

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

**MedAssets, Inc. Political Action Committee**

ADDRESS (number and street) 200 North Point Center East

Suite 600

Check if different than previously reported. (ACC) Alpharetta GA 30022-1507

2. **FEC IDENTIFICATION NUMBER ▼** C00458380 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

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 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day **PRE-Election** Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on MM / DD / YYYYYY in the State of  

- (d) 30-Day **POST-Election** Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on MM / DD / YYYYYY in the State of  

5. Covering Period MM / DD / YYYYYY through MM / DD / YYYYYY

01 / 01 / 2016 through 03 / 31 / 2016

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 Christopher K Logsdon

Signature of Treasurer Christopher K Logsdon **[Electronically Filed]** Date MM / DD / YYYYYY

04 / 11 / 2016

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**MedAssets, Inc. Political Action Committee**

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="2016"/>	<input type="text" value="19479.46"/>	<input type="text" value="19479.46"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="19479.46"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="19479.46"/>	<input type="text" value="19479.46"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="19399.57"/>	<input type="text" value="19399.57"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="79.89"/>	<input type="text" value="79.89"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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

MedAssets, Inc. Political Action Committee

Report Covering the Period: From: 01 / 01 / 2016 To: 03 / 31 / 2016

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).....	0.00	0.00
(ii) Unitemized.....	0.00	0.00
(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)..... ▶	0.00	0.00
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 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))..... ▶	0.00	0.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	0.00	0.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	76.99	76.99
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	76.99	76.99
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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 .....	19322.58	19322.58
(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)).....	19322.58	19322.58
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)) ..	19399.57	19399.57
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19399.57	19399.57

**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) .....	0.00	0.00
34. Total Contribution Refunds (from Line 28(d)) .....	19322.58	19322.58
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	-19322.58	-19322.58
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	76.99	76.99
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	76.99	76.99

**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 26
<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)  
**MedAssets, Inc. Political Action Committee**

**A. Jonathan H Glenn**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 North Point Center East  
Suite 200

City Alpharetta State GA Zip Code 30022-1506

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

Name of Employer MedAssets, Inc. Occupation Chief Legal Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
-1548.90

Date of Receipt  
MM / DD / YYYY  
02 / 04 / 2016

**Transaction ID : 8012194**

Amount of Each Receipt this Period  
0.00

Memo Item

Refund(s) on Schedule B Totaling \$1548.90 This changes the YTD Total to \$-1548.90

**B. Rand A Ballard**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 North Point Center East  
Suite 200

City Alpharetta State GA Zip Code 30022-1506

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

Name of Employer MedAssets, Inc. Occupation Chief Customer Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
-3872.26

Date of Receipt  
MM / DD / YYYY  
02 / 08 / 2016

**Transaction ID : 8012195**

Amount of Each Receipt this Period  
0.00

Memo Item

Refund(s) on Schedule B Totaling \$3872.26 This changes the YTD Total to \$-3872.26

**C. Mark B Miriani**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 North Point Center East  
Suite 200

City Alpharetta State GA Zip Code 30022-1506

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

Name of Employer MedAssets, Inc. Occupation Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
-387.23

Date of Receipt  
MM / DD / YYYY  
02 / 08 / 2016

**Transaction ID : 8012196**

Amount of Each Receipt this Period  
0.00

Memo Item

Refund(s) on Schedule B Totaling \$387.23 This changes the YTD Total to \$-387.23

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<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 OF 26
	<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)  
**MedAssets, Inc. Political Action Committee**

**A. Cosmo A Piccolo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 North Point Center East  
 Suite 200  
 City Alpharetta State GA Zip Code 30022-1506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MedAssets, Inc. Occupation Member of Board of Directors  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ -774.45

Date of Receipt 02 / 08 / 2016  
**Transaction ID : 8012197**  
 Amount of Each Receipt this Period 0.00  
 Memo Item  
 Refund(s) on Schedule B Totaling \$774.45 This changes the YTD Total to -\$774.45

**B. Terrence J Mulligan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 North Point Center East  
 Suite 200  
 City Alpharetta State GA Zip Code 30022-1506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MedAssets, Inc. Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ -774.45

