

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Friends Of Cheri Bustos

Full Name (Last, First, Middle Initial)
Mailing Address 1050 17th St Nw Ste 590

City Washington State DC Zip Code 20036

Purpose of Disbursement Contribution
Candidate Name **Bustos, Cheri, , Rep.,**
Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: IL District: 17

Date of Disbursement: 09 / 07 / 2017

FEC Identification Number: **C00498568**
Transaction ID : 24077728
Amount of Each Disbursement this Period: 2000.00
Contribution
 Memo Item

B. Clarke For Congress

Full Name (Last, First, Middle Initial)
Mailing Address 111-36 200th. Street

City Hollis State NY Zip Code 11412

Purpose of Disbursement Contribution
Candidate Name **Clarke, Yvette, D., Rep.,**
Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: NY District: 09

Date of Disbursement: 09 / 07 / 2017

FEC Identification Number: **C00415331**
Transaction ID : 24077729
Amount of Each Disbursement this Period: 2000.00
Contribution
 Memo Item

C. Clarke For Congress

Full Name (Last, First, Middle Initial)
Mailing Address 111-36 200th. Street

City Hollis State NY Zip Code 11412

Purpose of Disbursement Contribution
Candidate Name **Clarke, Yvette, D., Rep.,**
Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: NY District: 09

Date of Disbursement: 09 / 07 / 2017

FEC Identification Number: **C00415331**
Transaction ID : 24077730
Amount of Each Disbursement this Period: 1000.00
Contribution
 Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 5000.00

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