

**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 20 OF 34
	<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. Thomas G. Morris
 Full Name (Last, First, Middle Initial)
 Mailing Address 1672 Highfield Lane
 City Brentwood State TN Zip Code 37027-3318
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCA, Inc. Occupation AVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 09 / 2015
Transaction ID : EFDEB0EBFF996E4A72C
 Amount of Each Receipt this Period
 250.00

B. Patrick L. Patterson
 Full Name (Last, First, Middle Initial)
 Mailing Address 2233 W. 124th Street
 City Leawood State KS Zip Code 66209-1305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCA, Inc. Occupation CVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 09 / 2015
Transaction ID : C6176E0C8BBD6C7AEB8
 Amount of Each Receipt this Period
 500.00

C. John Paul
 Full Name (Last, First, Middle Initial)
 Mailing Address 155 Franklin Rd Suite 400
 City Brentwood State TN Zip Code 37027-4693
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCA Occupation CFO-Healthtrust
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 02 / 2015
Transaction ID : A05302B8-9DD4-4900-
 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).....▶	