Date of Receipt 02 / 08 / 2016  
**Transaction ID : 8012198**  
 Amount of Each Receipt this Period 0.00  
 Memo Item  
 Refund(s) on Schedule B Totaling \$774.45 This changes the YTD Total to -\$774.45

**C. Vernon R Loucks Jr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 North Point Center East  
 Suite 200  
 City Alpharetta State GA Zip Code 30022-1506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MedAssets, Inc. Occupation Member of Board of Directors  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ -774.45

Date of Receipt 02 / 08 / 2016  
**Transaction ID : 8012199**  
 Amount of Each Receipt this Period 0.00  
 Memo Item  
 Refund(s) on Schedule B Totaling \$774.45 This changes the YTD Total to -\$774.45

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<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 8 OF 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**MedAssets, Inc. Political Action Committee**

**A. David W Holder**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 North Point Center East  
 Suite 200  
 City Alpharetta State GA Zip Code 30022-1506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MedAssets, Inc. Occupation Senior Advisory Board Member  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ -193.61

Date of Receipt 02 / 08 / 2016  
**Transaction ID : 8012200**  
 Amount of Each Receipt this Period 0.00  
 Memo Item  
 Refund(s) on Schedule B Totaling \$193.61 This changes the YTD Total to \$-193.61

**B. Ronald A Hartmann**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 North Point Center East  
 Suite 200  
 City Alpharetta State GA Zip Code 30022-1506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MedAssets, Inc. Occupation Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ -387.23

Date of Receipt 02 / 08 / 2016  
**Transaction ID : 8012201**  
 Amount of Each Receipt this Period 0.00  
 Memo Item  
 Refund(s) on Schedule B Totaling \$387.23 This changes the YTD Total to \$-387.23

**C. Maureen A Gender**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 North Point Center East  
 Suite 200  
 City Alpharetta State GA Zip Code 30022-1506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MedAssets, Inc. Occupation Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ -387.23

Date of Receipt 02 / 08 / 2016  
**Transaction ID : 8012202**  
 Amount of Each Receipt this Period 0.00  
 Memo Item  
 Refund(s) on Schedule B Totaling \$387.23 This changes the YTD Total to \$-387.23

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<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 9 OF 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**MedAssets, Inc. Political Action Committee**

**A. Charles O Garner III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 North Point Center East  
 Suite 200  
 City Alpharetta State GA Zip Code 30022-1506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MedAssets, Inc. Occupation Executive Vice President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **-774.45**

Date of Receipt **02 / 08 / 2016**  
**Transaction ID : 8012203**  
 Amount of Each Receipt this Period **0.00**  
 Memo Item  
 Refund(s) on Schedule B Totaling \$774.45 This changes the YTD Total to \$-774.45

**B. Sandra W Green**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 North Point Center East  
 Suite 200  
 City Alpharetta State GA Zip Code 30022-8261  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MedAssets, Inc. Occupation Senior Vice President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **-193.61**

Date of Receipt **02 / 08 / 2016**  
**Transaction ID : 8012204**  
 Amount of Each Receipt this Period **0.00**  
 Memo Item  
 Refund(s) on Schedule B Totaling \$193.61 This changes the YTD Total to \$-193.61

**C. Ned R Lehman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 North Point Center East  
 Suite 200  
 City Alpharetta State GA Zip Code 30022-8261  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MedAssets, Inc. Occupation Vice President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **-387.23**

Date of Receipt **02 / 08 / 2016**  
**Transaction ID : 8012205**  
 Amount of Each Receipt this Period **0.00**  
 Memo Item  
 Refund(s) on Schedule B Totaling \$387.23 This changes the YTD Total to \$-387.23

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>0.00</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: (check only one)	PAGE 10 OF 26
	<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)  
**MedAssets, Inc. Political Action Committee**

**A. Matthew T Willaert**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 North Point Center East  
 Suite 200  
 City Alpharetta State GA Zip Code 30022-8261  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MedAssets, Inc. Occupation Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ -193.61

Date of Receipt 02 / 08 / 2016  
**Transaction ID : 8012206**  
 Amount of Each Receipt this Period 0.00  
 Memo Item  
 Refund(s) on Schedule B Totaling \$193.61 This changes the YTD Total to \$-193.61

