

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 04 01 2006 through 04 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 05 08 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
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	4

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	30974.87									
(c) Total Receipts (from Line 19)	34738.34	149071.36								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	65713.21	156857.21								
7. Total Disbursements (from Line 31)	16729.00	107873.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	48984.21	48984.21								
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	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	4

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	30869.34	97638.68
(i) Itemized (use Schedule A)	2140.00	4098.68
(ii) Unitemized	33009.34	101737.36
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	45500.00
(c) Other Political Committees (such as PACs)	33009.34	147237.36
(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.)	1729.00	1834.00
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))	34738.34	149071.36
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	34738.34	149071.36

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.....	15000.00	106000.00
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.....	1729.00	1873.00
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))..	16729.00	107873.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	16729.00	107873.00

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)	33009.34	147237.36
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	33009.34	147237.36
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 / 23
	<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)
Stephen E Corbeil

Mailing Address 2063 Kingspointe Drive

City State Zip Code
Chesterfield MO 63005

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

Name of Employer Tenet Healthcare Corporation
Occupation Senior Vice President

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 4 / 0 4 / 2 0 0 6

Transaction ID: 13726744

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Charles F Miller

Mailing Address 1519 Cureton Drive

City State Zip Code
Rock Hill SC 29732-7753

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

Name of Employer Piedmont Medical Center
Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 6

Transaction ID: 13728207

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Vicki W. Bruns

Mailing Address 980 18th Ave Circle, NW

City State Zip Code
Hickory NC 28601

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

Name of Employer Tenet Healthcare Corporation
Occupation Spouse

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 6

Transaction ID: 13728727

Amount of Each Receipt this Period
250.00

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 / 23
	<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)
Daniel R Waldmann

Mailing Address 2001 19th St., NW #S

City Washington State DC Zip Code 20009

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 ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 0 6

Transaction ID: 13729880

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Rodney A Reasoner

Mailing Address 1715 Millstream Drive

City Chesterfield State MO Zip Code 63017

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

Name of Employer Tenet Healthcare Corporation
Occupation VP Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 0 6

Transaction ID: 13753206

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Craig C Armin

Mailing Address 23510 Berdon Street

City Woodland Hills State CA Zip Code 91367-3004

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

Name of Employer Tenet Healthcare Corporation
Occupation VP Government Programs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 6

Transaction ID: 13825955

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
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 / 23
	<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)
Paul O'Neill

Mailing Address 3100 Hampshire Ct.

City Frisco State TX Zip Code 75034

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

Name of Employer Tenet Healthcare Corporation Occupation Senior Vice President - Corporate Development

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 4 / 1 0 / 2 0 0 6

Transaction ID: 13826093

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. Donald A. Lorack, Jr.

Mailing Address 4 Golden Poppy Drive

City Coto De Caza State CA Zip Code 92679

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

Name of Employer Irvine Regional Hospital Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 6

Transaction ID: 13826546

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. James M. Schnuck

Mailing Address 9447 Foothills Dr.

City Brentwood State TN Zip Code 37027

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

Name of Employer Ardent Health Services Occupation Vice President Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 6

Transaction ID: 13826837

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)	▶	1050.00
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 / 23
	<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)
Mr. Harold Orrin Anderson

Mailing Address 4623 Stanford Ave.

City State Zip Code
Dallas TX 75209

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

Name of Employer Tenet Healthcare Corporation
Occupation Senior Vice President - Corporate Comm

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 10 / 2006

Transaction ID: 13826857

Amount of Each Receipt this Period
500.00

B. 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 Tenet Healthcare Corporation
Occupation President and CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 11 / 2006

Transaction ID: 13834250

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
Mr. E. Peter Urbanowicz

Mailing Address 5711 Redwood Lane

City State Zip Code
Dallas TX 75209

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

Name of Employer Tenet Healthcare Corporation
Occupation General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 11 / 2006

Transaction ID: 13834261

Amount of Each Receipt this Period
3000.00

SUBTOTAL of Receipts This Page (optional)	▶	8500.00
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 / 23
	<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)
Mr. R. John Harris

Mailing Address 5227 Ambergate Lane

City State Zip Code
Dallas TX 75287

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

Name of Employer Occupation
Lake Pointe Medical Center Hospital Chief Executive Officer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 0 6

Transaction ID: 13834264

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Gary Ruff

Mailing Address 714 Kent Court

City State Zip Code
Southlake TX 76092

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

Name of Employer Occupation
Tenet Healthcare Corporation Attorney

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 0 6

Transaction ID: 13834266

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Michael Snow

Mailing Address 4326 Vestview Lane

City State Zip Code
Birmingham AL 35242

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

Name of Employer Occupation
HEALTHSOUTH Corporation EVP & Chief Operating Officer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 0 6

