FEC FORM 3X REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee Office 1. NAME OF COMMITTEE (in full) TYPE OR PRINT V Example: If typing, type over the lines. 12 FE4M5 MedAssets, Inc. Political Action Committee 400 North Point Center East 200 North Point Center East 400 North Point Center East	
1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5 MedAssets, Inc. Political Action Committee	e Use Only
200 North Point Center East	
Suite 600	
Check if different	022-1507
2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲	
C C00458380 3. IS THIS REPORT X (N) OR (A) AMENDE (A)	ED
4. TYPE OF REPORT (Choose One) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) (a) Quarterly Reports: Mar 20 (M3) Jun 20 (M6) Sep 20 (M8) April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) Apr 20 (M4) Jul 20 (M7) Oct 20 (M1) (c) 12-Day Quarterly Report (Q2) Primary (12P) General (12G) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) Election on Mm M D D Y Y Y Y Y (d) 30-Day Report for the: General (30G) Runoff (30R)	9) Dec 20 (M12) (Non-Election (Non-Election Year Only)
(TER) Election on	in the State of
5. Covering Period 01 01 2013 through 06 30	2013
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and comp Type or Print Name of Treasurer Christopher K Logsdon	
C_{1}	16 / 2013
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the pen-	alties of 2 U.S.C. §437g.
Office Use Only Ofly	EC FORM 3X Rev. 12/2004

07/16/2013 18 : 03

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

	FEC Form 3X (Rev. 02/2003)	F RECEIPTS AND DISBURSEMENTS	Page 2
V	Irite or Type Committee Name		
ſ	MedAssets, Inc. Political Action Cor	nmittee	
R	eport Covering the Period: From: 01	M / D D / Y Y Y Y Y 01 2013 To:	06 / D D / Y Y Y Y Y 06 30 2013
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2013	[16017.22
	(b) Cash on Hand at Beginning of Reporting Period	16017.22	
	(c) Total Receipts (from Line 19)	14750.00	14750.00
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	30767.22	30767.22
7.	Total Disbursements (from Line 31)	623.27	623.27
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	30143.95	30143.95
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

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DETAILED SUMMARY PAGE

of Receipts

Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

MedAssets, Inc. Political Action Committee

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	8250.00	8250.00
(i) Itemized (use Schedule A)	0230.00	1 1 1
	4500.00	1500.00
(ii) Unitemized	1500.00	1500.00
(iii) TOTAL (add	0750.00	9750.00
Lines 11(a)(i) and (ii)	9750.00	, , , , , , , , , , , , , , , , , , , ,
(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)	9750.00	9750.00
2. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures	· · · · · · · · · · ·	7 7
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made	7 7 7 7	
to Federal Candidates and Other		
Political Committees	5000.00	5000.00
7. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
3. 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
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	14750.00	14750.00
). Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	14750.00	14750.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)		Page 4				
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date				
. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)						
(i) Federal Share	0.00	0.0				
(ii) Non-Federal Share	0.00	0.00				
(b) Other Federal Operating Expenditures	123.27	123.2				
(c) Total Operating Expenditures	7 7 7					
(add 21(a)(i), (a)(ii), and (b))►	123.27	123.2				
Transfers to Affiliated/Other Party Committees	0.00	0.0				
Contributions to Federal Candidates/Committees and Other Political Committees	500.00	500.00				
Independent Expenditures						
(use Schedule E) Coordinated Party Expenditures	0.00	0.0				
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00				
Loan Repayments Made	0.00	0.00				
Loans Made	0.00	0.00				
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00				
(b) Political Party Committees(c) Other Political Committees	0.00	0.00				
(such as PACs)	0.00	0.00				
 (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) 	0.00	0.00				
Other Disbursements	0.00	0.00				
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	0.0				
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.0				
 (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))► 	0.00	0.00				
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	623.27	623.2				
Total Federal Disbursements						
(subtract Line 21(a)(ii) and Line 30(a)(ii)						
from Line 31)	623.27	623.27				

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DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Ex- penditures			
 Total Contributions (other than loans) (from Line 11(d), page 3) 	9750.00	9750.00	
 Total Contribution Refunds (from Line 28(d)) 	0.00	0.00	
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9750.00	9750.00	
 Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) 	123.27	123.27	
 Offsets to Operating Expenditures (from Line 15, page 3) 	0.00	0.00	
3. Net Operating Expenditures (subtract Line 37 from Line 36)	123.27	123.27	

Use separate schedule(s)

