

**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"/> 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

<b>A.</b> Full Name (Last, First, Middle Initial) Halvorson For Congress <hr/> Mailing Address PO Box 176 <hr/> City State Zip Code Crete IL 60417 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. Deborah L. Halvorson <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 18270092 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Contribution
	Category/ Type 011
<b>B.</b> Full Name (Last, First, Middle Initial) Jim Himes For Congress <hr/> Mailing Address 857 Post Road, #312 <hr/> City State Zip Code Fairfield CT 06824 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. James A. Himes <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 18270093 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Contribution
	Category/ Type 011
<b>C.</b> Full Name (Last, First, Middle Initial) Frank Kratovil For Congress <hr/> Mailing Address 222 Main Sail Drive PO Box 518 <hr/> City State Zip Code Stevensville MD 21666 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. Frank M. Kratovil, Jr. <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 01 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 18270094 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Contribution
	Category/ Type 011

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)