Transaction ID: 13841172

Amount of Each Receipt this Period
1000.00

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 11 / 23
	<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. Mr. Gary L. Honts		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 6	
Mailing Address 1855 Silverwing Ct.		Transaction ID: 13846642	
City State Zip Code Morgan Hill CA 95037	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Community Hospital Los Gatos	Occupation Chief Executive Officer		
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. Ms. Jennifer Daley		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 6	
Mailing Address 5 Candlewick Close		Transaction ID: 13846644	
City State Zip Code Lexington MA 02421	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Tenet Healthcare Corporation	Occupation Chief Medical 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) C. Candace L Markwith		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 6	
Mailing Address 16900 Ski Way		Transaction ID: 13846646	
City State Zip Code Redding CA 96003	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Sierra Vista Regional Medical Center	Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	1000.00
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 12 / 23
	(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)
Mr. J T Morris

Mailing Address 2080 Pearwood Path

City State Zip Code
Roswell GA 30076

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

Name of Employer Occupation
SunLink Health Systems Chief Financial Officer

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 4 / 1 7 / 2 0 0 6

Transaction ID: 13911413

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. Harry Alvis

Mailing Address 627 Tabby Stone Street

City State Zip Code
Marietta GA 30064

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

Name of Employer Occupation
SunLink Health Systems Chief Operating Officer

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 4 / 1 7 / 2 0 0 6

Transaction ID: 13911415

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr. Robert M Thornton, Jr.

Mailing Address 2014 Walthall Drive NW

City State Zip Code
Atlanta GA 30318

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

Name of Employer Occupation
SunLink Health Systems Chief Executive Officer

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 4 / 1 7 / 2 0 0 6

Transaction ID: 13911425

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
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 13 / 23
	<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. Patricia M Bailey		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6	
Mailing Address 2821 21st Avenue Ct, N.W.		Transaction ID: 13938452	
City State Zip Code Gig Harbor WA 98335	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Auburn Regional Medical Center	Occupation Hospital Assistant Administrator		
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. MS. Ann Marie Kjosa		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6	
Mailing Address 26904 171st Ave., SE Apt. I-104		Transaction ID: 13938507	
City State Zip Code Covington WA 98042	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Auburn Regional Medical Center	Occupation Registered Nurse		
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. Neil Hemphill		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6	
Mailing Address 401 Oakleigh Hill		Transaction ID: 13938744	
City State Zip Code Nashville TN 37215	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Ardent Health Services	Occupation Senior Vice President		
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) ▶	1250.00
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 / 23
	<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)
Mr. Mitchell Feldman

Mailing Address 7021 W. Cypresshead Dr.

City State Zip Code
Parkland FL 33067

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

Name of Employer Delray Medical Center Occupation Hospital Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 9 / 2 0 0 6

Transaction ID: 13939235

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MR. Mario E. Rodriguez

Mailing Address 231 Dearfield Dr.

City State Zip Code
Walnut CA 91789

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

Name of Employer Tenet Healthcare Corporation Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 9 / 2 0 0 6

Transaction ID: 13940395

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
David T Vandewater

Mailing Address 425 Jackson Blvd

City State Zip Code
Nashville TN 37205

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

Name of Employer Ardent Health Services Occupation President and CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 9 / 2 0 0 6

Transaction ID: 13941254

Amount of Each Receipt this Period
2500.00

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 / 23
	<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. Dianne Aleman		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6	
Mailing Address 7588 NW 81st Place		Transaction ID: 13942902	
City State Zip Code Coral Springs FL 33067	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer North Ridge Medical Center	Occupation Chief Executive Officer		
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. Mr. Walter A. Mickens		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6	
Mailing Address 116 Dockside Circle		Transaction ID: 13943657	
City State Zip Code Weston FL 33327	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer West Boca Medical Center	Occupation Hospital Chief Executive Officer		
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) C. Carlos A Milanes		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6	
Mailing Address 184 Branchwater Lane		Transaction ID: 13951523	
City State Zip Code Aiken SC 29803	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Aiken Regional Medical Center	Occupation Chief Operating Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	800.00
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 16 / 23
	(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

Full Name (Last, First, Middle Initial) A. Kathryn D Justyn		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6	
Mailing Address 121 Mulberry Court		Transaction ID: 13951565	
City State Zip Code Aiken SC 29803		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Aiken Regional Medical Center		Occupation CEO	
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. Alan B Miller		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6	
Mailing Address 57 Crosby Brown Road		Transaction ID: 13951566	
City State Zip Code Gladwyne PA 19035		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Universal Health Services, Inc		Occupation Chairman & President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. Mr. S. Sean Fowler		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6	
Mailing Address PO Box 100		Transaction ID: 13951578	
City State Zip Code Manteca CA 95336		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Doctor's Hospital of Manteca		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	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 23
	<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)
Mr. Stephen L. Newman

