations

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 / 0 6 / 2 0 0 6

Transaction ID: 15076610

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Steve Monaghan

Mailing Address 508 W. Melrose
Apt 7A

City State Zip Code
Chicago IL 60657

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

Name of Employer Kindred Healthcare Inc Occupation Senior Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: 15076613

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Traci K Shelton

Mailing Address 4138 Quiet Medow Court

City State Zip Code
Fair Oaks CA 95628

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

Name of Employer Kindred Healthcare Inc Occupation Regional Senior Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: 15076616

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)	850.00
TOTAL 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 / 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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)
FEDERATION OF AMERICAN HOSPITALS PAC

Full Name (Last, First, Middle Initial) A. Frank Lopez		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6	
Mailing Address 7803 Kingsgate Drive		Transaction ID: 15332489	
City State Zip Code Amarillo TX 79119		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Northwest Texas Healthcare System		Occupation CEO	
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. Craig R Conti		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6	
Mailing Address 8614 Foggy Mountain Drive		Transaction ID: 15332492	
City State Zip Code Austin TX 78736-3369		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Universal Health Services, Inc		Occupation Director of Development	
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) C. Mr. Dale W. Guffey		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6	
Mailing Address 1415 62nd Ave., NE		Transaction ID: 15332495	
City State Zip Code Tacoma WA 98422		Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Auburn Regional Medical Center		Occupation Chief Financial Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional) ▶	1150.00
TOTAL 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 / 28
	<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)
FEDERATION OF AMERICAN HOSPITALS PAC

Full Name (Last, First, Middle Initial) A. Mr. James J. Novak		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6	
Mailing Address 9680 Ridge Walk Ct.		Transaction ID: 15332498	
City State Zip Code Davie FL 33328	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Kindred Healthcare Inc	Occupation Executive Vice President, E Group		
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. Mark J Eddy		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6	
Mailing Address 413 Benton Lane		Transaction ID: 15332502	
City State Zip Code Franklin TN 37067	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer HCA, Inc.	Occupation VP Internal Audit		
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) C. Vic Campbell		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6	
Mailing Address 1307 Chickering Road		Transaction ID: 15368448	
City State Zip Code Nashville TN 37215	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer HCA, Inc.	Occupation Senior Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

SUBTOTAL of Receipts This Page (optional) ▶	3250.00
TOTAL 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 / 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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)
FEDERATION OF AMERICAN HOSPITALS PAC

Full Name (Last, First, Middle Initial) A. James S Richardson		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2006	
Mailing Address 2400 Piedra Drive		Transaction ID: 15368469	
City State Zip Code Plano TX 75023-5329	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Tenet Healthcare Corporation	Occupation SVP Finance		
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. Michael P Joyce		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2006	
Mailing Address 6955 Laurel Oak Drive		Transaction ID: 15368471	
City State Zip Code Suwanee GA 30024-5353	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer HCA, Inc.	Occupation Division President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Mr. Anthony Disser		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2006	
Mailing Address 704 Rudy Lane		Transaction ID: 15368472	
City State Zip Code Louisville KY 40207	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Kindred Healthcare Inc	Occupation Senior Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	1800.00
TOTAL 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 / 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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)
FEDERATION OF AMERICAN HOSPITALS PAC

Full Name (Last, First, Middle Initial) A. Ms. Kimberly K. Sharp		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2006	
Mailing Address 1200 Sneed Glen Dr.		Transaction ID: 15368484	
City State Zip Code Franklin TN 37069	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer HCA, Inc.	Occupation Vice President, Corporate Human Resources		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. Eric Ward		Date of Receipt M M / D D / Y Y Y Y 06 / 19 / 2006	
Mailing Address 9634 Millford Court		Transaction ID: 15385980	
City State Zip Code Brentwood TN 37027	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer HCA, Inc.	Occupation CEO-Financial Services Division		
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) C. Juan Vallarino		Date of Receipt M M / D D / Y Y Y Y 06 / 19 / 2006	
Mailing Address 513 Sandpiper Circle		Transaction ID: 15386069	
City State Zip Code Nashville TN 37221	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer HCA, Inc.	Occupation VP Managed Care		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	1300.00
TOTAL 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 13 / 28
	(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)
FEDERATION OF AMERICAN HOSPITALS PAC

A. Full Name (Last, First, Middle Initial)
Michael A Reese

Mailing Address 4600 Taft

City State Zip Code
Metairie LA 70002

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

Name of Employer Occupation
HCA, Inc. Division CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
06 / 19 / 2006

Transaction ID: 15386132

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Susan N Postal

Mailing Address 5148 Brittany Drive

City State Zip Code
Old Hickory TN 37138

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

Name of Employer Occupation
HCA, Inc. VP-Health Info Mgt Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
06 / 19 / 2006

Transaction ID: 15386182

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Donald Street, Jr.

