

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

FEDERATION OF AMERICAN HOSPITALS PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		21731.24
(b) Cash on Hand at Beginning of Reporting Period.....	112988.33	
(c) Total Receipts (from Line 19)	22782.30	358819.05
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	135770.63	380550.29
7. Total Disbursements (from Line 31).....	39333.39	284113.05
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	96437.24	96437.24
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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

FEDERATION OF AMERICAN HOSPITALS PAC

Report Covering the Period: From: / / To: / /

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).....	22271.44	261383.50
(ii) Unitemized	200.02	51943.80
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	22471.46	313327.30
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	40000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	22471.46	353327.30
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	310.84	5491.75
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 Transfers (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))..... ▶	22782.30	358819.05
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	22782.30	358819.05

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	333.39	6113.05
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	333.39	6113.05
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	39000.00	278000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	39333.39	284113.05
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	39333.39	284113.05

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	22471.46	353327.30
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22471.46	353327.30
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	333.39	6113.05
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	333.39	6113.05

**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 OF 21
<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. Audrey T. Andrews
 Full Name (Last, First, Middle Initial)
 Mailing Address 702 Penfolds Lane
 City Coppel State TX Zip Code 75019-4544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tenet Healthcare Corporation Occupation Assistant General Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2500.00**

Date of Receipt **12 / 11 / 2013**
Transaction ID : 56868830
 Amount of Each Receipt this Period **2500.00**

B. Samantha Burch
 Full Name (Last, First, Middle Initial)
 Mailing Address 437 New York Avenue NW #304
 City Washington State DC Zip Code 20001-4628
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FAH Occupation Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **12 / 19 / 2013**
Transaction ID : 56916863
 Amount of Each Receipt this Period **400.00**

C. Kyle Burnett
 Full Name (Last, First, Middle Initial)
 Mailing Address 2811 Tyler Street
 City Southlake State TX Zip Code 76092-2216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tenet Healthcare Corporation Occupation Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **12 / 11 / 2013**
Transaction ID : 56868827
 Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional).....	3400.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 OF 21
	(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"/> 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

Full Name (Last, First, Middle Initial) A. Jayne Chambers		Date of Receipt
Mailing Address 1256 Kensington Rd		<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City State Zip Code McLean VA 22101-2920		Transaction ID : 56705583
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="80.00"/>
Name of Employer FAH	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1920.00"/>	

Full Name (Last, First, Middle Initial) B. Jayne Chambers		Date of Receipt
Mailing Address 1256 Kensington Rd		<input type="text" value="12"/> / <input type="text" value="13"/> / <input type="text" value="2013"/>
City State Zip Code McLean VA 22101-2920		Transaction ID : 56868834
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="80.00"/>
Name of Employer FAH	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1920.00"/>	

Full Name (Last, First, Middle Initial) C. Jeffrey E. Cohen		Date of Receipt
Mailing Address 4927 15th Street, North		<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City State Zip Code Arlington VA 22205-2616		Transaction ID : 56705585
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="42.00"/>
Name of Employer FAH	Occupation Lobbyist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1998.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="202.00"/>
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 8 OF 21
	(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"/> 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

Full Name (Last, First, Middle Initial)
A. 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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1998.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2013
Transaction ID : 56868833

Amount of Each Receipt this Period
990.00

Full Name (Last, First, Middle Initial)
B. 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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1998.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2013
Transaction ID : 56868835

Amount of Each Receipt this Period
42.00

Full Name (Last, First, Middle Initial)
C. Leah Cohen

Mailing Address 750 9th Street, NW
Suite 600

City State Zip Code
Washington DC 20001-4595

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

Name of Employer Occupation
FAH Director, Political and Public Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2013
Transaction ID : 56868831

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....	▶	1332.00
TOTAL This Period (last page this line number only).....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 21
	<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. Richard P Coorsh
Full Name (Last, First, Middle Initial)

Mailing Address 5902 Mount Eagle Drive
Apt. 1018

City Alexandria State VA Zip Code 22303-2520

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

Name of Employer FAH Occupation Director of Communications

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
12 / 11 / 2013
Transaction ID : 56846125

Amount of Each Receipt this Period
500.00

B. Robert S. Finnegan
Full Name (Last, First, Middle Initial)

Mailing Address 5422 Gaston Avenue

City Dallas State TX Zip Code 75214-4934

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

Name of Employer Tenet Healthcare Corporation Occupation Senior Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
12 / 11 / 2013
Transaction ID : 56868826

Amount of Each Receipt this Period
500.00

C. Lea Fourkiller
Full Name (Last, First, Middle Initial)

Mailing Address 819 Post Oak Place

City Providence Village State TX Zip Code 76227-7492

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

Name of Employer Conifer Health Solutions Occupation CCO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
12 / 20 / 2013
Transaction ID : 56919971

Amount of Each Receipt this Period
1500.00

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

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

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

FOR LINE NUMBER: PAGE 10 OF 21
(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. Charles N. Kahn III
 Full Name (Last, First, Middle Initial)
 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:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2013
Transaction ID : 56705586
 Amount of Each Receipt this Period
 41.67

