

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
MedAssets, Inc. Political Action Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		0.00
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	0.00									
(c) Total Receipts (from Line 19)	22650.00	22650.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	22650.00	22650.00								
7. Total Disbursements (from Line 31)	9882.81	9882.81								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	12767.19	12767.19								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
MedAssets, Inc. Political Action Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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		
(i) Itemized (use Schedule A)	22250.00	22250.00
(ii) Unitemized	400.00	400.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	22650.00	22650.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	22650.00	22650.00
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.)	0.00	0.00
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))	22650.00	22650.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	22650.00	22650.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	182.81	182.81
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	182.81	182.81
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9700.00	9700.00
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.....	0.00	0.00
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))..	9882.81	9882.81
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9882.81	9882.81

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	22650.00	22650.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22650.00	22650.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	182.81	182.81
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	182.81	182.81

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 17
	<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
MedAssets, Inc. Political Action Committee

A.	Full Name (Last, First, Middle Initial) Jonathan H Glenn		Date of Receipt MM / DD / YYYY 01 / 14 / 2009		
	Mailing Address 100 North Point Center East Suite 200		Transaction ID: 286344		
	City Alpharetta	State GA	Zip Code 30022-1506	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MedAssets, Inc.	Occupation Chief Legal and Administrative Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) Howard W Deichen		Date of Receipt MM / DD / YYYY 02 / 06 / 2009		
	Mailing Address 100 North Point Center East Suite 200		Transaction ID: 286345		
	City Alpharetta	State GA	Zip Code 30022-1506	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MedAssets, Inc.	Occupation Executive Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

C.	Full Name (Last, First, Middle Initial) Rand A Ballard		Date of Receipt MM / DD / YYYY 02 / 19 / 2009		
	Mailing Address 100 North Point Center East Suite 200		Transaction ID: 286346		
	City Alpharetta	State GA	Zip Code 30022-1506	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MedAssets, Inc.	Occupation Chief Operating Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 17
(check only one)

<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)
MedAssets, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Laurence Neil Hunn

Date of Receipt
MM / DD / YYYY
02 / 26 / 2009

Mailing Address 100 North Point Center East
Suite 200

Transaction ID: 409805

City State Zip Code
Alpharetta GA 30022-1506

Amount of Each Receipt this Period
1000.00

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

Name of Employer Occupation
MedAssets, Inc. Chief Financial Officer

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

B.

Full Name (Last, First, Middle Initial)
Jonathan H Glenn

Date of Receipt
MM / DD / YYYY
03 / 09 / 2009

Mailing Address 100 North Point Center East
Suite 200

Transaction ID: 409806

City State Zip Code
Alpharetta GA 30022-1506

Amount of Each Receipt this Period
500.00

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

Name of Employer Occupation
MedAssets, Inc. Chief Legal and Administrative Officer

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

C.

Full Name (Last, First, Middle Initial)
Rebecca Lynn Howard

Date of Receipt
MM / DD / YYYY
03 / 16 / 2009

Mailing Address 100 North Point Center East
Suite 200

Transaction ID: 409807

City State Zip Code
Alpharetta GA 30022-1506

Amount of Each Receipt this Period
500.00

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

Name of Employer Occupation
MedAssets, Inc. Senior Vice President

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

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 17
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
MedAssets, Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mark B Miriani

Mailing Address 100 North Point Center East
Suite 200

City State Zip Code
Alpharetta GA 30022-1506

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

Name of Employer Occupation
MedAssets, Inc. President

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 17 / 2009

Transaction ID: 409808

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Randall B Sparkman

Mailing Address 100 North Point Center East
Suite 200

City State Zip Code
Alpharetta GA 30022-1506

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

Name of Employer Occupation
MedAssets, Inc. Senior Vice President

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 18 / 2009

Transaction ID: 409809

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Kathleen C Banks

Mailing Address 100 North Point Center East
Suite 200

City State Zip Code
Alpharetta GA 30022-1506

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

Name of Employer Occupation
MedAssets, Inc. President

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 18 / 2009

Transaction ID: 409810

Amount of Each Receipt this Period
1000.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 17
	<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)
MedAssets, Inc. Political Action Committee