**B. Erik R Axter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 North Point Center East  
 Suite 200  
 City Alpharetta State GA Zip Code 30022-8261  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MedAssets, Inc. Occupation Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ -387.23

Date of Receipt 02 / 08 / 2016  
**Transaction ID : 8012207**  
 Amount of Each Receipt this Period 0.00  
 Memo Item  
 Refund(s) on Schedule B Totaling \$387.23 This changes the YTD Total to \$-387.23

**C. Harris Hyman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 North Point Center East  
 Suite 200  
 City Alpharetta State GA Zip Code 30022-8261  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MedAssets, Inc. Occupation Member of Board of Directors  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ -774.45

Date of Receipt 02 / 08 / 2016  
**Transaction ID : 8012208**  
 Amount of Each Receipt this Period 0.00  
 Memo Item  
 Refund(s) on Schedule B Totaling \$774.45 This changes the YTD Total to \$-774.45

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<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 11 OF 26 (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)  
**MedAssets, Inc. Political Action Committee**

**A. Steven Harris**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 North Point Center East  
Suite 200

City Alpharetta State GA Zip Code 30022-8261

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

Name of Employer MedAssets, Inc. Occupation Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
-77.45

Date of Receipt  
MM / DD / YYYY  
02 / 08 / 2016

**Transaction ID : 8012209**

Amount of Each Receipt this Period  
0.00

Memo Item

Refund(s) on Schedule B Totaling \$77.45 This changes the YTD Total to \$-77.45

**B. Jessica Zeitlen**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 North Point Center East  
Suite 200

City Alpharetta State GA Zip Code 30022-8261

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

Name of Employer MedAssets, Inc. Occupation Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
-193.61

Date of Receipt  
MM / DD / YYYY  
02 / 08 / 2016

**Transaction ID : 8012210**

Amount of Each Receipt this Period  
0.00

Memo Item

Refund(s) on Schedule B Totaling \$193.61 This changes the YTD Total to \$-193.61

**C. Keith Hicks**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 North Point Center East  
Suite 200

City Alpharetta State GA Zip Code 30022-8261

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

Name of Employer MedAssets, Inc. Occupation Chief People Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
-193.61

Date of Receipt  
MM / DD / YYYY  
02 / 08 / 2016

**Transaction ID : 8012211**

Amount of Each Receipt this Period  
0.00

Memo Item

Refund(s) on Schedule B Totaling \$193.61 This changes the YTD Total to \$-193.61

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<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 OF 26
	<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	

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)  
**MedAssets, Inc. Political Action Committee**

**A. Anthony Colaluca**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 North Point Center East  
Suite 200

City Alpharetta State GA Zip Code 30022-8261

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

Name of Employer MedAssets, Inc. Occupation Chief Financial Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
-1548.90

Date of Receipt  
MM / DD / YYYY  
02 / 08 / 2016

**Transaction ID : 8012212**

Amount of Each Receipt this Period  
0.00

Memo Item

Refund(s) on Schedule B Totaling \$1548.90 This changes the YTD Total to \$-1548.90

**B. Amy Amick**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 North Point Center East  
Suite 200

City Alpharetta State GA Zip Code 30022-8261

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

Name of Employer MedAssets, Inc. Occupation President, RCM Segment

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
-774.45

Date of Receipt  
MM / DD / YYYY  
02 / 08 / 2016

**Transaction ID : 8012213**

Amount of Each Receipt this Period  
0.00

Memo Item

Refund(s) on Schedule B Totaling \$774.45 This changes the YTD Total to \$-774.45

**C. Lisa Simovic**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 North Point Center East  
Suite 200

City Alpharetta State GA Zip Code 30022-8261

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

Name of Employer MedAssets, Inc. Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
-193.61

Date of Receipt  
MM / DD / YYYY  
02 / 08 / 2016

**Transaction ID : 8012214**

Amount of Each Receipt this Period  
0.00

Memo Item

Refund(s) on Schedule B Totaling \$193.61 This changes the YTD Total to \$-193.61

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<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 13 OF 26 (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

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)  
**MedAssets, Inc. Political Action Committee**

**A. Joseph Muscolino**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 North Point Center East  
 Suite 200  
 City Alpharetta State GA Zip Code 30022-8261  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MedAssets, Inc. Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ -38.72

