



Katie Tenoever <ktenoever@FAH.org> on 07/27/2016 03:56:03 PM

To: "2022190174@fec.gov" <2022190174@fec.gov>,  
cc:

Subject: FEC Form 5, 48-Hour Report

Good afternoon,

This is to submit a 48-Hour Report under FEC Form 5 on behalf of the Federation of American Hospitals regarding an independent expenditure.

Thank you.

Kathleen Tenoever



FEC Form 5, 48-hour report, Bennett, 7,27,16.pdf

20160727 03:00:16:09

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation Federation of American Hospitals	
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 750 9th Street, NW Suite 600	
(c) City, State and ZIP Code Washington, DC 20001	3. FEC Identification Number C 9 0 0 1 6 1 2 2
2. Occupation and Name of Employer (for Individual Filers Only)	

4. TYPE OF REPORT (check appropriate boxes):

- (a)  April 15 Quarterly Report  
 July 15 Quarterly Report  24-Hour Report  
 October 15 Quarterly Report  48-Hour Report  
 January 31 Year-End Report

b) Is this Report an amendment?  No  Yes, It amends the report filed on

5. COVERING PERIOD: FROM  
THROUGH

6. TOTAL CONTRIBUTIONS..... 0 0 0  
7. TOTAL INDEPENDENT EXPENDITURES ..... 1 7 9 2 0 0 0

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Kathleen Tenover

*Kathleen Tenover*

7/26/2016

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 52 U.S.C. § 30109.

For further information, contact: Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-A  
ITEMIZED RECEIPTS**

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 FILER (In Full)**  
Federation of American Hospitals

<b>A. Full Name (Last, First, Middle Initial)</b>			<b>Date of Receipt</b>
Mailing Address			
City	State	Zip Code	
FEC ID number of contributing federal political committee. C			<b>Amount of Each Receipt this Period</b>
Name of Employer		Occupation	

<b>B. Full Name (Last, First, Middle Initial)</b>			<b>Date of Receipt</b>
Mailing Address			
City	State	Zip Code	
FEC ID number of contributing federal political committee. C			<b>Amount of Each Receipt this Period</b>
Name of Employer		Occupation	

<b>C. Full Name (Last, First, Middle Initial)</b>			<b>Date of Receipt</b>
Mailing Address			
City	State	Zip Code	
FEC ID number of contributing federal political committee. C			<b>Amount of Each Receipt this Period</b>
Name of Employer		Occupation	

<b>D. Full Name (Last, First, Middle Initial)</b>			<b>Date of Receipt</b>
Mailing Address			
City	State	Zip Code	
FEC ID number of contributing federal political committee. C			<b>Amount of Each Receipt this Period</b>
Name of Employer		Occupation	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	
<b>TOTAL</b> This Period (last page carry total to Line 6) .....	▶	0 0 0

NOT FOR CIRCULATION

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
Federation of American Hospitals

Full Name (Last, First, Middle Initial) of Payee 720 Strategies, LLC		Date of Public Distribution/Dissemination 07 25 2016	
Mailing Address 1220 19th Street, NW Suite 300		Amount 1792000	
City Washington	State DC	Zip Code 20036	
Purpose of Expenditure Radio Ads and Production	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>CO</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Senator Michael Bennet		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1792000		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	


(a) SUBTOTAL of Itemized Independent Expenditures.....	1792000
(b) SUBTOTAL of Unitemized Independent Expenditures.....	000
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	1792000

NOTICE: ON LINE ONLY SUBMISSIONS



Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

20160727 03:00:1081

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Date of Receipt
Postmarked	
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery	<input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify): <i>Σ-Mail</i>	Date of Receipt or Postmarked
	<i>7/27/16</i>
	<i>7/27/16</i>
PREPARER	DATE PREPARED