A.	Full Name (Last, First, Middle Initial) Mark R Hess	Date of Receipt MM / DD / YYYY 03 / 23 / 2009
	Mailing Address 100 North Point Center East Suite 200	Transaction ID: 409811
	City State Zip Code Alpharetta GA 30022-1506	Amount of Each Receipt this Period 750.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MedAssets, Inc. Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00	

B.	Full Name (Last, First, Middle Initial) Kenneth A Halverson	Date of Receipt MM / DD / YYYY 03 / 23 / 2009
	Mailing Address 100 North Point Center East Suite 200	Transaction ID: 409812
	City State Zip Code Alpharetta GA 30022-1506	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MedAssets, Inc. Occupation Senior Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Cosmo A Piccolo	Date of Receipt MM / DD / YYYY 03 / 23 / 2009
	Mailing Address 100 North Point Center East Suite 200	Transaction ID: 409813
	City State Zip Code Alpharetta GA 30022-1506	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MedAssets, Inc. Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	2750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 17
(check only one)

<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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
MedAssets, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Bruce F Wesson

Mailing Address 100 North Point Center East
Suite 200

City State Zip Code
Alpharetta GA 30022-1506

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

Name of Employer MedAssets, Inc. Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2009

Transaction ID: 409816

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
John C Rutherford

Mailing Address 100 North Point Center East
Suite 200

City State Zip Code
Alpharetta GA 30022-1506

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

Name of Employer MedAssets, Inc. Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2009

Transaction ID: 409817

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Lance B Robinson

Mailing Address 100 North Point Center East
Suite 200

City State Zip Code
Alpharetta GA 30022-1506

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

Name of Employer MedAssets, Inc. Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2009

Transaction ID: 409818

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

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

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

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

FOR LINE NUMBER: PAGE 11 / 17
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MedAssets, Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial)
Terrence J Mulligan

Mailing Address 100 North Point Center East
Suite 200

City State Zip Code
Alpharetta GA 30022-1506

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

Name of Employer Occupation
MedAssets, Inc. Director

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2009

Transaction ID: 409819

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Robert J Wright

Mailing Address 100 North Point Center East
Suite 200

City State Zip Code
Alpharetta GA 30022-1506

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

Name of Employer Occupation
MedAssets, Inc. President

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2009

Transaction ID: 409820

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Vernon R Loucks, Jr

Mailing Address 100 North Point Center East
Suite 200

City State Zip Code
Alpharetta GA 30022-1506

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

Name of Employer Occupation
MedAssets, Inc. Director

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 06 / 2009

Transaction ID: 409821

Amount of Each Receipt this Period
1000.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 17
	<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)
MedAssets, Inc. Political Action Committee

A.	Full Name (Last, First, Middle Initial) Kenneth D Bloem	Date of Receipt MM / DD / YYYY 04 / 06 / 2009
	Mailing Address 100 North Point Center East Suite 200	Transaction ID: 409822
	City State Zip Code Alpharetta GA 30022-1506	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MedAssets, Inc. Occupation Senior Advisory Board Member Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) William H Considine	Date of Receipt MM / DD / YYYY 04 / 14 / 2009
	Mailing Address 100 North Point Center East Suite 200	Transaction ID: 412069
	City State Zip Code Alpharetta GA 30022-1506	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MedAssets, Inc. Occupation Senior Advisory Board Member Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) David W Holder	Date of Receipt MM / DD / YYYY 04 / 22 / 2009
	Mailing Address 100 North Point Center East Suite 200	Transaction ID: 412658
	City State Zip Code Alpharetta GA 30022-1506	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MedAssets, Inc. Occupation Senior Advisory Board Member Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 17
(check only one)

<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)
MedAssets, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial) Gary A Johnson		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 2 / 2 0 0 9
Mailing Address 100 North Point Center East Suite 200		Transaction ID: 412659
City Alpharetta	State GA	Zip Code 30022-1506
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer MedAssets, Inc.	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	

B.

