

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
FEDERATION OF AMERICAN HOSPITALS PAC

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	5

D	D
3	1

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		16586.60
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	43694.96									
(c) Total Receipts (from Line 19)	136471.64	241233.86								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	180166.60	257820.46								
7. Total Disbursements (from Line 31)	67610.30	145264.16								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	112556.30	112556.30								
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
FEDERATION OF AMERICAN HOSPITALS PAC

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	5

D	D
3	1

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)	82433.34	163305.02
(ii) Unitemized	44930.00	48666.68
(iii) TOTAL (add Lines 11(a)(i) and (ii)	127363.34	211971.70
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	5000.00	21500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	132363.34	233471.70
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	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	4108.30	5762.16
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))	136471.64	241233.86
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	136471.64	241233.86

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.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	63500.00	139500.00
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.....	4110.30	5764.16
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))..	67610.30	145264.16
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	67610.30	145264.16

DETAILED SUMMARY PAGE
of Disbursements

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)	132363.34	233471.70
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	132363.34	233471.70
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**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 / 50
	<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	

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)
FEDERATION OF AMERICAN HOSPITALS PAC

A.	Full Name (Last, First, Middle Initial) Edward T Jones		Date of Receipt	
	Mailing Address 2239 Avery Valley Drive		M M / D D / Y Y Y Y Y 0 5 / 0 1 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: 29716565
	Franklin	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer HCA, Inc.		Occupation VP of Supply Chain		
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) Michael P Joyce		Date of Receipt	
	Mailing Address 6955 Laurel Oak Drive		M M / D D / Y Y Y Y Y 0 5 / 0 1 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: 29716571
	Suwanee	GA	30024-5353	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1500.00	
Name of Employer HCA, Inc.		Occupation Division President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1500.00		

C.	Full Name (Last, First, Middle Initial) Mr. Mitch Tibbitts		Date of Receipt	
	Mailing Address 1017 Whisperwood Cove		M M / D D / Y Y Y Y Y 0 5 / 0 1 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: 29716572
	Kaysville	UT	84037-2835	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		300.00	
Name of Employer HCA Mountain Division		Occupation CFO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional)	▶	2300.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 7 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
FEDERATION OF AMERICAN HOSPITALS PAC

A. Full Name (Last, First, Middle Initial)
Ms. Nancy G. Meadows

Mailing Address 400 Augusta

City Boerne State TX Zip Code 78006-6120

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

Name of Employer HCA, Inc. Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 01 / 2009

Transaction ID: 29716573

Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
William L Francis

Mailing Address 314 Deerwood Lane

City Brentwood State TN Zip Code 37027-8692

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

Name of Employer HCA, Inc. Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 01 / 2009

Transaction ID: 29716584

Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Ms. Connie Glover

Mailing Address 1041 Weston Court

City Brentwood State TN Zip Code 37027

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

Name of Employer HCA, Inc. Occupation Vice President, Internal Audit

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 01 / 2009

Transaction ID: 29716590

Amount of Each Receipt this Period 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)
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FOR LINE NUMBER: PAGE 8 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
FEDERATION OF AMERICAN HOSPITALS PAC

<p>A. Full Name (Last, First, Middle Initial) Cheryl W Mason</p> <p>Mailing Address 1714 Shackleford Road</p> <p>City State Zip Code Nashville TN 37215</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation HCA, Inc. Vice President-Litigation</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt 05 / 01 / 2009</p> <p>Transaction ID: 29716591</p> <p>Amount of Each Receipt this Period 250.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Ms. Patricia Johnson</p> <p>Mailing Address 4616 Largo Drive</p> <p>City State Zip Code Flower Mound TX 75028-3936</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Tenet Healthcare Corporat- VP, Finance ion</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt 05 / 01 / 2009</p> <p>Transaction ID: 29716613</p> <p>Amount of Each Receipt this Period 250.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Mr. Mark Peacock</p> <p>Mailing Address 1120 Chesterton Drive</p> <p>City State Zip Code Richardson TX 75080-2919</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Tenet Healthcare Corporat- VP - Finance Acquisitions ion</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt 05 / 01 / 2009</p> <p>Transaction ID: 29716615</p> <p>Amount of Each Receipt this Period 250.00</p>
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SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
FEDERATION OF AMERICAN HOSPITALS PAC

A. Full Name (Last, First, Middle Initial)
Mr. David L. Dye

Mailing Address 6920 Blackthorn Lane

City State Zip Code
Suwanee GA 30024

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

Name of Employer Occupation
HCA, Inc. Division Chief Financial Officer

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 01 / 2009

Transaction ID: 29716617

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Kim Lelli

Mailing Address 2606 Morganfair Lane

City State Zip Code
Katy TX 77450

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

Name of Employer Occupation
HCA, Inc. CFO, Gulf Coast Division

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 01 / 2009

Transaction ID: 29716618

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
R. Milton Johnson

Mailing Address 5012 Hill Place Drive

City State Zip Code
Nashville TN 37205

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

Name of Employer Occupation
HCA, Inc. EVP & Chief Financial Officer

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt
MM / DD / YYYY
05 / 01 / 2009

Transaction ID: 29716619

Amount of Each Receipt this Period
4000.00

SUBTOTAL of Receipts This Page (optional) ► 5000.00

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 10 / 50
	<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)
FEDERATION OF AMERICAN HOSPITALS PAC

A.	Full Name (Last, First, Middle Initial) Karla Perez	Date of Receipt MM / DD / YYYY 05 / 01 / 2009
	Mailing Address 2209 Paiute Meadows Drive	Transaction ID: 29716620
	City State Zip Code Las Vegas NV 89134	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Spring Valley Hospital Hospital CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

