

**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 / 12

<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)
WI - Wisconsin Hospital Association Federal PAC

<p>A. Full Name (Last, First, Middle Initial) AHAPAC-American Hospital Association Federal PAC</p>		<p>Transaction ID: 17789905 Date of Disbursement</p>
<p>Mailing Address 325 Seventh Street, N.W. Suite 700</p>		<p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p>
<p>City Washington State DC Zip Code 20004</p>	<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1825.00"/></p>	
<p>Purpose of Disbursement</p>	<p><input type="text" value="011"/> Category/ Type</p>	
<p>Candidate Name AHAPAC-American Hospital Association Federal PAC</p>		
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p>B. Full Name (Last, First, Middle Initial) AHAPAC-American Hospital Association Federal PAC</p>		<p>Transaction ID: 17827781 Date of Disbursement</p>
<p>Mailing Address 325 Seventh Street, N.W. Suite 700</p>		<p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p>
<p>City Washington State DC Zip Code 20004</p>	<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="550.00"/></p>	
<p>Purpose of Disbursement</p>	<p><input type="text" value="011"/> Category/ Type</p>	
<p>Candidate Name AHAPAC-American Hospital Association Federal PAC</p>		
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

SUBTOTAL of Disbursements This Page (optional) ►

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