

**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)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Committee To Re-Elect Bobby Jindal

Mailing Address PO Box 8628

City Metairie State LA Zip Code 70011

Purpose of Disbursement
Contribution

Candidate Name
Rep. Bobby Jindal

Office Sought: House
Senate
President

State: LA District 1

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 11568125
Date of Disbursement

09 / 20 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)
B. Price For Congress Committee

Mailing Address P. O. Box 1986

City Raleigh State NC Zip Code 27602

Purpose of Disbursement
Contribution

Candidate Name
Rep. David E. Price

Office Sought: House
Senate
President

State: NC District 4

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 11568141
Date of Disbursement

09 / 22 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)
C. Heather Wilson For Congress

Mailing Address P.O. Box 14070

City Albuquerque State NM Zip Code 87191

Purpose of Disbursement
Contribution

Candidate Name
Rep. Heather A. Wilson

Office Sought: House
Senate
President

State: NM District 1

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 11568135
Date of Disbursement

09 / 22 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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