B.	Full Name (Last, First, Middle Initial) Noel Williams	Date of Receipt MM / DD / YYYY 05 / 06 / 2009
	Mailing Address One Webster Lane	Transaction ID: 29730349
	City State Zip Code Nashville TN 37205	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation HCA, Inc. SVP & CIO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

C.	Full Name (Last, First, Middle Initial) Samuel N Hazen	Date of Receipt MM / DD / YYYY 05 / 06 / 2009
	Mailing Address 1205 Waterstone Boulevard	Transaction ID: 29730350
	City State Zip Code Franklin TN 37069	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation HCA, Inc. President-Western Group	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	4900.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
FEDERATION OF AMERICAN HOSPITALS PAC

A. Full Name (Last, First, Middle Initial)
Michael A Reese

Mailing Address 4600 Taft

City State Zip Code
Metairie LA 70002

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

Name of Employer Occupation
HCA, Inc. Division CFO

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
05 / 06 / 2009

Transaction ID: 29730351

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. Gregory K. McGilvray

Mailing Address 213 Timberlake Drive

City State Zip Code
Enterprise AL 36330-1148

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

Name of Employer Occupation
Medical Center Enterprise CFO

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
05 / 06 / 2009

Transaction ID: 29780921

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Mr. Jerry Rooker

Mailing Address 338 Gillette Drive

City State Zip Code
Franklin TN 37069

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

Name of Employer Occupation
HCA, Inc. Eastern Group Operations

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 06 / 2009

Transaction ID: 29791521

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1050.00**

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 12 / 50
(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)
FEDERATION OF AMERICAN HOSPITALS PAC

A. Full Name (Last, First, Middle Initial)
Mr. Chigger J. Bynum

Mailing Address 13202 Wyndchase Circle

City State Zip Code
Franklin TN 37067-6129

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

Name of Employer Occupation
HCA, Inc. Vice President - F&ES

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29791523

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Stephen E Corbeil

Mailing Address 2063 Kingspointe Drive

City State Zip Code
Chesterfield MO 63005-4484

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

Name of Employer Occupation
HCA, Inc. President - Midwest Division

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29791524

Amount of Each Receipt this Period
1500.00

C. Full Name (Last, First, Middle Initial)
Jim Fitzgerald

Mailing Address 26 Bosley Oaks

City State Zip Code
Nashville TN 37205

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

Name of Employer Occupation
HCA, Inc. SVP, Supply Chain

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 6 / 2 0 0 9

Transaction ID: 29791528

Amount of Each Receipt this Period
750.00

SUBTOTAL of Receipts This Page (optional) ► 2750.00

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

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

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FOR LINE NUMBER: PAGE 13 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
FEDERATION OF AMERICAN HOSPITALS PAC

A. Full Name (Last, First, Middle Initial)
David G Anderson

Mailing Address 1057 Vaughn Crest Drive

City State Zip Code
Franklin TN 37069

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

Name of Employer Occupation
HCA, Inc. SVP Finance & Treasurer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
05 / 06 / 2009

Transaction ID: 29791530

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
Ms. Debra Close

Mailing Address 5664 E. SR 124

City State Zip Code
Peru IN 46970

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

Name of Employer Occupation
Dukes Memorial Hospital CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
05 / 06 / 2009

Transaction ID: 29793270

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Mr. L. Keith Granger

Mailing Address 49 Foxchase

City State Zip Code
Dothan AL 36305-1145

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

Name of Employer Occupation
Flowers Hospital CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 05 / 2009

Transaction ID: 29840014

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **3050.00**

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 / 50
(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)
FEDERATION OF AMERICAN HOSPITALS PAC

A. Full Name (Last, First, Middle Initial)
Mr. Paul R. Hannah

Mailing Address 8202 Foxview Court

City State Zip Code
Brentwood TN 37027

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

Name of Employer LifePoint Hospitals, Inc Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY
05 / 05 / 2009

Transaction ID: 29840019

Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
Mr. David D. Dill

Mailing Address 121 Blueridge Drive

City State Zip Code
Hendersonville TN 37075-2666

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

Name of Employer LifePoint Hospitals, Inc Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt: MM / DD / YYYY
05 / 05 / 2009

Transaction ID: 29840020

Amount of Each Receipt this Period: 3000.00

C. Full Name (Last, First, Middle Initial)
Mr. Paul D. Gilbert

Mailing Address 2414 Valley Brook Road

City State Zip Code
Nashville TN 37215

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

Name of Employer LifePoint Hospitals, Inc Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY
05 / 05 / 2009

Transaction ID: 29840021

Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► **5000.00**

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 / 50

(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)
FEDERATION OF AMERICAN HOSPITALS PAC

A. Full Name (Last, First, Middle Initial)
Mr. R. Scott Raplee

Mailing Address 231 Lancelot Lane

City State Zip Code
Franklin TN 37064

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
LifePoint Hospitals, Inc Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
05 / 05 / 2009

Transaction ID: 29840022

Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Ms. Sylvia Young

Mailing Address 9513 Verlaine Court

City State Zip Code
Las Vegas NV 89145

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Sunrise Health CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
05 / 05 / 2009

Transaction ID: 29840023

Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
John W. Hanshaw

Mailing Address 12518 South Bear Club Circle

City State Zip Code
Draper UT 84020

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
HCA, Inc Healthcare Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
05 / 05 / 2009

Transaction ID: 29840024

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 16 / 50
	<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)
FEDERATION OF AMERICAN HOSPITALS PAC

