

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
FEDERATION OF AMERICAN HOSPITALS PAC

ADDRESS (number and street) 801 PENNSYLVANIA AVENUE  
SUITE 245  
 Check if different than previously reported. (ACC)  
WASHINGTON DC 20004-2604

2. **FEC IDENTIFICATION NUMBER** C00002261  
**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 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 05 01 2007 through 05 31 2007

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 Mr. Jeffrey Micklos

Signature of Treasurer Electronically Filed by Mr. Jeffrey Micklos Date 02 20 2008

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									
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**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
FEDERATION OF AMERICAN HOSPITALS PAC

Report Covering the Period: From: 

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		5152.40
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	177973.76									
(c) Total Receipts (from Line 19) .....	72890.51	315788.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	250864.27	320940.40								
7. Total Disbursements (from Line 31) .....	196007.17	266083.30								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	54857.10	54857.10								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
FEDERATION OF AMERICAN HOSPITALS PAC

Report Covering the Period: From: 

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	69783.34	90640.02
(i) Itemized (use Schedule A) .....	2350.00	24566.68
(ii) Unitemized .....	72133.34	115206.70
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	30000.00
(c) Other Political Committees (such as PACs) .....	72133.34	145206.70
(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.) .....	757.17	170581.30
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)) .....	72890.51	315788.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	72890.51	315788.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	168750.00	168750.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	168750.00	168750.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	26500.00	95500.00
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.....	757.17	1833.30
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))..	196007.17	266083.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	196007.17	266083.30

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	72133.34	145206.70
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	72133.34	145206.70
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	168750.00	168750.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	168750.00	168750.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 39  
(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)  
**FEDERATION OF AMERICAN HOSPITALS PAC**

<p><b>A.</b> Full Name (Last, First, Middle Initial) Kathryn D Justyn</p> <p>Mailing Address 121 Mulberry Court</p> <p>City State Zip Code Aiken SC 29803</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Aiken Regional Medical Center</p> <p>Occupation CEO</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">05 / 01 / 2007</span></p> <p><b>Transaction ID:</b> 19973261</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">500.00</span></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Patricia M Bailey</p> <p>Mailing Address 2821 21st Avenue Ct, N.W.</p> <p>City State Zip Code Gig Harbor WA 98335</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Auburn Regional Medical Center</p> <p>Occupation Hospital Assistant Administrator</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">05 / 01 / 2007</span></p> <p><b>Transaction ID:</b> 19973267</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Mr. Kevin J Gross</p> <p>Mailing Address 191 Pugh Road</p> <p>City State Zip Code Wayne PA 19087</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Universal Health Services, Inc</p> <p>Occupation President - Acute Division</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">05 / 02 / 2007</span></p> <p><b>Transaction ID:</b> 19985284</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1750.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

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

FOR LINE NUMBER: PAGE 7 / 39  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
FEDERATION OF AMERICAN HOSPITALS PAC

**A.** Full Name (Last, First, Middle Initial)  
R Warren Tardy

Mailing Address 1934 Old Hickory Blvd

City State Zip Code  
Brentwood TN 37027

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

Name of Employer Occupation  
HCA, Inc. Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 02 / 2007

**Transaction ID:** 19985285

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Bruce R Gilbert

Mailing Address 722 Clarendon Road

City State Zip Code  
Penn Valley PA 19072

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

Name of Employer Occupation  
Universal Health Services, Inc General Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 02 / 2007

**Transaction ID:** 19985286

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dee Anna Smith

Mailing Address 1826 Grey Pointe Drive

City State Zip Code  
Brentwood TN 37027

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

Name of Employer Occupation  
Sarah Cannon Research Institute, LLC CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 02 / 2007

**Transaction ID:** 19985288

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2000.00

**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 8 / 39  
(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)  
FEDERATION OF AMERICAN HOSPITALS PAC

**A.**

Full Name (Last, First, Middle Initial)  
R Parker Sherrill

Mailing Address 713 Vail Court

City Nashville State TN Zip Code 37215

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

Name of Employer HCA, Inc. Occupation Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 02 / 2007

Transaction ID: 19985302

Amount of Each Receipt this Period 1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Mark A. Tierney

Mailing Address 146 Spring Stone Ct.

City Aiken State SC Zip Code 29803

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

Name of Employer Aiken Regional Medical Center Occupation Chief Financial Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 02 / 2007

Transaction ID: 19985305

Amount of Each Receipt this Period 500.00

**C.**

Full Name (Last, First, Middle Initial)  
Mark J Eddy

Mailing Address 413 Benton Lane

City Franklin State TN Zip Code 37067

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

Name of Employer HCA, Inc. Occupation VP Internal Audit

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 02 / 2007

Transaction ID: 19985309

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2000.00

**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 / 39  
(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)  
**FEDERATION OF AMERICAN HOSPITALS PAC**

**A.** Full Name (Last, First, Middle Initial)  
William Hoffman

Mailing Address 9111 Brent Meade Blvd.

