

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
VANGUARD HEALTH MANAGEMENT INC PAC

ADDRESS (number and street) 20 BURTON HILLS BOULEVARD STE 100  
 Check if different than previously reported. (ACC)  
NASHVILLE TN 37215

2. **FEC IDENTIFICATION NUMBER** C00380402  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 03 01 2009 through 03 31 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Aaron Broad

Signature of Treasurer Electronically Filed by Aaron Broad Date 04 15 2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
VANGUARD HEALTH MANAGEMENT INC PAC

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	3

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" style="display: inline-table; border-collapse: collapse;"><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		18183.83
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	23889.39									
(c) Total Receipts (from Line 19) .....	5205.78	15941.34								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	29095.17	34125.17								
7. Total Disbursements (from Line 31) .....	13000.00	18030.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	16095.17	16095.17								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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**

Write or Type Committee Name  
VANGUARD HEALTH MANAGEMENT INC PAC

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	3

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	4513.90	10033.94
(i) Itemized (use Schedule A) .....	691.88	5907.40
(ii) Unitemized .....	5205.78	15941.34
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	5205.78	15941.34
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	5205.78	15941.34
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	5205.78	15941.34

**DETAILED SUMMARY PAGE**  
of Disbursements

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	30.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	30.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13000.00	18000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	13000.00	18030.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13000.00	18030.00

**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 .....	5205.78	15941.34
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5205.78	15941.34
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	30.00
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	30.00

**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 / 17
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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)  
VANGUARD HEALTH MANAGEMENT INC PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Kelvin Ault	Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 9240 Kingsboro Court	<b>Transaction ID:</b> SA11AI.8240
	City State Zip Code Brentwood TN 37027	Amount of Each Receipt this Period 131.26
	FEC ID number of contributing federal political committee. C	65.63 bi-monthly payroll deduction
	Name of Employer Occupation Vanguard Healthcare VP - Tax	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 393.78	

<b>B.</b>	Full Name (Last, First, Middle Initial) Carol A. Bailey	Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 1108 Twin Springs Drive	<b>Transaction ID:</b> SA11AI.8234
	City State Zip Code Brentwood TN 37027	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. C	42.50 bi-monthly payroll deduction
	Name of Employer Occupation Vanguard Health Management VP - Reimbursement	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Reginald M. Ballantyne, III	Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 3266 E. Valley Vista Lane	<b>Transaction ID:</b> SA11AI.8228
	City State Zip Code Paradise Valley AZ 85253	Amount of Each Receipt this Period 300.84
	FEC ID number of contributing federal political committee. C	150.42 bi-monthly payroll deduction
	Name of Employer Occupation Vanguard Health Management SVP Market Strategy & Govt Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 902.52	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>517.10</b>
<b>TOTAL</b> 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 7 / 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
VANGUARD HEALTH MANAGEMENT INC PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Harold K. Bandy		Date of Receipt
	Mailing Address 9004 Old Smyrna 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
	City	State	Zip Code
	Brentwood	TN	37027
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Vanguard Health Management		Occupation AVP - Information Technology	Transaction ID: SA11AI.8245
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 400.02	<input type="text"/> 133.34
			66.67 bi-monthly payroll deduction

<b>B.</b>	Full Name (Last, First, Middle Initial) Richard Wayne Brasher		Date of Receipt
	Mailing Address 1925 Oak Hampton Place		<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
	City	State	Zip Code
	Brentwood	TN	37027
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Vanguard Health Management		Occupation VP Risk Management	Transaction ID: SA11AI.8242
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 375.00	<input type="text"/> 125.00
			62.50 bi-monthly payroll deduction

<b>C.</b>	Full Name (Last, First, Middle Initial) Bruce Chafin		Date of Receipt
	Mailing Address 11105 Hoylake Lane		<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
	City	State	Zip Code
	Fairfax	VA	22030
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Vanguard Health Management		Occupation SVP Compliance and Ethics	Transaction ID: SA11AI.8226
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 710.28	<input type="text"/> 236.76
			118.38 bi-monthly payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 495.10
<b>TOTAL</b> 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 / 17  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
VANGUARD HEALTH MANAGEMENT INC PAC