A.	Full Name (Last, First, Middle Initial) Mr. Bill Rutherford		Date of Receipt
	Mailing Address 9427 Weatherly Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 05 / 05 / 2009
	City	State	Zip Code
	Brentwood	TN	37027-2612
	FEC ID number of contributing federal political committee. C		Transaction ID: 29840025
Name of Employer HCA, Inc.		Occupation CFO - Outpatient	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 2500.00
		<input type="text"/> 2500.00	

B.	Full Name (Last, First, Middle Initial) Mr. Chris Pair		Date of Receipt
	Mailing Address One Park Plaza		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 05 / 05 / 2009
	City	State	Zip Code
	Nashville	TN	37203-6527
	FEC ID number of contributing federal political committee. C		Transaction ID: 29840026
Name of Employer HCA, Inc.		Occupation VP - IT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
		<input type="text"/> 500.00	

C.	Full Name (Last, First, Middle Initial) Jonathan H Ray		Date of Receipt
	Mailing Address 6002 Belle Rive Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 05 / 05 / 2009
	City	State	Zip Code
	Brentwood	TN	37027
	FEC ID number of contributing federal political committee. C		Transaction ID: 29840027
Name of Employer HCA, Inc.		Occupation Healthcare Executive	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 250.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 3250.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 50
(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
							17

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NAME OF COMMITTEE (In Full)
FEDERATION OF AMERICAN HOSPITALS PAC

A. Full Name (Last, First, Middle Initial)
Mr. Michael G. Joseph

Mailing Address 152 Isla Dorada Blvd.

City State Zip Code
Coral Gables FL 33143-6549

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

Name of Employer HCA, Inc. Occupation Division President, East Florida

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
05 / 04 / 2009

Transaction ID: 29840071

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
Mr. Thomas Doyle

Mailing Address 1206 Holly Hill Drive

City State Zip Code
Franklin TN 37064-6710

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

Name of Employer HCA, Inc. Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 04 / 2009

Transaction ID: 29840073

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Abraham Martinez

Mailing Address 204 Lindewood

City State Zip Code
Laredo TX 78041

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

Name of Employer Laredo Medical Center Occupation Hospital CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 04 / 2009

Transaction ID: 29840074

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

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 18 / 50
(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)
FEDERATION OF AMERICAN HOSPITALS PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Kevin J. Clement

Mailing Address 1330 Woodridge Lane

City State Zip Code
Moberly MO 65270-9407

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

Name of Employer Occupation
MRMC CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: 29841036

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
Mr. Xavier Villarreal

Mailing Address 1504 Bowie Circle

City State Zip Code
Corsicana TX 75110-1058

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

Name of Employer Occupation
Navarro Regional Hospital CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: 29841039

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Mr. William R. Blanchard

Mailing Address 408 Tampa Drive

City State Zip Code
Victoria TX 77904-1649

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

Name of Employer Occupation
Detar Hospital CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: 29841046

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1100.00**

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 19 / 50
	<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)
FEDERATION OF AMERICAN HOSPITALS PAC

A.	Full Name (Last, First, Middle Initial) Tim L Hinggen	Date of Receipt MM / DD / YYYY 05 / 15 / 2009
	Mailing Address 1812 Paseo Overlook Court	Transaction ID: 29889562
	City State Zip Code Las Vegas NV 89128	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Summerlin Hospital Medical Center Occupation Hospital CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Rachel A Seifert	Date of Receipt MM / DD / YYYY 05 / 15 / 2009
	Mailing Address 3624 Rainbow Place	Transaction ID: 29889563
	City State Zip Code Nashville TN 37204-3821	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Community Health Systems, Inc Occupation Senior Vice President & General Counsel 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) Rhea Garrett	Date of Receipt MM / DD / YYYY 05 / 11 / 2009
	Mailing Address 23 Belcaro Circle	Transaction ID: 29889606
	City State Zip Code Nashville TN 37215-6110	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Community Health Systems, Inc Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	1050.00
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 20 / 50
(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)
FEDERATION OF AMERICAN HOSPITALS PAC

A. Full Name (Last, First, Middle Initial)
Mr. Ben Fordham

Mailing Address 704 Hamilton Drive

City State Zip Code
Gallatin TN 37066-3414

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

Name of Employer Community Health Systems, Inc
Occupation VP and Sr. Litigation Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
05 / 11 / 2009

Transaction ID: 29889607

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. David A. Weil, II

Mailing Address 720 Tern Court

City State Zip Code
Nashville TN 37221-4382

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

Name of Employer Community Health Systems, Inc
Occupation Lawyer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
05 / 11 / 2009

Transaction ID: 29889610

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Robert A Horrar

Mailing Address 4124 Baldwin Harbor

City State Zip Code
Nashville TN 37215

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

Name of Employer Community Health Systems, Inc
Occupation VP Administration

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
05 / 11 / 2009

Transaction ID: 29891155

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional) ► **1350.00**

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 21 / 50
(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)
FEDERATION OF AMERICAN HOSPITALS PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Sammy Cantrell

Mailing Address 244 Halberton Drive

City Franklin State TN Zip Code 37069-4359

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

Name of Employer Community Health Systems, Inc
Occupation VP, Programming and Deployment

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 11 / 2009
Transaction ID: 29891156
Amount of Each Receipt this Period 400.00

B.

Full Name (Last, First, Middle Initial)
Gerald Weissman

Mailing Address 121 Stanton Hall Lane

City Franklin State TN Zip Code 37069

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

Name of Employer Community Health Systems, Inc
Occupation V.P. Medical Staff Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 05 / 11 / 2009
Transaction ID: 29891158
Amount of Each Receipt this Period 350.00

C.

