

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) MedAssets, Inc. Political Action Committee

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

ADDRESS (number and street) 200 North Point Center East Suite 600 Alpharetta GA 30022 1507

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00458380 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20 (M2) through Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12G) (d) 30-Day Post-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 07 01 2009 through 12 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 Christopher K, Logsdon

Signature of Treasurer Electronically Filed by Christopher K, Logsdon Date 01 25 2010

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
MedAssets, Inc. Political Action Committee

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

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"><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		0.00
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	12767.19									
(c) Total Receipts (from Line 19)	30225.00	52875.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	42992.19	52875.00								
7. Total Disbursements (from Line 31)	15147.67	25030.48								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	27844.52	27844.52								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

MedAssets, Inc. Political Action Committee

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

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		
(i) Itemized (use Schedule A)	29350.00	51600.00
(ii) Unitemized	875.00	1275.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	30225.00	52875.00
(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)	30225.00	52875.00
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 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))	30225.00	52875.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	30225.00	52875.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	147.67	330.48
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	147.67	330.48
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	24700.00
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))..	15147.67	25030.48
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15147.67	25030.48

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 26

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)	30225.00	52875.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	30225.00	52875.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	147.67	330.48
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	147.67	330.48

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 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.

Full Name (Last, First, Middle Initial)
Charles O Garner, III

Mailing Address 100 North Point Center East
Suite 200

City State Zip Code
Alpharetta GA 30022-1506

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

Name of Employer Occupation
MedAssets, Inc. Senior Vice President

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 10 / 2009

Transaction ID: 444553

Amount of Each Receipt this Period

500.00

Contribution

B.

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

Mailing Address 100 North Point Center East
Suite 200

City State Zip Code
Alpharetta GA 30022-1506

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

Name of Employer Occupation
MedAssets, Inc. Chief Operating Officer

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 14 / 2009

Transaction ID: 444554

Amount of Each Receipt this Period

4000.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Mark R Hess

Mailing Address 100 North Point Center East
Suite 200

City State Zip Code
Alpharetta GA 30022-1506

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

Name of Employer Occupation
MedAssets, Inc. President

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 19 / 2009

Transaction ID: 444556

Amount of Each Receipt this Period

500.00

Contribution

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 26
(check only one)
 11a 11b 11c 12
 13 14 15 16 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

<p>A. Full Name (Last, First, Middle Initial) Sandra W Green</p> <p>Mailing Address 100 North Point Center East Suite 200</p> <p>City State Zip Code Alpharetta GA 30022-8261</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation MedAssets, Inc. President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>	<p>Date of Receipt 08 / 05 / 2009</p> <p>Transaction ID: 630430</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>Contribution</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) Gilbert G D'Andrea</p> <p>Mailing Address 100 North Point Center East Suite 200</p> <p>City State Zip Code Alpharetta GA 30022-8261</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation MedAssets, Inc. Vice President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt 09 / 11 / 2009</p> <p>Transaction ID: 630433</p> <p>Amount of Each Receipt this Period 300.00</p> <p>Contribution</p>
--	---

<p>C. Full Name (Last, First, Middle Initial) Christopher K Logsdon</p> <p>Mailing Address 100 North Point Center East Suite 200</p> <p>City State Zip Code Alpharetta GA 30022-8261</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation MedAssets, Inc. Vice President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt 09 / 11 / 2009</p> <p>Transaction ID: 630434</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Contribution</p>
---	---

SUBTOTAL of Receipts This Page (optional)	1550.00
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 8 / 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.	Full Name (Last, First, Middle Initial) Robert P Borchert	Date of Receipt MM / DD / YYYY 09 / 14 / 2009
	Mailing Address 100 North Point Center East Suite 200	Transaction ID: 630435
	City State Zip Code Alpharetta GA 30022-8261	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation MedAssets, Inc. Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Mark D Berning	Date of Receipt MM / DD / YYYY 09 / 14 / 2009
	Mailing Address 100 North Point Center East Suite 200	Transaction ID: 630436
	City State Zip Code Alpharetta GA 30022-8274	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation MedAssets, Inc. Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Troy D Roth	Date of Receipt MM / DD / YYYY 09 / 16 / 2009
	Mailing Address 100 North Point Center East Suite 200	Transaction ID: 630437
	City State Zip Code Alpharetta GA 30022-8261	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation MedAssets, Inc. Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	800.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 26
(check only one)
 11a 11b 11c 12
 13 14 15 16 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