Date of Receipt 02 / 08 / 2016  
**Transaction ID : 8012215**  
 Amount of Each Receipt this Period 0.00  
 Memo Item  
 Refund(s) on Schedule B Totaling \$38.72 This changes the YTD Total to \$-38.72

**B. Joan Mullins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 North Point Center East  
 Suite 200  
 City Alpharetta State GA Zip Code 30022-8261  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MedAssets, Inc. Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ -193.61

Date of Receipt 02 / 08 / 2016  
**Transaction ID : 8012216**  
 Amount of Each Receipt this Period 0.00  
 Memo Item  
 Refund(s) on Schedule B Totaling \$193.61 This changes the YTD Total to \$-193.61

**C. Michael Nolte**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 North Point Center East  
 Suite 200  
 City Alpharetta State GA Zip Code 30022-8261  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MedAssets, Inc. Occupation President, COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ -774.45

Date of Receipt 02 / 08 / 2016  
**Transaction ID : 8012217**  
 Amount of Each Receipt this Period 0.00  
 Memo Item  
 Refund(s) on Schedule B Totaling \$774.45 This changes the YTD Total to \$-774.45

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<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 14 OF 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**MedAssets, Inc. Political Action Committee**

**A. Charles Evans**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 North Point Center East  
 Suite 200  
 City Alpharetta State GA Zip Code 30022-8261  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MedAssets, Inc. Occupation Senior Advisory Board Member  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ -387.23

Date of Receipt 02 / 08 / 2016  
**Transaction ID : 8012218**  
 Amount of Each Receipt this Period 0.00  
 Memo Item  
 Refund(s) on Schedule B Totaling \$387.23 This changes the YTD Total to \$-387.23

**B. Sara Szambelan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 North Point Center East  
 Suite 200  
 City Alpharetta State GA Zip Code 30022-8261  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MedAssets, Inc. Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ -77.45

Date of Receipt 02 / 08 / 2016  
**Transaction ID : 8012219**  
 Amount of Each Receipt this Period 0.00  
 Memo Item  
 Refund(s) on Schedule B Totaling \$77.45 This changes the YTD Total to \$-77.45

**C. Blaine Douglas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 North Point Center East  
 Suite 200  
 City Alpharetta State GA Zip Code 30022-8261  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MedAssets, Inc. Occupation Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ -387.23

Date of Receipt 02 / 08 / 2016  
**Transaction ID : 8012220**  
 Amount of Each Receipt this Period 0.00  
 Memo Item  
 Refund(s) on Schedule B Totaling \$387.23 This changes the YTD Total to \$-387.23

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<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 15 OF 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**MedAssets, Inc. Political Action Committee**

**A. Kathy Willis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 North Point Center East  
 Suite 200  
 City Alpharetta State GA Zip Code 30022-8261  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MedAssets, Inc. Occupation Vice President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **-387.23**

Date of Receipt **02 / 08 / 2016**  
**Transaction ID : 8012221**  
 Amount of Each Receipt this Period **0.00**  
 Memo Item  
 Refund(s) on Schedule B Totaling \$387.23 This changes the YTD Total to \$-387.23

**B. Michael Costante**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 North Point Center East  
 Suite 200  
 City Alpharetta State GA Zip Code 30022-8261  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MedAssets, Inc. Occupation Vice President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **-193.61**

Date of Receipt **02 / 08 / 2016**  
**Transaction ID : 8012222**  
 Amount of Each Receipt this Period **0.00**  
 Memo Item  
 Refund(s) on Schedule B Totaling \$193.61 This changes the YTD Total to \$-193.61

**C. George Shelton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 North Point Center East  
 Suite 200  
 City Alpharetta State GA Zip Code 30022-8261  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MedAssets, Inc. Occupation Director  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **-77.45**

Date of Receipt **02 / 08 / 2016**  
**Transaction ID : 8012223**  
 Amount of Each Receipt this Period **0.00**  
 Memo Item  
 Refund(s) on Schedule B Totaling \$77.45 This changes the YTD Total to \$-77.45

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>0.00</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 16 OF 26  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MedAssets, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Timothy Lyon**