Full Name (Last, First, Middle Initial)
Joseph G Seay

Mailing Address 6314 McDaniel Road

City College Grove State TN Zip Code 37046

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

Name of Employer Community Health Systems, Inc
Occupation VP & CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 05 / 11 / 2009
Transaction ID: 29891159
Amount of Each Receipt this Period 350.00

SUBTOTAL of Receipts This Page (optional) ► 1100.00

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 22 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
FEDERATION OF AMERICAN HOSPITALS PAC

A. Full Name (Last, First, Middle Initial)
James W Doucette

Mailing Address 5625 South Hillview Drive

City State Zip Code
Brentwood TN 37027

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

Name of Employer Community Health Systems, Inc
Occupation VP Finance & Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 1 / 2 0 0 9

Transaction ID: 29891160

Amount of Each Receipt this Period
350.00

B. Full Name (Last, First, Middle Initial)
Ms. Barbara R. Paul

Mailing Address 420 Elmington Ave.
#1206

City State Zip Code
Nashville TN 37205-2552

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

Name of Employer Community Health Systems, Inc
Occupation Sr. VP & Chief Medical Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 1 / 2 0 0 9

Transaction ID: 29891161

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Kenneth D Hawkins

Mailing Address 9152 Jones Court

City State Zip Code
Brentwood TN 37027-8536

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

Name of Employer Community Health Systems, Inc
Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 1 / 2 0 0 9

Transaction ID: 29891162

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1350.00**

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 23 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
FEDERATION OF AMERICAN HOSPITALS PAC

A. Full Name (Last, First, Middle Initial)
Carolyn Lipp
Mailing Address 6 Portrush Court
City State Zip Code
Brentwood TN 37027
FEC ID number of contributing federal political committee. **C**
Name of Employer Community Health Systems, Inc
Occupation Sr. Vice President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 05 / 11 / 2009
Transaction ID: 29891163
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Martin G Schweinhart
Mailing Address 9240 Weston Drive
City State Zip Code
Brentwood TN 37027-2406
FEC ID number of contributing federal political committee. **C**
Name of Employer Community Health Systems, Inc
Occupation SVP Operations
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 05 / 11 / 2009
Transaction ID: 29891164
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Mr. Tom Miller
Mailing Address 243 Governors Way
City State Zip Code
Brentwood TN 37027-8931
FEC ID number of contributing federal political committee. **C**
Name of Employer Community Health Systems, Inc
Occupation President, Division 5
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 05 / 11 / 2009
Transaction ID: 29891165
Amount of Each Receipt this Period 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 24 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
FEDERATION OF AMERICAN HOSPITALS PAC

A. Full Name (Last, First, Middle Initial)
William S Hussey

Mailing Address 6904 Stone Run Drive

City State Zip Code
Nashville TN 37211-6941

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

Name of Employer Community Health Systems, Inc
Occupation SVP Group Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	1	/	2	0	0	9

Transaction ID: 29891166

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Martin S Smith

Mailing Address 302 Haddon Court

City State Zip Code
Franklin TN 37067

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

Name of Employer Community Health Systems, Inc
Occupation Vice President, Group Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	1	/	2	0	0	9

Transaction ID: 29891167

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Michael T Portacci

Mailing Address 2501 Iron Gate Court

City State Zip Code
Franklin TN 37069

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

Name of Employer Community Health Systems, Inc
Occupation SVP - Healthcare

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	1	/	2	0	0	9

Transaction ID: 29891168

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: PAGE 25 / 50
(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)
FEDERATION OF AMERICAN HOSPITALS PAC

A.

Full Name (Last, First, Middle Initial)
David L Miller

Mailing Address 657 Goodsprings Road

City State Zip Code
Brentwood TN 37027

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

Name of Employer
Community Health Systems, Inc

Occupation
SVP-Group I

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
05 / 11 / 2009

Transaction ID: 29891169

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Larry Cash

Mailing Address 5246 Lysander Lane

City State Zip Code
Brentwood TN 37027

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

Name of Employer
Community Health Systems, Inc

Occupation
EVP & Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1700.00

Date of Receipt
MM / DD / YYYY
05 / 11 / 2009

Transaction ID: 29891170

Amount of Each Receipt this Period
1700.00

C.

Full Name (Last, First, Middle Initial)
Wayne T Smith

Mailing Address 4 Peach Blossom Square

City State Zip Code
Nashville TN 37205

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

Name of Employer
Community Health Systems, Inc

Occupation
Chairman, President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
MM / DD / YYYY
05 / 11 / 2009

Transaction ID: 29891171

Amount of Each Receipt this Period
3000.00

SUBTOTAL of Receipts This Page (optional) ► **5700.00**

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 26 / 50
(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)
FEDERATION OF AMERICAN HOSPITALS PAC

A. Full Name (Last, First, Middle Initial)
Mr. Douglas A. Matney

Mailing Address 12644 Tierra Clara Road

City State Zip Code
El Paso TX 79938

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

Name of Employer Occupation
Universal Health Services, Inc. VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2009

Transaction ID: 29891177

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. Charlie Boyle

Mailing Address 23 Newton Woods Road

City State Zip Code
Newtown Square PA 19073-3916

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

Name of Employer Occupation
Universal Health Services, Inc. VP - Controller

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2009

Transaction ID: 29891178

Amount of Each Receipt this Period
350.00

C. Full Name (Last, First, Middle Initial)
Mr. David Anderson Cannady

Mailing Address 152 Carphilly Circle

City State Zip Code
Franklin TN 37069-4358

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

Name of Employer Occupation
HCA, Inc. Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2009

Transaction ID: 29891179

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1350.00**

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 27 / 50
	(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)
FEDERATION OF AMERICAN HOSPITALS PAC

