

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 12 01 2005 through 12 31 2005

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 03 03 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**

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
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	5

	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>5</td></tr></table>	Y	Y	Y	Y	2	0	0	5		15428.57
Y	Y	Y	Y							
2	0	0	5							
(b) Cash on Hand at Beginning of Reporting Period	7777.51									
(c) Total Receipts (from Line 19)	5543.34	269036.71								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	13320.85	284465.28								
7. Total Disbursements (from Line 31)	5535.00	276679.43								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	7785.85	7785.85								
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
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	5

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	543.34	188484.40
(i) Itemized (use Schedule A)	0.00	35129.68
(ii) Unitemized	543.34	223614.08
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	5000.00	39600.00
(c) Other Political Committees (such as PACs)	5543.34	263214.08
(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.)	0.00	5822.63
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))	5543.34	269036.71
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	5543.34	269036.71

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	168.06
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	168.06
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5500.00	270660.00
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.....	35.00	5851.37
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))..	5535.00	276679.43
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	5535.00	276679.43

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)	5543.34	263214.08
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5543.34	263214.08
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	168.06
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	168.06

**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 / 13
	<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

Full Name (Last, First, Middle Initial) A. Jayne Chambers		Date of Receipt MM / DD / YYYY 12 / 15 / 2005
Mailing Address 1256 Kensington Rd		Transaction ID: 12108982
City McLean State VA Zip Code 22101	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C		
Name of Employer FAH Occupation Lobbyist	Aggregate Year-to-Date ▼ 690.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Jayne Chambers		Date of Receipt MM / DD / YYYY 12 / 15 / 2005
Mailing Address 1256 Kensington Rd		Transaction ID: 12108986
City McLean State VA Zip Code 22101	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer FAH Occupation Lobbyist	Aggregate Year-to-Date ▼ 990.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Chip Kahn		Date of Receipt MM / DD / YYYY 12 / 15 / 2005
Mailing Address 4545 N Glebe Road		Transaction ID: 12108983
City Arlington State VA Zip Code 22207	Amount of Each Receipt this Period 41.67	
FEC ID number of contributing federal political committee. C		
Name of Employer FAH Occupation President & CEO	Aggregate Year-to-Date ▼ 958.41	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	371.67
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 / 13
	<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)
Jeffrey E Cohen

Mailing Address 4927 15th Street, North

City Arlington State VA Zip Code 22205

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 ▼ 345.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 5

Transaction ID: 12108981

Amount of Each Receipt this Period
15.00

B. Full Name (Last, First, Middle Initial)
Susan Van Gelder

Mailing Address 701 Villa Ridge Road

City Falls Church State VA Zip Code 22046

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

Name of Employer FAH Occupation SVP & Corporate Secretary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 5

Transaction ID: 12108984

Amount of Each Receipt this Period
10.00

C. 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 ▼ 575.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 5

Transaction ID: 12108985

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)	▶	50.00
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 / 13
	<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)
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 Lobbyist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1020.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 12108990

Amount of Each Receipt this Period
30.00

B. 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 FAH Occupation President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.08

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 12108991

Amount of Each Receipt this Period
41.67

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

Mailing Address 4927 15th Street, North

City State Zip Code
Arlington VA 22205

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 ▼ 360.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 12108989

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional)	▶	86.67
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 9 / 13
	(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)
Susan Van Gelder

Mailing Address 701 Villa Ridge Road

City Falls Church State VA Zip Code 22046

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

Name of Employer FAH Occupation SVP & Corporate Secretary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 12108992

Amount of Each Receipt this Period
10.00

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 ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 12108993

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)	▶	35.00
TOTAL This Period (last page this line number only)	▶	543.34

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

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

Mailing Address 13737 Noel Road, Suite 100

City	State	Zip Code
Dallas	TX	75240

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

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	3	/	2	0	0	5

Transaction ID: 13096790

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)	▶	5000.00
TOTAL This Period (last page this line number only)	▶	5000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 11 / 13

<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. Rangel For Congress		Transaction ID: 10654568 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 5
Mailing Address 40 West 135th Street Suite 10U		Amount of Each Disbursement this Period 2500.00
City New York State NY Zip Code 10037	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Charles Rangel	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Crowley For Congress		Transaction ID: 10653331 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 5
Mailing Address 426 C Street NE		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20002	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Joseph Crowley	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 7	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Committee To Re-Elect Bobby Jindal		Transaction ID: 10653144 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 5
Mailing Address PO Box 8628		Amount of Each Disbursement this Period 1000.00
City Metairie State LA Zip Code 70011	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Bobby Jindal	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 1	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
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)

PAGE 12 / 13

<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. Enzi For Us Senate		Transaction ID: 12132857 Date of Disbursement 10 / 06 / 2005	
Mailing Address PO Box 2775		Amount of Each Disbursement this Period 1000.00	
City Cody	State WY	Zip Code 82414	[MEMO ITEM] Funds Reported On 11/20/2-005
Purpose of Disbursement Funds Reported On 11/20/2005		011 Category/ Type	
Candidate Name Sen. Michael Enzi			
Office Sought: <input type="checkbox"/> House <input checked="" 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: WY District: 2			

Full Name (Last, First, Middle Initial) B. Enzi For Us Senate		Transaction ID: 12132858 Date of Disbursement 12 / 13 / 2005	
Mailing Address PO Box 2775		Amount of Each Disbursement this Period 1000.00	
City Cody	State WY	Zip Code 82414	[MEMO ITEM] Re-designated funds for trans. dated 10/6/2005
Purpose of Disbursement Re-designated funds for trans. dated 10/		011 Category/ Type	
Candidate Name Sen. Michael Enzi			
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: WY District: 2			

Full Name (Last, First, Middle Initial) C. Mark Pryor For U.S. Senate		Transaction ID: 11445823 Date of Disbursement 12 / 20 / 2005	
Mailing Address 420 C Street NE		Amount of Each Disbursement this Period 1000.00	
City Washington	State DC	Zip Code 20002	
Purpose of Disbursement		011 Category/ Type	
Candidate Name Sen. Mark Pryor			
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: AR District: 2			

SUBTOTAL of Disbursements This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	5500.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 13 / 13

<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

Mailing Address 801 Pennsylvania Ave, NW

City Washington State DC Zip Code 20004

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Transaction ID: 12129164

Date of Disbursement

12 / 01 / 2005

Amount of Each Disbursement this Period

35.00

SUBTOTAL of Disbursements This Page (optional)

35.00

TOTAL This Period (last page this line number only)

35.00