Mailing Address 100 North Point Center East  
 Suite 200

City Alpharetta State GA Zip Code 30022-8261

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

Name of Employer MedAssets, Inc. Occupation Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 -193.61

Date of Receipt  
 02 / 08 / 2016  
**Transaction ID : 8012224**

Amount of Each Receipt this Period  
 0.00

Memo Item

Refund(s) on Schedule B Totaling \$193.61 This changes the YTD Total to \$-193.61

Full Name (Last, First, Middle Initial)  
**B. Elizabeth Peterson**

Mailing Address 100 North Point Center East  
 Suite 200

City Alpharetta State GA Zip Code 30022-8261

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

Name of Employer MedAssets, Inc. Occupation Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 -77.45

Date of Receipt  
 02 / 08 / 2016  
**Transaction ID : 8012225**

Amount of Each Receipt this Period  
 0.00

Memo Item

Refund(s) on Schedule B Totaling \$77.45 This changes the YTD Total to \$-77.45

Full Name (Last, First, Middle Initial)  
**C. Beth Strickland**

Mailing Address 100 North Point Center East  
 Suite 200

City Alpharetta State GA Zip Code 30022-8261

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

Name of Employer MedAssets, Inc. Occupation Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 -77.45

Date of Receipt  
 02 / 08 / 2016  
**Transaction ID : 8012226**

Amount of Each Receipt this Period  
 0.00

Memo Item

Refund(s) on Schedule B Totaling \$77.45 This changes the YTD Total to \$-77.45

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**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 17 OF 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**MedAssets, Inc. Political Action Committee**

**A. Juli Cook**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 North Point Center East  
 Suite 200  
 City Alpharetta State GA Zip Code 30022-8261  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MedAssets, Inc. Occupation Vice President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **-77.45**

Date of Receipt **02 / 08 / 2016**  
**Transaction ID : 8012227**  
 Amount of Each Receipt this Period **0.00**  
 Memo Item  
 Refund(s) on Schedule B Totaling \$77.45 This changes the YTD Total to \$-77.45

**B. Jim Keleher**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 North Point Center East  
 Suite 200  
 City Alpharetta State GA Zip Code 30022-8261  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MedAssets, Inc. Occupation Vice President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **-193.61**

Date of Receipt **02 / 08 / 2016**  
**Transaction ID : 8012228**  
 Amount of Each Receipt this Period **0.00**  
 Memo Item  
 Refund(s) on Schedule B Totaling \$193.61 This changes the YTD Total to \$-193.61

**C. John Julian**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 North Point Center East  
 Suite 200  
 City Alpharetta State GA Zip Code 30022-8261  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MedAssets, Inc. Occupation Vice President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **-193.61**

Date of Receipt **02 / 08 / 2016**  
**Transaction ID : 8012229**  
 Amount of Each Receipt this Period **0.00**  
 Memo Item  
 Refund(s) on Schedule B Totaling \$193.61 This changes the YTD Total to \$-193.61

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>0.00</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: (check only one)	PAGE 18 OF 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**MedAssets, Inc. Political Action Committee**

**A. Natalie Gray**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 North Point Center East  
 Suite 200  
 City Alpharetta State GA Zip Code 30022-8261  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MedAssets, Inc. Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ -193.61

Date of Receipt  
 02 / 08 / 2016  
**Transaction ID : 8012230**  
 Amount of Each Receipt this Period  
 0.00  
 Memo Item  
 Refund(s) on Schedule B Totaling \$193.61 This changes the YTD Total to \$-193.61

**B. Barbara Anspach**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 North Point Center East  
 Suite 200  
 City Alpharetta State GA Zip Code 30022-8261  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MedAssets, Inc. Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ -193.61

Date of Receipt  
 02 / 08 / 2016  
**Transaction ID : 8012231**  
 Amount of Each Receipt this Period  
 0.00  
 Memo Item  
 Refund(s) on Schedule B Totaling \$193.61 This changes the YTD Total to \$-193.61

**C. Richard Tucker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 North Point Center East  
 Suite 200  
 City Alpharetta State GA Zip Code 30022-8261  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MedAssets, Inc. Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ -193.61