A.	Full Name (Last, First, Middle Initial) Mr. Robert Freymuller	Date of Receipt MM / DD / YYYY 05 / 15 / 2009
	Mailing Address 3067 Red Arrow Drive	Transaction ID: 29891181
	City State Zip Code Las Vegas NV 89135-1625	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Summerlin Hospital Medical Ctr. Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00

B.	Full Name (Last, First, Middle Initial) James D Hinton	Date of Receipt MM / DD / YYYY 05 / 15 / 2009
	Mailing Address 3 Carmel Lane	Transaction ID: 29891183
	City State Zip Code Brentwood TN 37027-8928	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer HCA, Inc. Occupation VP-Risk & Insurance 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) Willa Dixon	Date of Receipt MM / DD / YYYY 05 / 15 / 2009
	Mailing Address 10576 Garden Light Drive	Transaction ID: 29891184
	City State Zip Code Las Vegas NV 89135	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Summerlin Hospital Medical Center Occupation CNO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00

SUBTOTAL of Receipts This Page (optional)	1200.00
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 28 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
FEDERATION OF AMERICAN HOSPITALS PAC

A. Full Name (Last, First, Middle Initial)
Mr. Jeffrey Aspacher

Mailing Address 260 Chester Stevens Road

City State Zip Code
Franklin TN 37067-5848

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

Name of Employer Occupation
Community Health Systems, Inc. VP, Finance Home Health Group

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 11 / 2009
Transaction ID: 29891266
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Jane D Englebright

Mailing Address 241 Gillette Drive

City State Zip Code
Franklin TN 37069-4115

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

Name of Employer Occupation
HCA, Inc. Hospital Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 05 / 27 / 2009
Transaction ID: 30066942
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Mr. Brian Weldy

Mailing Address 114 Wilshire Drive

City State Zip Code
Franklin TN 37064-0766

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

Name of Employer Occupation
HCA, Inc. VP Engineering

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 05 / 27 / 2009
Transaction ID: 30066943
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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 29 / 50
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
FEDERATION OF AMERICAN HOSPITALS PAC

A.	Full Name (Last, First, Middle Initial) Frank Lopez		Date of Receipt
	Mailing Address 7803 Kingsgate Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 2 7 / 2 0 0 9
	City	State	Zip Code
	Amarillo	TX	79119
	FEC ID number of contributing federal political committee. C		Transaction ID: 30066944
Name of Employer Northwest Texas Healthcare System		Occupation CEO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) Mr. Kirk M. Ray		Date of Receipt
	Mailing Address 11120 Spring Pond Cove		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 2 7 / 2 0 0 9
	City	State	Zip Code
	Fort Wayne	IN	46845-1858
	FEC ID number of contributing federal political committee. C		Transaction ID: 30066948
Name of Employer St. Joseph Hospital		Occupation CEO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) Beverly Wallace		Date of Receipt
	Mailing Address 206 Concord Park West		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 2 7 / 2 0 0 9
	City	State	Zip Code
	Nashville	TN	37205
	FEC ID number of contributing federal political committee. C		Transaction ID: 30066956
Name of Employer HCA, Inc.		Occupation Group President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 3000.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 3500.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 30 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
FEDERATION OF AMERICAN HOSPITALS PAC

A. Full Name (Last, First, Middle Initial)
Ms. Jenny F. Barber

Mailing Address 208 Gardenridge Drive

City State Zip Code
Franklin TN 37069

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

Name of Employer Occupation
HCA Central Group Group Controller

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 27 / 2009

Transaction ID: 30066958

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. Mark Crawford

Mailing Address 2106 Donlon Ct.

City State Zip Code
Henderson NV 89012

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

Name of Employer Occupation
Desert Springs Hospital Chief Operating Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 27 / 2009

Transaction ID: 30066959

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Jeffrey D Stone

Mailing Address 9322 Navaho Drive

City State Zip Code
Brentwood TN 37027

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

Name of Employer Occupation
HCA, Inc. Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 27 / 2009

Transaction ID: 30066960

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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 31 / 50
(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)
FEDERATION OF AMERICAN HOSPITALS PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Blake Watt

Mailing Address 9452 Ashford Place

City State Zip Code
Brentwood TN 37027-8717

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

Name of Employer Occupation
HCA, Inc. Sr. Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 27 / 2009

Transaction ID: 30066961

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dee Anna Smith

Mailing Address 1826 Grey Pointe Drive

City State Zip Code
Brentwood TN 37027

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

Name of Employer Occupation
Sarah Cannon Research Institute, LLC CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 27 / 2009

Transaction ID: 30066962

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Richard Shallcross

Mailing Address 1513 Kimberleigh Court

City State Zip Code
Franklin TN 37069

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

Name of Employer Occupation
HCA, Inc. CFO-Western Group

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
05 / 27 / 2009

Transaction ID: 30066963

Amount of Each Receipt this Period
1500.00

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

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 32 / 50
	<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	

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NAME OF COMMITTEE (In Full)
FEDERATION OF AMERICAN HOSPITALS PAC

A.	Full Name (Last, First, Middle Initial) Paul Martin Paslick		Date of Receipt MM / DD / YYYY 05 / 27 / 2009
	Mailing Address 3209 Woodlawn Drive		Transaction ID: 30066964
	City Nashville	State TN	Zip Code 37215-1177
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer HCA, Inc.	Occupation Vice President, IT & Services	
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) Mr. Frederick Lee Adams		Date of Receipt MM / DD / YYYY 05 / 27 / 2009
	Mailing Address 3600 Bellwood		Transaction ID: 30066965
	City Nashville	State TN	Zip Code 37205
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer HCA, Inc.	Occupation VP - Service Delivery	
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) Mr. Howard B. Lisle		Date of Receipt MM / DD / YYYY 05 / 27 / 2009
	Mailing Address 7155 NW 110th Ave.		Transaction ID: 30066966
	City Parkland	State FL	Zip Code 33076
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer HCA All About Staffing	Occupation Chief Executive Officer	
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 33 / 50

(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)
FEDERATION OF AMERICAN HOSPITALS PAC

A.