<p>A. Full Name (Last, First, Middle Initial) Alvin D Payne</p> <p>Mailing Address 100 North Point Center East Suite 200</p> <p>City State Zip Code Alpharetta GA 30022-8261</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation MedAssets, Inc. Senior Vice President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 09 / 16 / 2009</p> <p>Transaction ID: 630438</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Contribution</p>
--	---

<p>B. Full Name (Last, First, Middle Initial) Tonia G Kraus</p> <p>Mailing Address 100 North Point Center East Suite 200</p> <p>City State Zip Code Alpharetta GA 30022-8261</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation MedAssets, Inc. Senior Vice President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2009</p> <p>Transaction ID: 630439</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Contribution</p>
--	---

<p>C. Full Name (Last, First, Middle Initial) Tom V Pham</p> <p>Mailing Address 100 North Point Center East Suite 200</p> <p>City State Zip Code Alpharetta GA 30022-8261</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation MedAssets, Inc. Senior Vice President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2009</p> <p>Transaction ID: 630440</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Contribution</p>
---	---

SUBTOTAL of Receipts This Page (optional)	1250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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.

Full Name (Last, First, Middle Initial) Andrea J Fish		Date of Receipt MM / DD / YYYY 09 / 17 / 2009
Mailing Address 100 North Point Center East Suite 200		Transaction ID: 630442
City Alpharetta	State GA	Zip Code 30022-8261
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer MedAssets, Inc.	Occupation Vice President	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Rebecca Lynn Howard		Date of Receipt MM / DD / YYYY 09 / 17 / 2009
Mailing Address 100 North Point Center East Suite 200		Transaction ID: 630443
City Alpharetta	State GA	Zip Code 30022-1506
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer MedAssets, Inc.	Occupation Senior Vice President	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.

Full Name (Last, First, Middle Initial) Laurie J Babin		Date of Receipt MM / DD / YYYY 09 / 21 / 2009
Mailing Address 100 North Point Center East Suite 200		Transaction ID: 630444
City Alpharetta	State GA	Zip Code 30022-1506
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer MedAssets, Inc.	Occupation Senior Vice President	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	▶	950.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 26
(check only one)
 11a 11b 11c 12
 13 14 15 16 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

<p>A. Full Name (Last, First, Middle Initial) Nicholas J Sears</p> <p>Mailing Address 100 North Point Center East Suite 200</p> <p>City State Zip Code Alpharetta GA 30022-8261</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation MedAssets, Inc. Chief Medical Officer</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>	<p>Date of Receipt 09 / 21 / 2009</p> <p>Transaction ID: 630445</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>Contribution</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) Cosmo A Piccolo</p> <p>Mailing Address 100 North Point Center East Suite 200</p> <p>City State Zip Code Alpharetta GA 30022-1506</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation MedAssets, Inc. Director</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2000.00</p>	<p>Date of Receipt 09 / 21 / 2009</p> <p>Transaction ID: 630446</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>Contribution</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) James K Brooke</p> <p>Mailing Address 100 North Point Center East Suite 200</p> <p>City State Zip Code Alpharetta GA 30022-8261</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation MedAssets, Inc. Vice President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt 09 / 21 / 2009</p> <p>Transaction ID: 630447</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Contribution</p>
--	---

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 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.	Full Name (Last, First, Middle Initial) David W Holder	Date of Receipt MM / DD / YYYY 09 / 21 / 2009
	Mailing Address 100 North Point Center East Suite 200	Transaction ID: 630448
	City State Zip Code Alpharetta GA 30022-1506	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer MedAssets, Inc. Occupation Senior Advisory Board Member	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

B.	Full Name (Last, First, Middle Initial) Kathleen C Banks	Date of Receipt MM / DD / YYYY 09 / 22 / 2009
	Mailing Address 100 North Point Center East Suite 200	Transaction ID: 630449
	City State Zip Code Alpharetta GA 30022-1506	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer MedAssets, Inc. Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

C.	Full Name (Last, First, Middle Initial) Charles N Kirkpatrick	Date of Receipt MM / DD / YYYY 09 / 22 / 2009
	Mailing Address 100 North Point Center East Suite 200	Transaction ID: 630451
	City State Zip Code Alpharetta GA 30022-8261	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer MedAssets, Inc. Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 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.	Full Name (Last, First, Middle Initial) Amy M Sebero	Date of Receipt MM / DD / YYYY 09 / 22 / 2009
	Mailing Address 100 North Point Center East Suite 200	Transaction ID: 630452
	City State Zip Code Alpharetta GA 30022-1506	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer MedAssets, Inc. Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) James L Hersma	Date of Receipt MM / DD / YYYY 09 / 22 / 2009
	Mailing Address 100 North Point Center East Suite 200	Transaction ID: 630453
	City State Zip Code Alpharetta GA 30022-1506	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer MedAssets, Inc. Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Laura A McMillan	Date of Receipt MM / DD / YYYY 09 / 22 / 2009
	Mailing Address 100 North Point Center East Suite 200	Transaction ID: 630454
	City State Zip Code Alpharetta GA 30022-8261	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer MedAssets, Inc. Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 14 / 26
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Full Name (Last, First, Middle Initial)
Jeff Moyers