Date of Receipt  
 02 / 08 / 2016  
**Transaction ID : 8012232**  
 Amount of Each Receipt this Period  
 0.00  
 Memo Item  
 Refund(s) on Schedule B Totaling \$193.61 This changes the YTD Total to \$-193.61

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<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 19 OF 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**MedAssets, Inc. Political Action Committee**

**A. Daniel Mulligan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 North Point Center East  
 Suite 200  
 City Alpharetta State GA Zip Code 30022-8261  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MedAssets, Inc. Occupation Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ -77.45

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 08 / 2016  
**Transaction ID : 8012233**  
 Amount of Each Receipt this Period  
 0.00  
 Memo Item  
 Refund(s) on Schedule B Totaling \$77.45 This changes the YTD Total to \$-77.45

**B. Kevin Scott**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 North Point Center East  
 Suite 200  
 City Alpharetta State GA Zip Code 30022-8261  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MedAssets, Inc. Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ -154.89

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 08 / 2016  
**Transaction ID : 8012234**  
 Amount of Each Receipt this Period  
 0.00  
 Memo Item  
 Refund(s) on Schedule B Totaling \$154.89 This changes the YTD Total to \$-154.89

**C. Melissa Bell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 North Point Center East  
 Suite 200  
 City Alpharetta State GA Zip Code 30022-8261  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MedAssets, Inc. Occupation Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ -387.23

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 08 / 2016  
**Transaction ID : 8012235**  
 Amount of Each Receipt this Period  
 0.00  
 Memo Item  
 Refund(s) on Schedule B Totaling \$387.23 This changes the YTD Total to \$-387.23

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	0.00

**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)

<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 checked="" 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)  
**MedAssets, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Anthony Colaluca**

Mailing Address 100 North Point Center East  
Suite 200

City Alpharetta State GA Zip Code 30022-8261

Purpose of Disbursement  
Contribution refund

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**010**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 7921179**

Amount of Each Disbursement this Period

Memo Item  
Contribution refund

Full Name (Last, First, Middle Initial)

**B. Amy Amick**

Mailing Address 100 North Point Center East  
Suite 200

City Alpharetta State GA Zip Code 30022-8261

Purpose of Disbursement  
Contribution refund

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**010**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 7921181**

Amount of Each Disbursement this Period

Memo Item  
Contribution refund

Full Name (Last, First, Middle Initial)

**C. Charles O Garner III**

Mailing Address 100 North Point Center East  
Suite 200

City Alpharetta State GA Zip Code 30022-1506

Purpose of Disbursement  
Contribution refund

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**010**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 7921182**

Amount of Each Disbursement this Period

Memo Item  
Contribution refund

**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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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)  
**MedAssets, Inc. Political Action Committee**

**A. Maureen A Gender**

Full Name (Last, First, Middle Initial)

Mailing Address 100 North Point Center East  
Suite 200

City Alpharetta State GA Zip Code 30022-1506

Purpose of Disbursement Contribution refund

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
02 / 08 / 2016

**Transaction ID : 7921187**

Amount of Each Disbursement this Period: 387.23

Memo Item  
Contribution refund

**B. Jonathan H Glenn**

Full Name (Last, First, Middle Initial)

Mailing Address 100 North Point Center East  
Suite 200

City Alpharetta State GA Zip Code 30022-1506

Purpose of Disbursement Contribution refund

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
02 / 04 / 2016

**Transaction ID : 7921189**

Amount of Each Disbursement this Period: 1548.90

Memo Item  
Contribution refund

**C. Harris Hyman**

Full Name (Last, First, Middle Initial)

Mailing Address 100 North Point Center East  
Suite 200

City Alpharetta State GA Zip Code 30022-8261

Purpose of Disbursement Contribution refund

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
02 / 08 / 2016

**Transaction ID : 7921190**

Amount of Each Disbursement this Period: 774.45

Memo Item  
Contribution refund

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2710.58

**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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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)  
**MedAssets, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Michael Nolte**

Mailing Address 100 North Point Center East  
Suite 200

City Alpharetta State GA Zip Code 30022-8261

Purpose of Disbursement  
Contribution refund

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**010**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 7921192**

Amount of Each Disbursement this Period

Memo Item  
Contribution refund

Full Name (Last, First, Middle Initial)