Full Name (Last, First, Middle Initial)

Jayne Chambers

Mailing Address 1256 Kensington Rd

City State Zip Code
McLean VA 22101

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

Name of Employer Occupation
FAH Vice President Legislation & Public Af

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 387.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 5 / 2 0 0 9

Transaction ID: 30069615

Amount of Each Receipt this Period

43.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey E. Cohen

Mailing Address 4927 15th Street, North

City State Zip Code
Arlington VA 22205-2616

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

Name of Employer Occupation
FAH Lobbyist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 378.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 5 / 2 0 0 9

Transaction ID: 30069616

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Charles N. Kahn, III

Mailing Address 4545 N Glebe Road

City State Zip Code
Arlington VA 22207-4848

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

Name of Employer Occupation
FAH President

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 375.03

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 5 / 2 0 0 9

Transaction ID: 30069617

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)

126.67

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 34 / 50
(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)
FEDERATION OF AMERICAN HOSPITALS PAC

A.

Full Name (Last, First, Middle Initial)
Bonnie Money Penny

Mailing Address 14128 Burlingame Road

City State Zip Code
Little Rock AR 72211

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

Name of Employer Occupation
FAH SVP Administrative Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2009

Transaction ID: 30069618

Amount of Each Receipt this Period
35.00

B.

Full Name (Last, First, Middle Initial)
Jeffrey G. Micklos

Mailing Address 3130 Tennyson St., N.W.

City State Zip Code
Washington DC 20015

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

Name of Employer Occupation
FAH General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2009

Transaction ID: 30069619

Amount of Each Receipt this Period
30.00

C.

Full Name (Last, First, Middle Initial)
Mr. Douglas E. Swanson

Mailing Address 1200 Talon Way

City State Zip Code
Franklin TN 37069-7237

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

Name of Employer Occupation
HealthTrust Purchasing Group Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 27 / 2009

Transaction ID: 30069622

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **565.00**

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 35 / 50						
	(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

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NAME OF COMMITTEE (In Full)
FEDERATION OF AMERICAN HOSPITALS PAC

A.	Full Name (Last, First, Middle Initial) Sandra J Metzler		Date of Receipt MM / DD / YYYY 05 / 27 / 2009		
	Mailing Address 6573 Rolling Fork Drive		Transaction ID: 30069633		
	City Nashville	State TN	Zip Code 37205	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer HCA, Inc.	Occupation Vice President	Aggregate Year-to-Date 500.00		

B.	Full Name (Last, First, Middle Initial) Michael A Marks		Date of Receipt MM / DD / YYYY 05 / 27 / 2009		
	Mailing Address 2426 Bond Avenue		Transaction ID: 30069634		
	City Clearwater	State FL	Zip Code 33759	Amount of Each Receipt this Period 2500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer HCA, Inc.	Occupation Chief Financial Officer	Aggregate Year-to-Date 2500.00		

C.	Full Name (Last, First, Middle Initial) Jana J Davis		Date of Receipt MM / DD / YYYY 05 / 22 / 2009		
	Mailing Address 2156 Golf Club Lane		Transaction ID: 30069684		
	City Nashville	State TN	Zip Code 37215	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer HCA, Inc.	Occupation VP Communications	Aggregate Year-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional)	3500.00
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 36 / 50		
	<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

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NAME OF COMMITTEE (In Full)
FEDERATION OF AMERICAN HOSPITALS PAC

A.	Full Name (Last, First, Middle Initial) Charles J Hall		Date of Receipt
	Mailing Address 2658 Millstone Plantation Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 2 2 / 2 0 0 9
	City	State	Zip Code
	Tallahassee	FL	32312
	FEC ID number of contributing federal political committee. C		Transaction ID: 30069685
Name of Employer HCA, Inc.		Occupation Division President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 3000.00

B.	Full Name (Last, First, Middle Initial) Don R Liedtke		Date of Receipt
	Mailing Address 2577 Tom Anderson Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 2 2 / 2 0 0 9
	City	State	Zip Code
	Franklin	TN	37064
	FEC ID number of contributing federal political committee. C		Transaction ID: 30069686
Name of Employer HCA, Inc.		Occupation Chief Financial Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

C.	Full Name (Last, First, Middle Initial) Mr. Scott Ansede		Date of Receipt
	Mailing Address 20606 193rd Ave. Ct. E		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 2 2 / 2 0 0 9
	City	State	Zip Code
	Orting	WA	98360
	FEC ID number of contributing federal political committee. C		Transaction ID: 30069687
Name of Employer Auburn Regional Medical Center		Occupation COO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 3800.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 37 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
FEDERATION OF AMERICAN HOSPITALS PAC

A. Full Name (Last, First, Middle Initial)
Steven D. Patonai

Mailing Address 3265 Cumberland Hills Circle

City State Zip Code
Cleveland TN 37312-2458

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

Name of Employer Occupation
Auburn Regional Medical Hospital CEO
Center

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

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: 30069688

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. Joe Roddy

Mailing Address 468 Wire Grass Lane

City State Zip Code
Franklin TN 37064-8645

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

Name of Employer Occupation
HCA, Inc. VP

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

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: 30069689

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Yolanda A Chesley

Mailing Address 305 Sandcastle Circle

City State Zip Code
Franklin TN 37064

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

Name of Employer Occupation
HCA, Inc. VP Human Resources

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

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: 30069693

Amount of Each Receipt this Period
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 38 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
FEDERATION OF AMERICAN HOSPITALS PAC

