10/05/2018 10 : 15

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FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

(a) Name of Individual, Organization or Corporation FEDERATION OF AMERICAN HOSPITALS			
(b) Address (number and street) check if different than previously r 750 9TH STREET NW SUITE 600	eported		
(c) City, State and ZIP Code		3. FEC Identification Number	
WASHINGTON DC	20001	0 00001010	
Occupation and Name of Employer (for Individual Filers Only) C C90016122			
		·	
TYPE OF REPORT (check appropriate boxes):			
(a) April 15 Quarterly Report			
July 15 Quarterly Report	Hour Report		
October 15 Quarterly Report 48-Hour Report			
January 31 Year-End Report			
b) Is this Report an amendment? ▼ No Yes, it a	mends the report filed on	M / D D / Y Y Y Y	
5. COVERING PERIOD: FROM FROM	Y II Y II Y		
THROUGH / D D / Y Y Y Y			
6. TOTAL CONTRIBUTIONS		.00	
7. TOTAL INDEPENDENT EXPENDITURES		13000.00	
Under penalty of perjury I certify that the independent expenditures reported herein were no of, any candidate or authorized committee or agent of either, or any political party commit		or concert with, or at the request or suggestion	
TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE [Elec	DATE ctronically Filed]	
Tenoever, Kathleen, , ,	Tenoever, Kathleen, , ,	10/05/2018	
NOTE: Submission of false, erroneous or incomplete information may sub	ect the person signing this report to	the penalties of 2 U.S.C. §437g.	

For further information, contact: Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE 2 OF 2 FOR LINE 7 OF FORM 5

Full Name (Last, First, Middle Initial) of Payee Bully Pulpt Interactive LLC Tailing Address 1445 New York Ave, NW Shir Floor City State Zip Code Purpose of Expenditure Digital Address Address Supported or Opposed by Expenditure: Manchin, Joe., Ill Calegory/ Type Calendar Year-To-Date Per Election Full Name (Last, First, Middle Initial) of Payee Calendar Year-To-Date Per Election Full Name (Last, First, Middle Initial) of Payee Calendar Year-To-Date Per Election Full Name (Last, First, Middle Initial) of Payee Calendar Year-To-Date Per Election Full Name (Last, First, Middle Initial) of Payee Calendar Year-To-Date Per Election Full Name (Last, First, Middle Initial) of Payee Calendar Year-To-Date Per Election Full Name (Last, First, Middle Initial) of Payee Calendar Year-To-Date Per Election Full Name (Last, First, Middle Initial) of Payee Calendar Year-To-Date Per Election Full Name (Last, First, Middle Initial) of Payee Calendar Year-To-Date Per Election Full Name (Last, First, Middle Initial) of Payee Calendar Year-To-Date Per Election Full Name (Last, First, Middle Initial) of Payee Calendar Year-To-Date Per Election Full Name (Last, First, Middle Initial) of Payee Calendar Year-To-Date Per Election Full Name (Last, First, Middle Initial) of Payee Calendar Year-To-Date Per Election Full Name (Last, First, Middle Initial) of Payee Calendar Year-To-Date Per Election Full Name (Last, First, Middle Initial) of Payee Calendar Year-To-Date Per Election Full Name (Last, First, Middle Initial) of Payee Calendar Year-To-Date Per Election Full Name (Last, First, Middle Initial) of Payee Calendar Year-To-Date Per Election Full Name (Last, First, Middle Initial) of Payee Calendar Year-To-Date Per Election Full Name (Last, First, Middle Initial) of Payee Calendar Year-To-Date Per Election Full Name (Last, First, Middle Initial) of Payee Calendar Year-To-Date Per Election Full Name (Last, First, Middle Initial) of Payee Calendar Year-To-Date Per Election Full Name (Last, First, Middle Initial) of Pa	AME OF FILER (In Full) FEDERATION OF AMERICAN HOSPITALS			
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