FOR LINE NUMBER:

PAGE

6 OF

11

ITEMIZED RECEIPTS				(check only one)											
			for each category of the Detailed Summary Page		X 11a 13		11b 14	11c		12 16		17			
A	ny information copied from such Reports and S	tatements ma name and a	ay not be sold or used by any pe ddress of any political committee	erson to s	for the	pur puri	pose of	solicitin	g co ch co	ntribut	ions ee.				
\square	NAME OF COMMITTEE (In Full)														
	MedAssets, Inc. Political Action	Committe	ee												
Α.	Full Name (Last, First, Middle Initial) Charles O Garner III				Date o	of Re	eceipt								
	Mailing Address 100 North Point Center East Suite 200	Ototo	Zin Oode	05 31 2013 Transaction ID : 5107089											
	City Alpharetta	State GA	Zip Code 30022-1506					510708 Receipt t		Period					
	FEC ID number of contributing federal political committee.	С					,			1000.	00				
	Name of Employer	Occupation													
	MedAssets, Inc. Receipt For:	Chief Finan		_											
	Primary General	Aggregate	Year-to-Date ▼		Contribu	ution									
	Other (specify)		1000.00		Contribe										
B.	Full Name (Last, First, Middle Initial) Vernon R Loucks Jr				Date o	of Re	eceipt								
	Mailing Address 100 North Point Center East Suite 200				м м 05	/	15	/ Y)13	Y				
	City	State	Zip Code		Trans	sacti	on ID :	5107092	2						
	Alpharetta	GA	30022-1506	_	Amoun	nt of	Each R	Receipt t	his F	Period					
	FEC ID number of contributing federal political committee.	С					7			1000.	00				
	Name of Employer MedAssets, Inc.	Occupation Director													
	Receipt For:	Aggregate	Year-to-Date ▼												
	Other (specify)		1000.00		Contribu	ution									
– c	Full Name (Last, First, Middle Initial) Ronald A Hartmann				Date o	of Re	eceipt								
•	Mailing Address 100 North Point Center East Suite 200				05		15)13	Y				
	City Alpharetta	State GA	Zip Code 30022-1506					510709 Receipt t		Period	_				
	FEC ID number of contributing federal political committee.	С					1			500	.00				
	Name of Employer	Occupation		-											
	MedAssets, Inc.	Senior Vice	President												
	Receipt For:	Aggregate	Year-to-Date 🔻												
	Other (specify)		500.00		Contribu	ution									
	UBTOTAL of Receipts This Page (optional)			 						2500.	00	٦			

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Use separate schedule(s)

FOR LINE NUMBER:

PAGE

7 OF 11

ITEMIZED RECEIPTS for each category of the balled Summary Page It is i			Use separate schedule(s)					ne)						
main momentation copied from such Reports and Statements may not be sold or used by any porces for the purpose of soliciting contributions from such committee. NAME CP COMMITTEE (in Full) MedAssets, Inc. Political Action Committee Fall Name (Last, First, Middle Initial) A. Sandra W Green Mailing Address 100 North Point Center East Date of Receipt City State Zip Code Alpharetta GA 30022-8261 Receipt For: Primary General Pull Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Name of Employer Occupation MedAssets, Inc. President Receipt For: Sold Only North Point Center East Sold Coll Sold Only Pail Name (Last, First, Middle Initial) B. Rand A Ballard B. Rand A Ballard Date of Receipt Mailing Address 100 North Point Center East Sold Only Sold Coll State Zip Code Alpharetta GA 30022-1506 FCI D number of contributing tedral political committee. Contribution Contribution Contribution Contribution Coll State Zip Code	11							4	_		-		17	
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FEC Schedule A (Form 3X) Rev. 02/2003

Use separate schedule(s)

FOR LINE NUMBER:

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page				11b 14	11c		12 16		17
Ai	ny information copied from such Reports and S for commercial purposes, other than using the	Statements ma e name and a	l ay not be sold or used by any p ddress of any political committee	ersor	13 1 for the solicit co	pur	pose of	solicitin	g cor	ntributi	ons e.	
<u>,</u>	NAME OF COMMITTEE (In Full)											
	MedAssets, Inc. Political Action	Committ	ee									
A.	Full Name (Last, First, Middle Initial) Cosmo A Piccolo				Date c	of Re	eceipt					
	Mailing Address 100 North Point Center East				M N	1 /	DD) / Y	Y Y	Y	Y	
	Suite 200		7.0.1	_	05		28			013	_	
	City	aretta GA 30022-1506							9			
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	Name of Employer	Occupation		-								
	MedAssets, Inc.	Director										
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В.	Full Name (Last, First, Middle Initial) Ann Diamond				Date c	of Re	eceipt					
	Mailing Address 100 North Point Center East				M					Y	V	
	Suite 200				05		28)13	·	
	City	State	Zip Code		Trans	sacti	ion ID :	5107100				
	Alpharetta	GA	30022-8261		Amour	nt of	Each R	Receipt t	his P	eriod		
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	Name of Employer	Occupation		_								
	MedAssets, Inc.	Senior Vice										
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	Primary General	Aggregate	Year-to-Date ▼	d.	Contribu	ition						
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-	Full Name (Last, First, Middle Initial) James K Brooke				Date c	of Bc	aceint					
0.	Mailing Address 100 North Point Center East				M N) / Y		Y	V	
	Suite 200				06	1 /	20			013	Y	
	City	State	Zip Code			sact	the second se	510710				
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	MedAssets, Inc.	Vice Presid	ent									
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	ny information copied from such Reports and S				n for the		ose of	soliciting		ntributi	ions	17			
	NAME OF COMMITTEE (In Full)														
	MedAssets, Inc. Political Action	Committe	ee												
Α.	Full Name (Last, First, Middle Initial) Ned R Lehman				Date o	f Re	ceipt								
	Mailing Address 100 North Point Center East Suite 200	01-1-1	7: 0-4	06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y											
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	Name of Employer MedAssets, Inc.	Occupation Vice Preside													
	Receipt For:		Year-to-Date ▼												
	Primary General Other (specify) ▼		400.00		Contribu	ition									
в.	Full Name (Last, First, Middle Initial) David Hammer				Date o	f Re	ceipt								
Mailing Address 100 North Point Center Eas Suite 200					м м 05	/	D D 15	/ Y)13	Y				
	City	State	Zip Code		Trans	sacti	on ID :	5107116	;						
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	Name of Employer MedAssets, Inc.	Occupation Senior Vice													
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	Other (specify)		500.00	1	Contribu	ition									
-	Full Name (Last, First, Middle Initial) Michael Schilling				Date o	f Ro	ceint								
0.	Mailing Address 100 North Point Center East Suite 200				06		D D D 14	/ Y)13	Y				
	City Alpharetta	State GA	Zip Code 30022-8261					5109845							
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	MedAssets, Inc.	Senior Vice	President												
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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\setminus	NAME OF COMMITTEE (In Full)	•													
	MedAssets, Inc. Political Action Co	ommitte	ee												
Α.	Full Name (Last, First, Middle Initial) Friends Of Max Baucus				Date of	Re	eceipt								
	Mailing Address PO Box 586			05 15 2013 Transaction ID : 5107107											
	,	State MT	Zip Code		Trans	act	ion ID :	5107107	·						
	Helena		59624		Amount	t of	Each Re	eceipt th	is P	eriod					
	FEC ID number of contributing federal political committee.	C coo)328211	5000.00											
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в.	Full Name (Last, First, Middle Initial)				Date of	Be	eceint								
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER PAGE 11 OF 11												
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	v one)												
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NAME OF COMMITTEE (In Full)	_														
MedAssets, Inc. Political Action C	ommittee														
Full Name (Last, First, Middle Initial)	Data of Diskurgement														
A. Rounds for Senate	Date of Disbursement														
Mailing Address PO BOX 250															
City Pierre	State Zip Code SD 57501		Transaction ID : 5162340												
Purpose of Disbursement	50 57501														
Contribution		011	Amount of Each Disbursement this Period												
Candidate Name Rounds for Senate		Category/ Type	500.00												
	ement For: 2014	Type	7 7												
Senate President	Primary General Other (specify)		Contribution												
State: District:															
Full Name (Last, First, Middle Initial)															
В.			Date of Disbursement												
Mailing Address															
City	State Zip Code														
Purpose of Disbursement			Amount of Each Disbursement this Period												
Candidate Name		Category/													
		Туре	7 7 7												
Office Sought: House Disburse Senate	ement For: Primary General														
President	Other (specify)														
State: District:															
Full Name (Last, First, Middle Initial) C.			Date of Disbursement												
Mailing Address															
City	State Zip Code														
Purpose of Disbursement															
Candidate Name		Category/ Type	Amount of Each Disbursement this Period												
Senate President	ement For: Primary General Other (specify) ▼														
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