Mailing Address 7913 Saddle Ridge Trace

City State Zip Code
Nashville TN 37221

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

Name of Employer Occupation
HCA, Inc. Chief Accounting Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
06 / 19 / 2006

Transaction ID: 15386483

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL 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 / 28
	<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

Full Name (Last, First, Middle Initial) A. Mr. Howard B. Lisle		Date of Receipt M M / D D / Y Y Y Y 06 / 19 / 2006	
Mailing Address 7155 NW 110th Ave.		Transaction ID: 15386562	
City State Zip Code Parkland FL 33076	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer HCA All About Staffing	Occupation Chief Executive Officer		
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. Stephen L Royal		Date of Receipt M M / D D / Y Y Y Y 06 / 21 / 2006	
Mailing Address 16324 Bristol Point Drive		Transaction ID: 15575322	
City State Zip Code Delray Beach FL 33446	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer HCA, Inc.	Occupation Healthcare Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Margaret G Lewis		Date of Receipt M M / D D / Y Y Y Y 06 / 21 / 2006	
Mailing Address 11251 Buckhead Terrace		Transaction ID: 15575323	
City State Zip Code Midlothian VA 23113	Amount of Each Receipt this Period 1500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer HCA, Inc.	Occupation Healthcare Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		

SUBTOTAL of Receipts This Page (optional) ▶	3000.00
TOTAL 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 15 / 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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)
FEDERATION OF AMERICAN HOSPITALS PAC

A. Full Name (Last, First, Middle Initial)
M L Lagarde, III

Mailing Address One Rosa Park Place

City State Zip Code
New Orleans LA 70115

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

Name of Employer HCA, Inc. Occupation President-Delta Division

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 21 / 2006

Transaction ID: 15575324

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Samuel J Coulter

Mailing Address 9538 Butler Drive

City State Zip Code
Brentwood TN 37027

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

Name of Employer HCA, Inc. Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 21 / 2006

Transaction ID: 15575326

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Brian C Robinson

Mailing Address 2990 San Lorenzo Court

City State Zip Code
Henderson NV 89052

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

Name of Employer HCA, Inc. Occupation Division President/CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 21 / 2006

Transaction ID: 15575327

Amount of Each Receipt this Period
750.00

SUBTOTAL of Receipts This Page (optional)	▶	2250.00
TOTAL 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 / 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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)
FEDERATION OF AMERICAN HOSPITALS PAC

A. Full Name (Last, First, Middle Initial)
Kim Lelli

Mailing Address 2146 Golden Eagle Drive

City State Zip Code
Tallahassee FL 32312

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

Name of Employer Capital Regional Medical Center
Occupation Hospital CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 23 / 2006

Transaction ID: 15659133

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Jonathan H Ray

Mailing Address 6002 Belle Rive Drive

City State Zip Code
Brentwood TN 37027

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

Name of Employer HCA, Inc.
Occupation Healthcare Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 23 / 2006

Transaction ID: 15659137

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
David S Welch

Mailing Address 2115 Fountainbrooke Terrace

City State Zip Code
Brentwood TN 37027

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 23 / 2006

Transaction ID: 15659139

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL 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 17 / 28						
	(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

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

A. Full Name (Last, First, Middle Initial)
Ronald L Grubbs, Jr.

Mailing Address 3028 23rd Avenue South

City State Zip Code
Nashville TN 37215

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

Name of Employer Occupation
HCA, Inc. VP-Chief Tax Officer

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 3 / 2 0 0 6

Transaction ID: 15659140

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Donald W Stinnett

Mailing Address 10405 Orkiney Drive

City State Zip Code
Las Vegas NV 89144

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

Name of Employer Occupation
HCA, Inc. Division CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

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

Transaction ID: 15659141

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
Ms. Laura Mower

Mailing Address 505 Sandpiper Circle

City State Zip Code
Nashville TN 37221

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

Name of Employer Occupation
HCA, Inc. President - Imaging Services Division

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 3 / 2 0 0 6

Transaction ID: 15659144

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL 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 / 28
	<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)
FEDERATION OF AMERICAN HOSPITALS PAC