Mailing Address 100 North Point Center East
Suite 200

City State Zip Code
Alpharetta GA 30022-8261

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

Name of Employer Occupation
MedAssets, Inc. Vice President

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 24 / 2009

Transaction ID: 630455

Amount of Each Receipt this Period
250.00

Contribution

B. Full Name (Last, First, Middle Initial)
Ned R Lehman

Mailing Address 100 North Point Center East
Suite 200

City State Zip Code
Alpharetta GA 30022-8261

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

Name of Employer Occupation
MedAssets, Inc. Vice President

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 24 / 2009

Transaction ID: 630456

Amount of Each Receipt this Period
250.00

Contribution

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

Mailing Address 100 North Point Center East
Suite 200

City State Zip Code
Alpharetta GA 30022-1506

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

Name of Employer Occupation
MedAssets, Inc. Director

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
09 / 28 / 2009

Transaction ID: 630457

Amount of Each Receipt this Period
1000.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 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.

Full Name (Last, First, Middle Initial)
Mary Ann Richardson

Mailing Address 100 North Point Center East
Suite 200

City State Zip Code
Alpharetta GA 30022-8261

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

Name of Employer Occupation
MedAssets, Inc. Vice President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 2 / 2 0 0 9

Transaction ID: 630459

Amount of Each Receipt this Period

250.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Kenneth J Thomson

Mailing Address 100 North Point Center East
Suite 200

City State Zip Code
Alpharetta GA 30022-8261

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

Name of Employer Occupation
MedAssets, Inc. Senior Vice President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 2 / 2 0 0 9

Transaction ID: 630460

Amount of Each Receipt this Period

500.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Thomas J Lafferty

Mailing Address 100 North Point Center East
Suite 200

City State Zip Code
Alpharetta GA 30022-1506

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

Name of Employer Occupation
MedAssets, Inc. Senior Vice President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 2 / 2 0 0 9

Transaction ID: 630461

Amount of Each Receipt this Period

500.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1250.00

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 16 / 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.	Full Name (Last, First, Middle Initial) Eric B Warren	Date of Receipt MM / DD / YYYY 10 / 02 / 2009
	Mailing Address 100 North Point Center East Suite 200	Transaction ID: 630462
	City State Zip Code Alpharetta GA 30022-8261	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer MedAssets, Inc. Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Adnan Jasarevic	Date of Receipt MM / DD / YYYY 10 / 02 / 2009
	Mailing Address 100 North Point Center East Suite 200	Transaction ID: 630463
	City State Zip Code Alpharetta GA 30022-8261	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer MedAssets, Inc. Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) David A Karnes	Date of Receipt MM / DD / YYYY 10 / 02 / 2009
	Mailing Address 100 North Point Center East Suite 200	Transaction ID: 630464
	City State Zip Code Alpharetta GA 30022-8261	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer MedAssets, Inc. Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 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.	Full Name (Last, First, Middle Initial) Patrick J Noonan	Date of Receipt MM / DD / YYYY 10 / 02 / 2009
	Mailing Address 100 North Point Center East Suite 200	Transaction ID: 630465
	City State Zip Code Alpharetta GA 30022-8261	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation MedAssets, Inc. Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Ann S Pentz	Date of Receipt MM / DD / YYYY 10 / 02 / 2009
	Mailing Address 100 North Point Center East Suite 200	Transaction ID: 630466
	City State Zip Code Alpharetta GA 30022-8261	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation MedAssets, Inc. Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Ronald A Hartmann	Date of Receipt MM / DD / YYYY 10 / 02 / 2009
	Mailing Address 100 North Point Center East Suite 200	Transaction ID: 630467
	City State Zip Code Alpharetta GA 30022-1506	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation MedAssets, Inc. Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
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 18 / 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.	Full Name (Last, First, Middle Initial) Gordon A Ireland	Date of Receipt MM / DD / YYYY 10 / 02 / 2009
	Mailing Address 100 North Point Center East Suite 200	Transaction ID: 630468
	City State Zip Code Alpharetta GA 30022-8261	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer MedAssets, Inc. Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Gary M Green	Date of Receipt MM / DD / YYYY 10 / 05 / 2009
	Mailing Address 100 North Point Center East Suite 200	Transaction ID: 630469
	City State Zip Code Alpharetta GA 30022-8261	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer MedAssets, Inc. Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Erik R Axter	Date of Receipt MM / DD / YYYY 10 / 06 / 2009
	Mailing Address 100 North Point Center East Suite 200	Transaction ID: 630470
	City State Zip Code Alpharetta GA 30022-8261	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer MedAssets, Inc. Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 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.