A. Full Name (Last, First, Middle Initial)
Gregary W Beasley

Mailing Address 6314 Northwood Road

City State Zip Code
Dallas TX 75225-2823

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

Name of Employer HCA, Inc. Occupation Healthcare Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: 30069694

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
Mr. Alan R. Yuspeh

Mailing Address 126 Third Avenue North

City State Zip Code
Franklin TN 37064

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

Name of Employer HCA, Inc. Occupation SVP and Chief Ethics and Compliance Of

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: 30069696

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
A. Bruce Moore, Jr.

Mailing Address 2105 Golf Club Lane

City State Zip Code
Nashville TN 37215

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

Name of Employer HCA, Inc. Occupation COO & SVP Outpatient Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: 30069697

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional) ► **5000.00**

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 39 / 50
(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)
FEDERATION OF AMERICAN HOSPITALS PAC

A. Full Name (Last, First, Middle Initial)
Mr. Robert Waterman

Mailing Address 161 Chickering Meadows

City Nashville State TN Zip Code 37215

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

Name of Employer HCA, Inc. Occupation Senior Vice President & General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 05 / 22 / 2009

Transaction ID: 30069698

Amount of Each Receipt this Period 3000.00

B. Full Name (Last, First, Middle Initial)
Mr. Paul Rein

Mailing Address 9354 Ansley Lane

City Brentwood State TN Zip Code 37027-3312

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

Name of Employer HCA, Inc. Occupation VP & CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 22 / 2009

Transaction ID: 30069699

Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Jayne Chambers

Mailing Address 1256 Kensington Rd

City McLean State VA Zip Code 22101

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

Name of Employer FAH Occupation Vice President Legislation & Public Af

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 430.00

Date of Receipt 05 / 29 / 2009

Transaction ID: 30107631

Amount of Each Receipt this Period 43.00

SUBTOTAL of Receipts This Page (optional) ► 3543.00

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 40 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
FEDERATION OF AMERICAN HOSPITALS PAC

A. Full Name (Last, First, Middle Initial)
Jeffrey E. Cohen

Mailing Address 4927 15th Street, North

City State Zip Code
Arlington VA 22205-2616

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

Name of Employer FAH Occupation Lobbyist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt 05 / 29 / 2009
Transaction ID: 30107632
Amount of Each Receipt this Period 42.00

B. Full Name (Last, First, Middle Initial)
Charles N. Kahn, III

Mailing Address 4545 N Glebe Road

City State Zip Code
Arlington VA 22207-4848

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

Name of Employer FAH Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 416.70

Date of Receipt 05 / 29 / 2009
Transaction ID: 30107633
Amount of Each Receipt this Period 41.67

C. Full Name (Last, First, Middle Initial)
Bonnie Money Penny

Mailing Address 14128 Burlingame Road

City State Zip Code
Little Rock AR 72211

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

Name of Employer FAH Occupation SVP Administrative Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 05 / 29 / 2009
Transaction ID: 30107634
Amount of Each Receipt this Period 35.00

SUBTOTAL of Receipts This Page (optional) ► 118.67

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 41 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
FEDERATION OF AMERICAN HOSPITALS PAC

A. Full Name (Last, First, Middle Initial)
Jeffrey G. Micklos

Mailing Address 3130 Tennyson St., N.W.

City State Zip Code
Washington DC 20015

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

Name of Employer Occupation
FAH General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
05 / 29 / 2009

Transaction ID: 30107635

Amount of Each Receipt this Period
30.00

B. Full Name (Last, First, Middle Initial)
Charles F Miller

Mailing Address 747 Mendenbak Court

City State Zip Code
Fort Mill SC 29732-7753

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

Name of Employer Occupation
Piedmont Medical Center CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 19 / 2009

Transaction ID: 30227296

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **530.00**

TOTAL This Period (last page this line number only) ► **82433.34**

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 42 / 50	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
FEDERATION OF AMERICAN HOSPITALS PAC

A.

Full Name (Last, First, Middle Initial) LifePoint Hospitals, Inc. Good Government Fund		Date of Receipt	
Mailing Address 103 Powell Court Suite 200		M M / D D / Y Y Y Y 05 / 05 / 2009	
City	State	Zip Code	Transaction ID: 29840041
Brentwood	TN	37027	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C C00347955		5000.00	
Name of Employer	Occupation		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	5000.00		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	5000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 50
(check only one)

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

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NAME OF COMMITTEE (In Full)
FEDERATION OF AMERICAN HOSPITALS PAC

A.