City State Zip Code  
**Brentwood TN 37027**

FEC ID number of contributing federal political committee. C

Name of Employer: LifePoint Hospitals, Inc      Occupation: Government Relations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 05 / 02 / 2007

**Transaction ID: 19985310**

Amount of Each Receipt this Period 1500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert M Thornton, Jr.

Mailing Address 2014 Walthall Drive NW

City State Zip Code  
**Atlanta GA 30318**

FEC ID number of contributing federal political committee. C

Name of Employer: SunLink Health Systems      Occupation: Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 03 / 2007

**Transaction ID: 19989503**

Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Harry Alvis

Mailing Address 627 Tabby Stone Street

City State Zip Code  
**Marietta GA 30064**

FEC ID number of contributing federal political committee. C

Name of Employer: SunLink Health Systems      Occupation: Chief Operating Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 03 / 2007

**Transaction ID: 19989504**

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... 2750.00

**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 / 39  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
FEDERATION OF AMERICAN HOSPITALS PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Mark Stockslager

Mailing Address 306 Vinings Forest Circle

City State Zip Code  
Smyrna GA 30080

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

Name of Employer Occupation  
SunLink Health Systems Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 03 / 2007

**Transaction ID:** 19989505

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Jack M. Spurr

Mailing Address 624 Montview Ct. SW

City State Zip Code  
Marietta GA 30060

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

Name of Employer Occupation  
SunLink Health Systems

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 03 / 2007

**Transaction ID:** 19989506

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Craig R Conti

Mailing Address 8614 Foggy Mountain Drive

City State Zip Code  
Austin TX 78736-3369

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

Name of Employer Occupation  
Universal Health Services, Inc Director of Development

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 04 / 2007

**Transaction ID:** 19991337

Amount of Each Receipt this Period  
500.00

**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: PAGE 11 / 39  
(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)  
FEDERATION OF AMERICAN HOSPITALS PAC

**A.**

Full Name (Last, First, Middle Initial)  
Robert M Zurad

Mailing Address 2245 Warner Road

City State Zip Code  
Lansdale PA 19446-5854

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

Name of Employer Occupation  
Universal Health Services, Inc Director of Tax

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 4 / 2 0 0 7

Transaction ID: 19991338

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
Marc D Miller

Mailing Address 206 Valley Forge Lookout Place

City State Zip Code  
Radnor PA 19087

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

Name of Employer Occupation  
Universal Health Services, Inc VP, Acute Care-Eastern Region

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 4 / 2 0 0 7

Transaction ID: 19991339

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Douglas A. Matney

Mailing Address 12644 Tierra Clara Road

City State Zip Code  
El Paso TX 79938

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

Name of Employer Occupation  
Universal Health Services, Inc VP

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 4 / 2 0 0 7

Transaction ID: 19991341

Amount of Each Receipt this Period

500.00

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

2000.00

**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 / 39
	<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)  
FEDERATION OF AMERICAN HOSPITALS PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Bruce M Loy	Date of Receipt MM / DD / YYYY 05 / 04 / 2007
	Mailing Address 200 Prince Frederick Street #A-3	<b>Transaction ID:</b> 19991342
	City State Zip Code King of Prussia PA 19406	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Universal Health Services, Inc Director of Internal Audit	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) William F Carpenter, III	Date of Receipt MM / DD / YYYY 05 / 04 / 2007
	Mailing Address 4005 Newman Place	<b>Transaction ID:</b> 19991343
	City State Zip Code Nashville TN 37204	Amount of Each Receipt this Period 4000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation LifePoint Hospitals, Inc Chairman, President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Paul R. Hannah	Date of Receipt MM / DD / YYYY 05 / 04 / 2007
	Mailing Address 8202 Foxview Court	<b>Transaction ID:</b> 19991344
	City State Zip Code Brentwood TN 37027	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation LifePoint Hospitals, Inc Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4800.00
<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 / 39  
(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)  
FEDERATION OF AMERICAN HOSPITALS PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Michael A. Wiechart

Mailing Address 317 Inwood Way

City State Zip Code  
Franklin TN 37064

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

Name of Employer LifePoint Hospitals, Inc Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
05 / 04 / 2007

**Transaction ID:** 19991345

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Robert N. Klein

Mailing Address 76 Blue Ridge Trace

City State Zip Code  
Hendersonville TN 37075

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

Name of Employer LifePoint Hospitals, Inc Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
05 / 04 / 2007