B. Charles N. Kahn III
 Full Name (Last, First, Middle Initial)
 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:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2013
Transaction ID : 56868836
 Amount of Each Receipt this Period
 41.67

C. Charles N. Kahn III
 Full Name (Last, First, Middle Initial)
 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:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2013
Transaction ID : 6D1BDD3B27EC4600A2DC
 Amount of Each Receipt this Period
 4000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 4083.34
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 11 OF 21
<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

Full Name (Last, First, Middle Initial) A. Daniel Karnuta		Date of Receipt M M / D D / Y Y Y Y Y 12 / 05 / 2013 Transaction ID : 56706264
Mailing Address 981 Patrician CT		Amount of Each Receipt this Period 225.00
City Fairview	State TX	Zip Code 75069-8781
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 225.00
Name of Employer Tenet Healthcare Corporation	Occupation Health Care Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) B. Jeffrey G. Micklos		Date of Receipt M M / D D / Y Y Y Y Y 12 / 05 / 2013 Transaction ID : 56705588
Mailing Address 3130 Tennyson St., N.W.		Amount of Each Receipt this Period 55.00
City Washington	State DC	Zip Code 20015
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer FAH	Occupation General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Jeffrey G. Micklos		Date of Receipt M M / D D / Y Y Y Y Y 12 / 13 / 2013 Transaction ID : 56868837
Mailing Address 3130 Tennyson St., N.W.		Amount of Each Receipt this Period 55.00
City Washington	State DC	Zip Code 20015
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer FAH	Occupation General Counsel	
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).....▶	335.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 21
	<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. Jeffrey G. Micklos
Full Name (Last, First, Middle Initial)

Mailing Address 3130 Tennyson St., N.W.

City Washington	State DC	Zip Code 20015
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FEC ID number of contributing federal political committee. **C**

Name of Employer FAH	Occupation General Counsel
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2013

Transaction ID : 088098E37E1CABA0182

Amount of Each Receipt this Period
680.00

B. Bonnie Money penny
Full Name (Last, First, Middle Initial)

Mailing Address 14128 Burlingame Road

City Little Rock	State AR	Zip Code 72211
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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 ▼
840.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2013

Transaction ID : 56705590

Amount of Each Receipt this Period
35.00

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

Mailing Address 14128 Burlingame Road

City Little Rock	State AR	Zip Code 72211
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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 ▼
840.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2013

Transaction ID : 56868838

Amount of Each Receipt this Period
35.00

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) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 21
<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. Stephen Mooney
Full Name (Last, First, Middle Initial)
Mailing Address 4619 Briar Oaks Circle

City Dallas	State TX	Zip Code 75287-7503
----------------	-------------	------------------------

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

Name of Employer Conifer Health Solutions	Occupation President
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2013

Transaction ID : 56868829

Amount of Each Receipt this Period

1500.00

B. Britt Reynolds
Full Name (Last, First, Middle Initial)
Mailing Address 3201 Wentwood Drive

City Dallas	State TX	Zip Code 75225-4845
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FEC ID number of contributing federal political committee. **C**

Name of Employer Tenet Healthcare Corporation	Occupation President-- Hospital Operations
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2013

Transaction ID : 56916862

Amount of Each Receipt this Period

5000.00

C. Gary Ruff
Full Name (Last, First, Middle Initial)
Mailing Address 1724 Bryan Nelson Pkwy

City Southlake	State TX	Zip Code 76092
-------------------	-------------	-------------------

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

Name of Employer Tenet Healthcare Corporation	Occupation Attorney
--	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2013

Transaction ID : 56868828

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional).....▶	8000.00
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 OF 21
(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

Full Name (Last, First, Middle Initial)
A. Karen Conwell Smith

Mailing Address 1110 3rd Street, SE

City Washington State DC Zip Code 20003-3426

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

Name of Employer FAH Occupation VP, Legislation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2013
Transaction ID : 56867996

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Steve Speil

Mailing Address 1948 Rockingham Street

City McLean State VA Zip Code 22101-4922

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

Name of Employer FAH Occupation Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2029.20**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2013
Transaction ID : 56705591

Amount of Each Receipt this Period
84.55

Full Name (Last, First, Middle Initial)
C. Steve Speil

Mailing Address 1948 Rockingham Street

City McLean State VA Zip Code 22101-4922

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

Name of Employer FAH Occupation Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2029.20**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2013
Transaction ID : 56868839

Amount of Each Receipt this Period
84.55

SUBTOTAL of Receipts This Page (optional)..... ▶ **669.10**

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 OF 21
(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

Full Name (Last, First, Middle Initial)
A. Kathleen Tenoever

Mailing Address 1210 Massachusetts Ave, NW
Apt. 1206

City Washington State DC Zip Code 20005-4531

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

Name of Employer FAH Occupation VP, Legal and Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
12 / 11 / 2013
Transaction ID : 56846126