Full Name (Last, First, Middle Initial)
Federation of American Hospitals - FEE REIMBURSEME

Mailing Address 801 Pennsylvania Ave., NW
Suite 245

City State Zip Code
Washington DC 20004

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5762.16

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: 30069702

Amount of Each Receipt this Period
4108.30

SUBTOTAL of Receipts This Page (optional)	▶	4108.30
TOTAL This Period (last page this line number only)	▶	4108.30

**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)
FEDERATION OF AMERICAN HOSPITALS PAC

A.	Full Name (Last, First, Middle Initial) ERICPAC	Transaction ID: 29841173 Date of Disbursement 05 / 08 / 2009
	Mailing Address 209 Pennsylvania Avenue SE	Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Allyson Schwartz For Congress	Transaction ID: 29841179 Date of Disbursement 05 / 08 / 2009
	Mailing Address P.O. Box 2232	Amount of Each Disbursement this Period 1000.00
	City Jenkintown State PA Zip Code 19046	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Allyson Y. Schwartz	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Guthrie For Congress	Transaction ID: 29841180 Date of Disbursement 05 / 08 / 2009
	Mailing Address PO Box 9639	Amount of Each Disbursement this Period 2000.00
	City Bowling Green State KY Zip Code 42102	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Mr. Steven Guthrie	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	8000.00
TOTAL This Period (last page this line number only)	

**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)
FEDERATION OF AMERICAN HOSPITALS PAC

A.	Full Name (Last, First, Middle Initial) Lisa Murkowski For Us Senate	Transaction ID: 29841181 Date of Disbursement
	Mailing Address PO Box 100847	<input type="text" value="05"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Anchorage State AK Zip Code 99510	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1500.00"/>
	Candidate Name Sen. Lisa Murkowski	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AK District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Hawkeye PAC	Transaction ID: 29841254 Date of Disbursement
	Mailing Address PO Box 7255	<input type="text" value="05"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Des Moines State IA Zip Code 50309	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Blue Dog PAC	Transaction ID: 29841255 Date of Disbursement
	Mailing Address 236 Massachusetts Avenue NE Suite 508	<input type="text" value="05"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)
FEDERATION OF AMERICAN HOSPITALS PAC

A.	Full Name (Last, First, Middle Initial) Nelson for U.S. Senate Mailing Address P O Box 8666 City Omaha State NE Zip Code 68103 Purpose of Disbursement 011 Candidate Name Sen. E. Benjamin Nelson Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District:	Transaction ID: 29841257 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 9	Amount of Each Disbursement this Period 2500.00
B.	Full Name (Last, First, Middle Initial) Susan Davis For Congress Mailing Address 1212 S. Victory Blvd. Suite 200 City Burbank State CA Zip Code 91502 Purpose of Disbursement 011 Candidate Name Rep. Susan A. Davis Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 53	Transaction ID: 29841263 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) Cantor For Congress Mailing Address P. O. Box 17813 City Richmond State VA Zip Code 23226 Purpose of Disbursement 011 Candidate Name Rep. Eric I. Cantor Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: VA District: 07	Transaction ID: 30066974 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 9	Amount of Each Disbursement this Period 1500.00

SUBTOTAL of Disbursements This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	

**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)
FEDERATION OF AMERICAN HOSPITALS PAC

A.	Full Name (Last, First, Middle Initial) Levin For Congress	Transaction ID: 30066975 Date of Disbursement 05 / 27 / 2009
	Mailing Address PO Box 37	Amount of Each Disbursement this Period 1000.00
	City Roseville State MI Zip Code 48066	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Sander M. Levin	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Braley For Congress	Transaction ID: 30069724 Date of Disbursement 05 / 28 / 2009
	Mailing Address PO Box 390	Amount of Each Disbursement this Period 1000.00
	City Waterloo State IA Zip Code 50704	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Bruce Braley	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Gillibrand For Senate	Transaction ID: 30069798 Date of Disbursement 05 / 28 / 2009
	Mailing Address 313 C Street Ne	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Kirsten Gillibrand	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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)
FEDERATION OF AMERICAN HOSPITALS PAC

A.	Full Name (Last, First, Middle Initial) Rangel For Congress	Transaction ID: 30069841 Date of Disbursement 05 / 28 / 2009
	Mailing Address PO Box 5577 Manhattanville Sta	Amount of Each Disbursement this Period 2500.00
	City New York State NY Zip Code 10027	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Charles B. Rangel	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Kind For Congress Committee	Transaction ID: 30069842 Date of Disbursement 05 / 28 / 2009
	Mailing Address 205 5th Avenue South Suite 428	Amount of Each Disbursement this Period 5000.00
	City La Crosse State WI Zip Code 54601	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Ron Kind	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) National Republican Senatorial Committee	Transaction ID: 30069843 Date of Disbursement 05 / 28 / 2009
	Mailing Address The Ronald Reagan Republican Cente 425 Second Street NE	Amount of Each Disbursement this Period 10000.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	17500.00
TOTAL This Period (last page this line number only)	

**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 49 / 50

<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)
FEDERATION OF AMERICAN HOSPITALS PAC

A. Full Name (Last, First, Middle Initial) National Republican Congressional Committee <hr/> Mailing Address 320 First Street, S.E. <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement <hr/> Candidate Name National Republican Congressional Committee <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30069844 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 8 / 2 0 0 9
	Amount of Each Disbursement this Period 10000.00 <hr/> Category/ Type 011
B. Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee <hr/> Mailing Address 430 South Capitol Street, S.E. <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30069847 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 8 / 2 0 0 9
	Amount of Each Disbursement this Period 15000.00 <hr/> Category/ Type 011

SUBTOTAL of Disbursements This Page (optional) ►

25000.00

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

63500.00

**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 50 / 50

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
FEDERATION OF AMERICAN HOSPITALS PAC

A. Full Name (Last, First, Middle Initial) Wachovia Bank Mailing Address 801 Pennsylvania Ave, NW City Washington State DC Zip Code 20004 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30069708 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 9
	Amount of Each Disbursement this Period 4108.30 Category/Type 001
B. Full Name (Last, First, Middle Initial) Wachovia Bank Mailing Address 801 Pennsylvania Ave, NW City Washington State DC Zip Code 20004 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30080834 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 9
	Amount of Each Disbursement this Period 2.00 Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ►

4110.30

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

4110.30