Full Name (Last, First, Middle Initial) Ronald A Hartmann		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 9
Mailing Address 100 North Point Center East Suite 200		Transaction ID: 416211
City Alpharetta	State GA	Zip Code 30022-1506
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer MedAssets, Inc.	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	

C.

Full Name (Last, First, Middle Initial) Amy M Sebero		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 9
Mailing Address 100 North Point Center East Suite 200		Transaction ID: 416212
City Alpharetta	State GA	Zip Code 30022-1506
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer MedAssets, Inc.	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)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 17
(check only one)

<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)
MedAssets, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial) James L Hersma		Date of Receipt MM / DD / YYYY 05 / 05 / 2009
Mailing Address 100 North Point Center East Suite 200		Transaction ID: 416213
City Alpharetta	State GA	Zip Code 30022-1506
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer MedAssets, Inc.	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	

B.

Full Name (Last, First, Middle Initial) Thomas J Lafferty		Date of Receipt MM / DD / YYYY 05 / 05 / 2009
Mailing Address 100 North Point Center East Suite 200		Transaction ID: 416214
City Alpharetta	State GA	Zip Code 30022-1506
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer MedAssets, Inc.	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	

C.

Full Name (Last, First, Middle Initial) Maureen A Gender		Date of Receipt MM / DD / YYYY 05 / 06 / 2009
Mailing Address 100 North Point Center East Suite 200		Transaction ID: 416215
City Alpharetta	State GA	Zip Code 30022-1506
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer MedAssets, Inc.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 15 / 17	
	(check only one)			
<input checked="" 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 type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MedAssets, Inc. Political Action Committee

A.	Full Name (Last, First, Middle Initial) Gregory A Strobel		Date of Receipt		
	Mailing Address 100 North Point Center East Suite 200		M M / D D / Y Y Y Y 06 / 08 / 2009		
	City Alpharetta	State GA	Zip Code 30022-1506	Transaction ID: 433519	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00		
	Name of Employer MedAssets, Inc.	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)	500.00
TOTAL This Period (last page this line number only)	22250.00

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 16 / 17

<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)
MedAssets, Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial) Wyden For Senate Mailing Address PO Box 3498 City Portland State OR Zip Code 97208 Purpose of Disbursement Contribution Candidate Name Sen. Ron Wyden Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 286348 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 9
	Amount of Each Disbursement this Period 1250.00 Contribution	

B. Full Name (Last, First, Middle Initial) Wyden For Senate Mailing Address PO Box 3498 City Portland State OR Zip Code 97208 Purpose of Disbursement Contribution Candidate Name Sen. Ron Wyden Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 399783 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 9
	Amount of Each Disbursement this Period 1250.00 Contribution	

C. Full Name (Last, First, Middle Initial) Grassley Committee Inc Mailing Address PO Box 1000 City Des Moines State IA Zip Code 50304 Purpose of Disbursement Contribution Candidate Name Sen. Charles Grassley Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 433521 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 9
	Amount of Each Disbursement this Period 2400.00 Contribution	

SUBTOTAL of Disbursements This Page (optional) ▶	4900.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)
MedAssets, Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial) Friends Of Schumer Mailing Address 509 Madison Ave Suite 1902 City New York State NY Zip Code 10022 Purpose of Disbursement Contribution Candidate Name Sen. Charles Schumer Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 439460 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 9
	Amount of Each Disbursement this Period 2400.00 Contribution
B. Full Name (Last, First, Middle Initial) Friends Of Schumer Mailing Address 509 Madison Ave Suite 1902 City New York State NY Zip Code 10022 Purpose of Disbursement Contribution Candidate Name Sen. Charles Schumer Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 439461 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 9
	Amount of Each Disbursement this Period 2400.00 Contribution

SUBTOTAL of Disbursements This Page (optional) ►

4800.00

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

9700.00