Mailing Address 13 Newcastle Lane

City State Zip Code
Laguna Niguel CA 92677

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

Name of Employer Tenet Healthcare Corporation
Occupation CEO, Tenet California

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
04 28 2006

Transaction ID: 14161919

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Robert M Zurad

Mailing Address 2245 Warner Road

City State Zip Code
Lansdale PA 19446-5854

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

Name of Employer Universal Health Services, Inc
Occupation Director of Tax

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
04 28 2006

Transaction ID: 14161949

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Gary Petok

Mailing Address 4500 Steiner Ranch Blvd., #3309

City State Zip Code
Austin TX 78732

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

Name of Employer Universal Health Services, Inc
Occupation Corporate Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
04 21 2006

Transaction ID: 14162291

Amount of Each Receipt this Period
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 18 / 23
	<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)
MR. John A. Quinn

Mailing Address 1138 Pine Valley Road

City State Zip Code
Griffin GA 30224

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

Name of Employer Occupation
Spalding Regional Medical Center Hospital CEO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 0 6

Transaction ID: 14163195

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. Beryl O. Ramsey

Mailing Address 501 Villandge Dr.

City State Zip Code
Baton Rouge LA 70810

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

Name of Employer Occupation
Ochsner Medical Center - Baton Rouge Healthcare Administrator

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

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 0 6

Transaction ID: 14163845

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Brandt C Wright

Mailing Address 2671 Dansant Ct.

City State Zip Code
Sparks NV 89436

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

Name of Employer Occupation
Norther Nevada Medical Center Chief Executive Officer

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

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 0 6

Transaction ID: 14164152

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
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 / 23
	<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. John F. Bealle		Date of Receipt M M / D D / Y Y Y Y 04 / 10 / 2006	
Mailing Address 7817 Pencross Lane		Transaction ID: 14267199	
City State Zip Code Dallas TX 75248	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Tenet Healthcare Corporation	Occupation Vice President, Reimbursement Services		
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. Jayne Chambers		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address 1256 Kensington Rd		Transaction ID: PR57376526537	
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 FAH	Occupation Vice President Legislation & Public Af		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 344.00		
		P/R Deduction (\$43.00 Semi-Monthly)	

Full Name (Last, First, Middle Initial) C. Chip Kahn		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address 4545 N Glebe Road		Transaction ID: PR59654746537	
City State Zip Code Arlington VA 22207	Amount of Each Receipt this Period 83.34		
FEC ID number of contributing federal political committee. C			
Name of Employer FAH	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36		
		P/R Deduction (\$41.67 Semi-Monthly)	

SUBTOTAL of Receipts This Page (optional) ▶	419.34
TOTAL This Period (last page this line number only) ▶	30869.34

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 20 / 23	
	(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 ▼
1834.00

Date of Receipt
 M M / D D / Y Y Y Y
04 / 18 / 2006

Transaction ID: 13923070

Amount of Each Receipt this Period
1729.00

SUBTOTAL of Receipts This Page (optional)	1729.00
TOTAL This Period (last page this line number only)	1729.00

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 21 / 23

<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. Dakota PAC (DAKPAC)		Transaction ID: 13846994 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 6
Mailing Address 607 14th Street NW Suite 800		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20005	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. Friends Of John Tanner		Transaction ID: 13847381 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 6
Mailing Address Post Office Box 1994		Amount of Each Disbursement this Period 3500.00
City Union City State TN Zip Code 38281	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. John Tanner		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 8	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Friends Of John Tanner		Transaction ID: 13847393 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 6
Mailing Address Post Office Box 1994		Amount of Each Disbursement this Period 1500.00
City Union City State TN Zip Code 38281	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. John Tanner		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 8	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" 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)

PAGE 22 / 23

<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. Mike Pence Committee		Transaction ID: 13847337 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 6
Mailing Address P. O. Box 408		Amount of Each Disbursement this Period 4000.00
City Anderson State IN Zip Code 46015	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Michael Pence		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 6	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Mike Pence Committee		Transaction ID: 13847359 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 6
Mailing Address P. O. Box 408		Amount of Each Disbursement this Period 1000.00
City Anderson State IN Zip Code 46015	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Michael Pence		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 6	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ►

5000.00

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

15000.00

**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 23 / 23

<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: 13923071

Date of Disbursement

04 / 01 / 2006

Amount of Each Disbursement this Period

1729.00

SUBTOTAL of Disbursements This Page (optional)

1729.00

TOTAL This Period (last page this line number only)

1729.00