Full Name (Last, First, Middle Initial) A. Mary S Doctor		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 6	
Mailing Address 3045 Flagstone Drive		Transaction ID: 15659147	
City State Zip Code Franklin TN 37069-7229	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer HCA, Inc.	Occupation VP, IT Planning & Strategy		
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. Frank M Houser		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 6	
Mailing Address 834 N. Curtiswood Lane		Transaction ID: 15659148	
City State Zip Code Nashville TN 37204	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer HCA, Inc.	Occupation Medical Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) C. Jill Fainter		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 6	
Mailing Address 5224 Ravens Glen		Transaction ID: 15659149	
City State Zip Code Nashville TN 37211	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer HCA, Inc.	Occupation VP-Quality Standards		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	2750.00
TOTAL 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 19 / 28
	<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)
FEDERATION OF AMERICAN HOSPITALS PAC

A. Full Name (Last, First, Middle Initial)
A. Bruce Moore, Jr.

Mailing Address 2105 Golf Club Lane

City State Zip Code
Nashville TN 37215

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

Name of Employer Occupation
HCA, Inc. COO & SVP Outpatient Services

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

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

Transaction ID: 15659155

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
MS. Mary Kathryn Stevinson

Mailing Address 4118 Elder Place

City State Zip Code
Nashville TN 37215

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

Name of Employer Occupation
HCA, Inc. Vice President HR Eastern Group

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 6 / 2 3 / 2 0 0 6

Transaction ID: 15659156

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr. Richard M. Bracken

Mailing Address 920 Tyne Blvd.

City State Zip Code
Nashville TN 37220

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

Name of Employer Occupation
HCA, Inc. President & Chief Operating Officer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 7 / 2 0 0 6

Transaction ID: 15672636

Amount of Each Receipt this Period
3000.00

SUBTOTAL of Receipts This Page (optional)	▶	5500.00
TOTAL 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 / 28		
	<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

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

A. Full Name (Last, First, Middle Initial)
Sam Hankins, Jr.
Mailing Address 203 Sheffield Place
City Nashville State TN Zip Code 37215
FEC ID number of contributing federal political committee. **C**
Name of Employer HCA, Inc. Occupation Group CFO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 7 / 2 0 0 6
Transaction ID: 15673100
Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
Frank J Battafarano
Mailing Address 2700 Little Hills Lane
City Anchorage State KY Zip Code 40223
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare Inc Occupation President Hospital Division
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 7 / 2 0 0 6
Transaction ID: 15673136
Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Jim Fitzgerald
Mailing Address 26 Bosley Oaks
City Nashville State TN Zip Code 37205
FEC ID number of contributing federal political committee. **C**
Name of Employer HCA, Inc. Occupation SVP, Supply Chain
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 7 / 2 0 0 6
Transaction ID: 15673189
Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	3500.00
TOTAL 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 / 28
	<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)
FEDERATION OF AMERICAN HOSPITALS PAC

Full Name (Last, First, Middle Initial) A. Ms. Connie Glover		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6	
Mailing Address 1041 Weston Court		Transaction ID: 15760809	
City State Zip Code Brentwood TN 37027		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation HCA, Inc. Vice President, Internal Audit			
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. Jeffrey G. Micklos		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address 3130 Tennyson St., N.W.		Transaction ID: PR113432967459	
City State Zip Code Washington DC 20015		Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation FAH General Counsel			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	
		P/R Deduction (\$20.00 Semi-Monthly)	

Full Name (Last, First, Middle Initial) C. Jayne Chambers		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address 1256 Kensington Rd		Transaction ID: PR57376527459	
City State Zip Code McLean VA 22101		Amount of Each Receipt this Period 86.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation FAH Vice President Legislation & Public Af			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 516.00	
		P/R Deduction (\$43.00 Semi-Monthly)	

SUBTOTAL of Receipts This Page (optional) ▶	626.00
TOTAL 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 22 / 28
	(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)
Chip Kahn

Mailing Address 4545 N Glebe Road

City State Zip Code
Arlington VA 22207

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

Name of Employer Occupation
FAH President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.04

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR59654747459

Amount of Each Receipt this Period
83.34

P/R Deduction (\$41.67 Semi-Monthly)

B. 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 ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR61103377459

Amount of Each Receipt this Period
50.00

P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)	▶	133.34
TOTAL This Period (last page this line number only)	▶	39109.34

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 23 / 28	
	(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"/> 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

Mailing Address 801 Pennsylvania Ave., NW
Suite 245

City Washington State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3006.07

Date of Receipt

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

Transaction ID: 15567424

Amount of Each Receipt this Period
420.76

Bank Fee Reimbursement

SUBTOTAL of Receipts This Page (optional)	▶	420.76
TOTAL This Period (last page this line number only)	▶	420.76