Full Name (Last, First, Middle Initial)
Douglas Scott Peters,

Mailing Address 100 North Point Center East
Suite 200

City State Zip Code
Alpharetta GA 30022-1506

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

Name of Employer Occupation
MedAssets, Inc. Senior Advisory Board Member

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 0 9

Transaction ID: 630471

Amount of Each Receipt this Period

500.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Sherrie M Simmons

Mailing Address 100 North Point Center East
Suite 200

City State Zip Code
Alpharetta GA 30022-8261

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

Name of Employer Occupation
MedAssets, Inc. Vice President

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: 630472

Amount of Each Receipt this Period

250.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Lance M Culbreth

Mailing Address 100 North Point Center East
Suite 200

City State Zip Code
Alpharetta GA 30022-8261

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

Name of Employer Occupation
MedAssets, Inc. Vice President

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: 630473

Amount of Each Receipt this Period

500.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 20 / 26
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Full Name (Last, First, Middle Initial)
Robert M Fink

Mailing Address 100 North Point Center East
Suite 200

City State Zip Code
Alpharetta GA 30022-8261

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

Name of Employer Occupation
MedAssets, Inc. Senior Vice President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: 630474

Amount of Each Receipt this Period
500.00

Contribution

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

Mailing Address 100 North Point Center East
Suite 200

City State Zip Code
Alpharetta GA 30022-8261

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

Name of Employer Occupation
MedAssets, Inc. Senior Vice President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 9

Transaction ID: 630475

Amount of Each Receipt this Period
500.00

Contribution

C. Full Name (Last, First, Middle Initial)
Charles S Lauer

Mailing Address 100 North Point Center East
Suite 200

City State Zip Code
Alpharetta GA 30022-8261

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

Name of Employer Occupation
MedAssets, Inc. Senior Advisory Board Member

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 9

Transaction ID: 630477

Amount of Each Receipt this Period
300.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **1300.00**

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 21 / 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.	Full Name (Last, First, Middle Initial) Kenneth A Halverson	Date of Receipt MM / DD / YYYY 11 / 24 / 2009
	Mailing Address 100 North Point Center East Suite 200	Transaction ID: 630478
	City State Zip Code Alpharetta GA 30022-1506	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer MedAssets, Inc. Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

B.	Full Name (Last, First, Middle Initial) John A Bardis	Date of Receipt MM / DD / YYYY 09 / 03 / 2009
	Mailing Address 100 North Point Center East Suite 200	Transaction ID: 630521
	City State Zip Code Alpharetta GA 30022-8261	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer MedAssets, Inc. Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

C.	Full Name (Last, First, Middle Initial) Matthew T Willaert	Date of Receipt MM / DD / YYYY 10 / 02 / 2009
	Mailing Address 100 North Point Center East Suite 200	Transaction ID: 630522
	City State Zip Code Alpharetta GA 30022-8261	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer MedAssets, Inc. Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	6250.00
TOTAL This Period (last page this line number only)	29350.00

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 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