**A.** Full Name (Last, First, Middle Initial)  
Creighton J. Donovan

Mailing Address 16027 N 45th Place

City State Zip Code  
Phoenix AZ 85032

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

Name of Employer Phoenix Health Plan      Occupation CFO

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 206.28

Date of Receipt: 03 / 31 / 2009  
**Transaction ID: SA11AI.8208**  
Amount of Each Receipt this Period: 68.76  
34.38 bi-monthly payroll deduction

**B.** Full Name (Last, First, Middle Initial)  
Jeff Egbert

Mailing Address 1069 E Erie Court

City State Zip Code  
Gilbert AZ 85296

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

Name of Employer Maryvale Hospital      Occupation CEO

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 574.98

Date of Receipt: 03 / 31 / 2009  
**Transaction ID: SA11AI.8204**  
Amount of Each Receipt this Period: 191.66  
95.83 bi-monthly payroll deduction

**C.** Full Name (Last, First, Middle Initial)  
Jeff Eppinette

Mailing Address 1330 Burning Arrow

City State Zip Code  
San Antonio TX 78258

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

Name of Employer Vanguard - TX Market      Occupation CFO

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt: 03 / 31 / 2009  
**Transaction ID: SA11AI.8217**  
Amount of Each Receipt this Period: 120.00  
60 bi-monthly payroll deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ► 380.42

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 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)  
VANGUARD HEALTH MANAGEMENT INC PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Valerie Karen Flinn	Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 3209 Gleneagles Court	<b>Transaction ID:</b> SA11AI.8231
	City State Zip Code Plano TX 75093	Amount of Each Receipt this Period 270.00
	FEC ID number of contributing federal political committee. <b>C</b>	135 bi-monthly payroll deduction
	Name of Employer Occupation Vanguard Health Management President, Phys & Ambulatory Svcs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 810.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Nora Frasier	Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 4107 Bob White Drive	<b>Transaction ID:</b> SA11AI.8214
	City State Zip Code Robstown TX 78380	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation BMC CNO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) John M. Geer	Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 2223 Hemingway Drive	<b>Transaction ID:</b> SA11AI.8222
	City State Zip Code Nashville TN 37215	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	75 bi-monthly payroll deduction
	Name of Employer Occupation Vanguard Health Management VP - Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>470.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
VANGUARD HEALTH MANAGEMENT INC PAC

**A.**

Full Name (Last, First, Middle Initial)  
Stephen R. Gilmore

Mailing Address 21 Rollie Shepard Drive

City State Zip Code  
Millbury MA 01527

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

Name of Employer St. Vincent Hospital Occupation CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2009

Transaction ID: SA11AI.8212

Amount of Each Receipt this Period  
100.00

50 bi-monthly payroll deduction

**B.**

Full Name (Last, First, Middle Initial)  
Dennis K. Jacobs

Mailing Address 147 N. Berwick Lane

City State Zip Code  
Franklin TN 37069

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

Name of Employer Vanguard Health Management Occupation VP - Facilities Development

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 328.14

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2009

Transaction ID: SA11AI.8255

Amount of Each Receipt this Period  
109.38

54.69 bi-monthly payroll deduction

**C.**

Full Name (Last, First, Middle Initial)  
Debra L. Lee

Mailing Address 602 Creek View Drive

City State Zip Code  
Prosper TX 75078

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

Name of Employer Vanguard Health Management Occupation CFO/Physician & Ambulatory

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 328.14

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2009

Transaction ID: SA11AI.8232

Amount of Each Receipt this Period  
109.38

54.69 bi-monthly payroll deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ► **318.76**