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 24 / 28

<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

Full Name (Last, First, Middle Initial) A. Democratic Senatorial Campaign Committee		Transaction ID: 15384632 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 6
Mailing Address 120 Maryland Avenue NE		Amount of Each Disbursement this Period 2000.00
City Washington State DC Zip Code 20002	011 Category/ Type	
Purpose of Disbursement		
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) ▼	

Full Name (Last, First, Middle Initial) B. Mike Ross For Congress Committee		Transaction ID: 15384620 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 6
Mailing Address PO Box 360		Amount of Each Disbursement this Period 1000.00
City Prescott State AR Zip Code 71857	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Michael Ross		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 4	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ AR 2006 Primary	

Full Name (Last, First, Middle Initial) C. Chafee For Senate		Transaction ID: 15384629 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 6
Mailing Address PO Box 7329		Amount of Each Disbursement this Period 1000.00
City Warwick State RI Zip Code 02887	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Sen. Lincoln Chafee		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
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

Full Name (Last, First, Middle Initial) A. Friends Of Hillary		Transaction ID: 15384718 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 6
Mailing Address 1717 K Street Nw Suite 309a		Amount of Each Disbursement this Period 2000.00
City Washington State DC Zip Code 20036	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Sen. Hillary Clinton		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Bass Victory Committee		Transaction ID: 15384640 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 6
Mailing Address PO Box 3451		Amount of Each Disbursement this Period 1000.00
City Concord State NH Zip Code 03302	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Charles Bass		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Charlie Melancon Campaign Committee Inc		Transaction ID: 15384639 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 6
Mailing Address 511 Congress St PO Box 549		Amount of Each Disbursement this Period 1000.00
City Napoleonville State LA Zip Code 70390	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Charles Melancon		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 3	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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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

Full Name (Last, First, Middle Initial) A. McConnell Senate Committee '08		Transaction ID: 15385373 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 6
Mailing Address 400 North Capitol Street NW Suite 585		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20001	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Sen. Mitch McConnell		
Office Sought: <input type="checkbox"/> House <input checked="" 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: KY District: 2		

Full Name (Last, First, Middle Initial) B. Rodney Alexander For Congress Inc.		Transaction ID: 15384944 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 6
Mailing Address 1155 21st Street NW Suite 330		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20036	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Rodney Alexander		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: LA District: 5		

Full Name (Last, First, Middle Initial) C. Red Rooster Leadership PAC		Transaction ID: 15385278 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 6
Mailing Address c/o Huckaby, Davis, Lisker 228 S. Washington Street, Suite 11		Amount of Each Disbursement this Period 2500.00
City Alexandria State VA Zip Code 22314	011 Category/ Type	
Purpose of Disbursement		
Candidate Name		
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:		

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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

Full Name (Last, First, Middle Initial) A. National Republican Senatorial Committee		Transaction ID: 15674591 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 6
Mailing Address The Ronald Reagan Republican Cente 425 Second Street NE		Amount of Each Disbursement this Period 10000.00
City Washington State DC Zip Code 20002	Purpose of Disbursement 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) ▼		011 Category/ Type

Full Name (Last, First, Middle Initial) B. Spratt For Congress Committee		Transaction ID: 15674595 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 6
Mailing Address PO Box 830		Amount of Each Disbursement this Period 2000.00
City York State SC Zip Code 29745	Purpose of Disbursement Candidate Name Rep. John Spratt, Jr.	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 5		011 Category/ Type
Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ SC 2006 Primary		

SUBTOTAL of Disbursements This Page (optional) ►

12000.00

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

26000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

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(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

Full Name (Last, First, Middle Initial) A. Wachovia Bank		Transaction ID: 15567432 Date of Disbursement
Mailing Address 801 Pennsylvania Ave, NW		<input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2006"/>
City Washington	State DC	Zip Code 20004
Purpose of Disbursement Bank Fees		Amount of Each Disbursement this Period
Candidate Name	<input type="text" value="001"/> Category/ Type	<input type="text" value="409.76"/>
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) ▼	Bank Fees
State: District:		

Full Name (Last, First, Middle Initial) B. Wachovia Bank		Transaction ID: 15567430 Date of Disbursement
Mailing Address 801 Pennsylvania Ave, NW		<input type="text" value="06"/> / <input type="text" value="09"/> / <input type="text" value="2006"/>
City Washington	State DC	Zip Code 20004
Purpose of Disbursement Bank Fees		Amount of Each Disbursement this Period
Candidate Name	<input type="text" value="001"/> Category/ Type	<input type="text" value="11.00"/>
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) ▼	Bank Fees
State: District:		

SUBTOTAL of Disbursements This Page (optional) ►

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