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

<p>A. Full Name (Last, First, Middle Initial) Citizens For Arlen Specter</p> <p>Mailing Address 255 South 17th Street Suite 603</p> <p>City Philadelphia State PA Zip Code 19103</p> <p>Purpose of Disbursement Contribution Candidate Name Sen. Arlen Specter Category/Type 011</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District:</p>	<p>Transaction ID: 630481 Date of Disbursement: 07 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 1250.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Citizens For Arlen Specter</p> <p>Mailing Address 255 South 17th Street Suite 603</p> <p>City Philadelphia State PA Zip Code 19103</p> <p>Purpose of Disbursement Contribution Candidate Name Sen. Arlen Specter Category/Type 011</p> <p>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: PA District:</p>	<p>Transaction ID: 630482 Date of Disbursement: 07 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 1250.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Pete Stark Re-Election Committee</p> <p>Mailing Address P.O. Box 8331</p> <p>City Fremont State CA Zip Code 94537</p> <p>Purpose of Disbursement Contribution Candidate Name Rep. Fortney Stark Category/Type 011</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 13</p>	<p>Transaction ID: 630483 Date of Disbursement: 09 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 1250.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional)	3750.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Pete Stark Re-Election Committee</p> <p>Mailing Address P.O. Box 8331</p> <p>City Fremont State CA Zip Code 94537</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Fortney Stark</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 13</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 630484 Date of Disbursement 09 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 1250.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Friends Of Kent Conrad</p> <p>Mailing Address PO Box 812</p> <p>City Bismarck State ND Zip Code 58502</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Sen. Kent Conrad</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 630486 Date of Disbursement 09 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Friends Of Blanche Lincoln</p> <p>Mailing Address PO Box 3197</p> <p>City Little Rock State AR Zip Code 72203</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Sen. Blanche Lincoln</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 630487 Date of Disbursement 10 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6250.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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.	Full Name (Last, First, Middle Initial) Carper For Senate	Transaction ID: 630488 Date of Disbursement 11 / 16 / 2009
	Mailing Address 19 East Commons Blvd Second Floor	Amount of Each Disbursement this Period 2500.00
	City New Castle State DE Zip Code 19720	
	Purpose of Disbursement Contribution Candidate Name Sen. Thomas Carper	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

B.	Full Name (Last, First, Middle Initial) ORRINPAC	Transaction ID: 630497 Date of Disbursement 07 / 27 / 2009
	Mailing Address P.O. BOX 1482	Amount of Each Disbursement this Period 1250.00
	City Washington State DC Zip Code 20013	
	Purpose of Disbursement Contribution Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

C.	Full Name (Last, First, Middle Initial) ORRINPAC	Transaction ID: 630500 Date of Disbursement 07 / 27 / 2009
	Mailing Address P.O. BOX 1482	Amount of Each Disbursement this Period 1250.00
	City Washington State DC Zip Code 20013	
	Purpose of Disbursement Contribution Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

SUBTOTAL of Disbursements This Page (optional) ►

5000.00

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

15000.00

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)

PAGE 25 / 26

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

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.	Full Name (Last, First, Middle Initial) Bank of America Mailing Address P.O. Box 4899 City Atlanta State GA Zip Code 30302-4899 Purpose of Disbursement monthly bank account fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 630489 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 9	Amount of Each Disbursement this Period 19.95 monthly bank account fee
B.	Full Name (Last, First, Middle Initial) Bank of America Mailing Address P.O. Box 4899 City Atlanta State GA Zip Code 30302-4899 Purpose of Disbursement monthly bank account fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 630490 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 5 / 2 0 0 9	Amount of Each Disbursement this Period 23.10 monthly bank account fee
C.	Full Name (Last, First, Middle Initial) Bank of America Mailing Address P.O. Box 4899 City Atlanta State GA Zip Code 30302-4899 Purpose of Disbursement monthly bank account fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 630491 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 3 / 2 0 0 9	Amount of Each Disbursement this Period 20.96 monthly bank account fee

SUBTOTAL of Disbursements This Page (optional)	64.01
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 26 / 26

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

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. Full Name (Last, First, Middle Initial) Bank of America <hr/> Mailing Address P.O. Box 4899 <hr/> City Atlanta State GA Zip Code 30302-4899 <hr/> Purpose of Disbursement monthly bank account fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 630492 Date of Disbursement 10 / 05 / 2009
	Amount of Each Disbursement this Period 35.92
	Category/ Type 001
	monthly bank account fee

B. Full Name (Last, First, Middle Initial) Bank of America <hr/> Mailing Address P.O. Box 4899 <hr/> City Atlanta State GA Zip Code 30302-4899 <hr/> Purpose of Disbursement monthly bank account fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 630493 Date of Disbursement 11 / 04 / 2009
	Amount of Each Disbursement this Period 29.04
	Category/ Type 001
	monthly bank account fee

C. Full Name (Last, First, Middle Initial) Bank of America <hr/> Mailing Address P.O. Box 4899 <hr/> City Atlanta State GA Zip Code 30302-4899 <hr/> Purpose of Disbursement monthly bank account fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 630494 Date of Disbursement 12 / 03 / 2009
	Amount of Each Disbursement this Period 18.70
	Category/ Type 001
	monthly bank account fee

SUBTOTAL of Disbursements This Page (optional) ▶	83.66
TOTAL This Period (last page this line number only) ▶	147.67