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Elizabeth Kann Ward

Mailing Address 9413 Holbrook Lane

City Potomac State MD Zip Code 20854-3931

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

Name of Employer FAH Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
12 / 11 / 2013
Transaction ID : 56868832

Amount of Each Receipt this Period
500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	22271.44

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 OF 21
(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

Full Name (Last, First, Middle Initial)
A. Wells Fargo

Mailing Address 801 Pennsylvania Ave. NW

City Washington State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1710.64

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 11 / 2013
Transaction ID : 56846127

Amount of Each Receipt this Period
310.84

Bank Fees Reimbursement

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	310.84
TOTAL This Period (last page this line number only).....▶	310.84

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

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

Full Name (Last, First, Middle Initial)

A. Wells Fargo

Mailing Address 801 Pennsylvania Ave. NW

City Washington State DC Zip Code 20004

Purpose of Disbursement
Bank Fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 8056D460CB3E787E66D

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Wells Fargo

Mailing Address 801 Pennsylvania Ave. NW

City Washington State DC Zip Code 20004

Purpose of Disbursement
Bank Fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 5BC8BC8C9B53BDB1A5C

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Wells Fargo

Mailing Address 801 Pennsylvania Ave. NW

City Washington State DC Zip Code 20004

Purpose of Disbursement
Bank Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 651AEF4C866D8DC3201

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

Full Name (Last, First, Middle Initial)

A. America Works PAC

Mailing Address PO Box 76187

City Washington State DC Zip Code 20013

Purpose of Disbursement
2013 Contribution

011

Candidate Name

America Works PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 20 / 2013

Transaction ID : 56918144

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Congressman Waxman Campaign Committee

Mailing Address 6380 Wilshire Blvd., #1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement
2014 Primary

011

Candidate Name

Henry A. Waxman

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Contribution**

State: CA District: 33

Date of Disbursement

MM / DD / YYYY
12 / 16 / 2013

Transaction ID : 56865964

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Continuing a Majority Party Action Committee (CAMPAC)

Mailing Address 5915 Eastman Avenue
Suite 100

City Midland State MI Zip Code 48640-6824

Purpose of Disbursement
2013 Contribution

011

Candidate Name

Continuing a Majority Party Action Committee (CAMPAC)

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 06 / 2013

Transaction ID : 56703089

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

7500.00

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

Full Name (Last, First, Middle Initial)

A. Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Ave NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
2013 Contribution

011

Candidate Name

Democratic Senatorial Campaign Committee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			16			2013			

Transaction ID : 56865147

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Democrats Win Seats (DWS PAC)

Mailing Address PO Box 83142

City Gaithersburg State MD Zip Code 20883

Purpose of Disbursement
2013 Contribution

011

Candidate Name

Democrats Win Seats (DWS PAC)

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			02			2013			

Transaction ID : 55921595

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Friends of Pat Toomey

Mailing Address 228 S. Washington St., Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2016 Primary

011

Candidate Name

Patrick Joseph Toomey

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District:

Contribution

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			06			2013			

Transaction ID : 56703087

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0

SUBTOTAL of Disbursements This Page (optional)..... ▶

12	0	0	0	0	0	0	0	0	0

TOTAL This Period (last page this line number only)..... ▶

5	0	0	0	0	0	0	0	0	0

**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

Full Name (Last, First, Middle Initial)

A. Impact

Mailing Address 192 Lexington Ave.
Suite 1001

City New York State NY Zip Code 10016

Purpose of Disbursement
2013 Contribution

011

Category/
Type

Candidate Name

Impact

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 17 / 2013

Transaction ID : 56881918

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Mike McIntyre for Congress

Mailing Address PO Box 1

City Lumberton State NC Zip Code 28359

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

Mike McIntyre

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Contribution**

State: NC District: 07

Date of Disbursement

MM / DD / YYYY
12 / 06 / 2013

Transaction ID : 56703091

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. National Republican Senatorial Committee

Mailing Address 425 Second Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
2013 Contribution

011

Category/
Type

Candidate Name

National Republican Senatorial Committee

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 11 / 2013

Transaction ID : 56845691

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

11000.00

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

Full Name (Last, First, Middle Initial)

A. National Republican Senatorial Committee

Mailing Address 425 Second Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
2013 Contribution

011

Candidate Name

National Republican Senatorial Committee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: District:

Contribution

Date of Disbursement

MM / DD / YYYY
12 / 17 / 2013

Transaction ID : 56881917

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Searchlight Leadership Fund

Mailing Address 700 13th Street NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
2013 Contribution

011

Candidate Name

Searchlight Leadership Fund

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: District:

Contribution

Date of Disbursement

MM / DD / YYYY
12 / 16 / 2013

Transaction ID : 56865779

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Tom Reed for Congress

Mailing Address PO Box 391

City Geneva State NY Zip Code 14456-0391

Purpose of Disbursement
2014 Primary

011

Candidate Name

Thomas W. Reed II.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 23

Date of Disbursement

MM / DD / YYYY
12 / 16 / 2013

Transaction ID : 56865775

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

8500.00

TOTAL This Period (last page this line number only)..... ▶

39000.00