**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 / 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
VANGUARD HEALTH MANAGEMENT INC PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Julie Meyer	Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 5413 Lawn	<b>Transaction ID:</b> SA11AI.8252
	City State Zip Code Western Springs IL 60558	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	50 bi-monthly payroll deduction
Name of Employer Vanguard Corporate	Occupation Director - Business Office Ops.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Frank L. Molinaro	Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 2210 Mary Jane Lane	<b>Transaction ID:</b> SA11AI.8210
	City State Zip Code Park Ridge IL 60068	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	100 bi-monthly payroll deduction
Name of Employer Weiss Hospital	Occupation COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Matthew Shane Olivier	Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 4163 Victory Drive	<b>Transaction ID:</b> SA11AI.8230
	City State Zip Code Frisco TX 75034	Amount of Each Receipt this Period 121.88
	FEC ID number of contributing federal political committee. C	60.94 bi-monthly payroll deduction
Name of Employer Vanguard Health Management	Occupation Chief Development Officer/Phys & Amb	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.64	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	421.88
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 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)  
**VANGUARD HEALTH MANAGEMENT INC PAC**

<b>A.</b>	Full Name (Last, First, Middle Initial) Gail Peace	Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 4312 N Fransisco	<b>Transaction ID:</b> SA11AI.8219
	City State Zip Code Chicago IL 60618	Amount of Each Receipt this Period 162.50
	FEC ID number of contributing federal political committee. <b>C</b>	81.25 bi-monthly payroll deduction
	Name of Employer Occupation Vanguard - IL Market VP Bus. Devlp.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 487.50	

<b>B.</b>	Full Name (Last, First, Middle Initial) Harold H. Pilgrim	Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 125 Alyesbury Hill	<b>Transaction ID:</b> SA11AI.8221
	City State Zip Code San Antonio TX 78209	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. <b>C</b>	100 bi-monthly payroll deduction
	Name of Employer Occupation Vanguard Health - TX Mkt SVP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Phillip Roe	Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 212 Chapelwood Drive	<b>Transaction ID:</b> SA11AI.8225
	City State Zip Code Franklin TN 37069	Amount of Each Receipt this Period 270.00
	FEC ID number of contributing federal political committee. <b>C</b>	135 bi-monthly payroll deduction
	Name of Employer Occupation Vanguard Health Management SVP Controller & CAO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 810.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>632.50</b>
<b>TOTAL</b> 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 / 17
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
VANGUARD HEALTH MANAGEMENT INC PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Anne L. Sanford		Date of Receipt
	Mailing Address 119 Brighton Close		<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 03 / 31 / 2009
	City	State	Zip Code
	Nashville	TN	37205
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Vanguard Health Management		Occupation VP - Development	Transaction ID: SA11AI.8223
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 325.02	Amount of Each Receipt this Period <input type="text"/> 108.34
			54.17 bi-monthly payroll deduction

<b>B.</b>	Full Name (Last, First, Middle Initial) Alan James Smith, Jr.		Date of Receipt
	Mailing Address 11818 Cupworth Court		<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 03 / 31 / 2009
	City	State	Zip Code
	Huntersville	NC	28078
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Vanguard Health Management		Occupation VP Applications	Transaction ID: SA11AI.8244
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 375.00	Amount of Each Receipt this Period <input type="text"/> 125.00
			62.50 bi-monthly payroll deduction

<b>C.</b>	Full Name (Last, First, Middle Initial) Andrei Soran		Date of Receipt
	Mailing Address 28 Lothrop Street		<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 03 / 31 / 2009
	City	State	Zip Code
	Newton	MA	02460
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Metro West Medical Center		Occupation CEO	Transaction ID: SA11AI.8211
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 300.00	Amount of Each Receipt this Period <input type="text"/> 100.00
			50 bi-monthly payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 333.34
<b>TOTAL</b> 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 14 / 17  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
VANGUARD HEALTH MANAGEMENT INC PAC