**B. Rand A Ballard**

Mailing Address 100 North Point Center East  
Suite 200

City Alpharetta State GA Zip Code 30022-1506

Purpose of Disbursement  
Contribution refund

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**010**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 7921193**

Amount of Each Disbursement this Period

Memo Item  
Contribution refund

Full Name (Last, First, Middle Initial)

**C. Charles Evans**

Mailing Address 100 North Point Center East  
Suite 200

City Alpharetta State GA Zip Code 30022-8261

Purpose of Disbursement  
Contribution refund

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**010**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 7921194**

Amount of Each Disbursement this Period

Memo Item  
Contribution refund

**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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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)  
**MedAssets, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Vernon R Loucks Jr**

Mailing Address 100 North Point Center East  
Suite 200

City Alpharetta State GA Zip Code 30022-1506

Purpose of Disbursement  
Contribution refund

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**010**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 7921196**

Amount of Each Disbursement this Period

Memo Item  
Contribution refund

Full Name (Last, First, Middle Initial)

**B. Blaine Douglas**

Mailing Address 100 North Point Center East  
Suite 200

City Alpharetta State GA Zip Code 30022-8261

Purpose of Disbursement  
Contribution refund

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**010**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 7921197**

Amount of Each Disbursement this Period

Memo Item  
Contribution refund

Full Name (Last, First, Middle Initial)

**C. Kathy Willis**

Mailing Address 100 North Point Center East  
Suite 200

City Alpharetta State GA Zip Code 30022-8261

Purpose of Disbursement  
Contribution refund

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**010**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 7921198**

Amount of Each Disbursement this Period

Memo Item  
Contribution refund

**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)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<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 checked="" 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)  
**MedAssets, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Cosmo A Piccolo**

Mailing Address 100 North Point Center East  
Suite 200

City Alpharetta State GA Zip Code 30022-1506

Purpose of Disbursement  
Contribution refund

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**010**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 7921200**

Amount of Each Disbursement this Period

Memo Item  
Contribution refund

Full Name (Last, First, Middle Initial)

**B. Erik R Axter**

Mailing Address 100 North Point Center East  
Suite 200

City Alpharetta State GA Zip Code 30022-8261

Purpose of Disbursement  
Contribution refund

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**010**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 7921207**

Amount of Each Disbursement this Period

Memo Item  
Contribution refund

Full Name (Last, First, Middle Initial)

**C. Ned R Lehman**

Mailing Address 100 North Point Center East  
Suite 200

City Alpharetta State GA Zip Code 30022-8261

Purpose of Disbursement  
Contribution refund

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**010**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 7921209**

Amount of Each Disbursement this Period

Memo Item  
Contribution refund

**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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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)  
**MedAssets, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mark B Miriani**

Mailing Address 100 North Point Center East  
Suite 200

City Alpharetta State GA Zip Code 30022-1506

Purpose of Disbursement  
Contribution refund

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	08	/	2016

**Transaction ID : 7921210**

Amount of Each Disbursement this Period

387.23
--------

Memo Item  
Contribution refund

Full Name (Last, First, Middle Initial)

**B. Ronald A Hartmann**

Mailing Address 100 North Point Center East  
Suite 200

City Alpharetta State GA Zip Code 30022-1506

Purpose of Disbursement  
Contribution refund

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	08	/	2016

**Transaction ID : 7921212**

Amount of Each Disbursement this Period

387.23
--------

Memo Item  
Contribution refund

Full Name (Last, First, Middle Initial)

**C. Terrence J Mulligan**

Mailing Address 100 North Point Center East  
Suite 200

City Alpharetta State GA Zip Code 30022-1506

Purpose of Disbursement  
Contribution refund

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	08	/	2016

**Transaction ID : 7921218**

Amount of Each Disbursement this Period

774.45
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Memo Item  
Contribution refund

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

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

1548.91
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**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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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)  
**MedAssets, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Melissa Bell**

Mailing Address 100 North Point Center East  
Suite 200

City Alpharetta State GA Zip Code 30022-8261

Purpose of Disbursement  
Contribution refund

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 7921220**

Amount of Each Disbursement this Period

Memo Item  
Contribution refund

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Memo Item

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

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