**A.** Full Name (Last, First, Middle Initial)  
Joseph Scott Steiner  
Mailing Address 11257 Claywood

City State Zip Code  
St. Louis MO 63126

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

Name of Employer Occupation  
MacNeal Hospital COO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 337.50

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

**Transaction ID:** SA11AI.8205

Amount of Each Receipt this Period  
112.50

56.25 bi-monthly payroll deduction

**B.** Full Name (Last, First, Middle Initial)  
Keith L. Swinney  
Mailing Address 2935 Nacogdoches, Apt 111

City State Zip Code  
San Antonio TX 78217

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

Name of Employer Occupation  
Baptist Medical Center CEO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 671.88

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

**Transaction ID:** SA11AI.8215

Amount of Each Receipt this Period  
223.96

111.98 bi-monthly payroll deduction

**C.** Full Name (Last, First, Middle Initial)  
Alan G. Thomas  
Mailing Address 7387 Old Franklin Road

City State Zip Code  
Fairview TN 37062

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

Name of Employer Occupation  
Vanguard Health Management SVP Operations Finance

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 625.02

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

**Transaction ID:** SA11AI.8233

Amount of Each Receipt this Period  
208.34

104.17 bi-monthly payroll deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ► **544.80**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 17						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
VANGUARD HEALTH MANAGEMENT INC PAC

**A.**

Full Name (Last, First, Middle Initial) Thomas M. Ways		Date of Receipt MM / DD / YYYY 03 / 31 / 2009
Mailing Address 1538 Lewisburg Pike		<b>Transaction ID:</b> SA11AI.8224
City Franklin	State TN	Zip Code 37064
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Vanguard Health Management	Occupation SVP Managed Care/Physician Inegration	100 bi-monthly payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

**B.**

Full Name (Last, First, Middle Initial) Michael Clark Zucker		Date of Receipt MM / DD / YYYY 03 / 31 / 2009
Mailing Address 5530 Greenbrier Drive		<b>Transaction ID:</b> SA11AI.8220
City Dallas	State TX	Zip Code 75209
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Vanguard - TX Mkt	Occupation VP Bus. Developmt	100 bi-monthly payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>400.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>4513.90</b>

# 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)  
VANGUARD HEALTH MANAGEMENT INC PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE</p> <p>Mailing Address 6380 Wilshire Blvd. #1612</p> <p>City Los Angeles State CA Zip Code 90048</p> <p>Purpose of Disbursement contribution</p> <p>Candidate Name CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 30</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.8260</p> <p>Date of Disbursement MM / DD / YYYY 03 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) FEDERATION OF AMERICAN HOSPITALS PAC</p> <p>Mailing Address 801 PENNSYLVANIA AVENUE SUITE 245</p> <p>City WASHINGTON State DC Zip Code 20004</p> <p>Purpose of Disbursement PAC to PAC contribution</p> <p>Candidate Name FEDERATION OF AMERICAN HOSPITALS PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.8262</p> <p>Date of Disbursement MM / DD / YYYY 03 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) FRIENDS FOR HARRY REID</p> <p>Mailing Address PO BOX 19163</p> <p>City LAS VEGAS State NV Zip Code 89132</p> <p>Purpose of Disbursement contribution</p> <p>Candidate Name FRIENDS FOR HARRY REID</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.8258</p> <p>Date of Disbursement MM / DD / YYYY 03 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>

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

12500.00

**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 17 / 17

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
VANGUARD HEALTH MANAGEMENT INC PAC

A.	Full Name (Last, First, Middle Initial) FRIENDS FOR HARRY REID		Transaction ID: SB23.8259	
	Mailing Address PO BOX 19163		Date of Disbursement MM / DD / YYYY 03 / 01 / 2009	
	City LAS VEGAS	State NV	Zip Code 89132	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement contribution		Category/ Type	
	Candidate Name FRIENDS FOR HARRY REID			
	Office Sought: <input type="checkbox"/> House <input checked="" 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: NV	District: 00		

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

500.00

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

13000.00