**Transaction ID:** 19991349

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Thomas M. Weiss

Mailing Address 9612 Michelle Place

City State Zip Code  
Brentwood TN 37027

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

Name of Employer LifePoint Hospitals, Inc Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
05 / 04 / 2007

**Transaction ID:** 19991350

Amount of Each Receipt this Period  
500.00

**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: PAGE 14 / 39  
(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

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NAME OF COMMITTEE (In Full)  
FEDERATION OF AMERICAN HOSPITALS PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. R. Scott Raplee

Mailing Address 231 Lancelot Lane

City State Zip Code  
Franklin TN 37064

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

Name of Employer LifePoint Hospitals, Inc Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 04 / 2007

**Transaction ID:** 19991352

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Paul D. Gilbert

Mailing Address 2414 Valley Brook Road

City State Zip Code  
Nashville TN 37215

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

Name of Employer LifePoint Hospitals, Inc Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 04 / 2007

**Transaction ID:** 19991356

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Vic Campbell

Mailing Address 1307 Chickering Road

City State Zip Code  
Nashville TN 37215

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

Name of Employer HCA, Inc. Occupation Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
05 / 08 / 2007

**Transaction ID:** 20000454

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4000.00**

**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 / 39  
(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)  
FEDERATION OF AMERICAN HOSPITALS PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Frederick Lee Adams

Mailing Address 3600 Bellwood

City State Zip Code  
Nashville TN 37205

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

Name of Employer Occupation  
HCA, Inc. VP - Service Delivery

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 08 / 2007

**Transaction ID:** 20000461

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
William Paul Rutledge

Mailing Address 9156 Saddlebow Drive

City State Zip Code  
Brentwood TN 37027

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

Name of Employer Occupation  
HCA, Inc. Group President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
MM / DD / YYYY  
05 / 08 / 2007

**Transaction ID:** 20000462

Amount of Each Receipt this Period  
3000.00

**C.** Full Name (Last, First, Middle Initial)  
R. Milton Johnson

Mailing Address 5012 Hill Place Drive

City State Zip Code  
Nashville TN 37205

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

Name of Employer Occupation  
HCA, Inc. EVP & Chief Financial Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
MM / DD / YYYY  
05 / 08 / 2007

**Transaction ID:** 20000463

Amount of Each Receipt this Period  
3000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **6500.00**

**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 16 / 39  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
FEDERATION OF AMERICAN HOSPITALS PAC

**A.** Full Name (Last, First, Middle Initial)  
Juan Vallarino

Mailing Address 513 Sandpiper Circle

City State Zip Code  
Nashville TN 37221

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

Name of Employer Occupation  
HCA, Inc. VP Managed Care

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 08 / 2007

**Transaction ID:** 20000465

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Donald Street, Jr.

Mailing Address 7913 Saddle Ridge Trace

City State Zip Code  
Nashville TN 37221

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

Name of Employer Occupation  
HCA, Inc. Chief Accounting Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 08 / 2007

**Transaction ID:** 20002156

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Jack O. Bovender, Jr.

Mailing Address 520 Belle Meade Blvd.

City State Zip Code  
Nashville TN 37205

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

Name of Employer Occupation  
HCA, Inc. Chairman & Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
05 / 08 / 2007

**Transaction ID:** 20002157

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **6000.00**

**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 17 / 39  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
FEDERATION OF AMERICAN HOSPITALS PAC

**A.** Full Name (Last, First, Middle Initial)  
MS. Maye Kathryn Stevinson

Mailing Address 4118 Elder Place

City State Zip Code  
Nashville TN 37215

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

Name of Employer Occupation  
HCA, Inc. Vice President HR Eastern Group

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 08 / 2007

**Transaction ID:** 20002159

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Michael Marquez

Mailing Address 10204 Stone Briar Court

City State Zip Code  
Las Vegas NV 89144-4311

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

Name of Employer Occupation  
Universal Health Services, Inc. Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 10 / 2007

**Transaction ID:** 20017930

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Michael P Joyce

Mailing Address 6955 Laurel Oak Drive

City State Zip Code  
Suwanee GA 30024-5353

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

Name of Employer Occupation  
HCA, Inc. Division President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
05 / 10 / 2007

**Transaction ID:** 20018045

Amount of Each Receipt this Period  
1500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3000.00**

**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 18 / 39  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
FEDERATION OF AMERICAN HOSPITALS PAC

**A.** Full Name (Last, First, Middle Initial)  
Gary Petok

Mailing Address 4500 Steiner Ranch Blvd., #3309

City Austin State TX Zip Code 78732

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

Name of Employer: Universal Health Services, Inc. Occupation: Corporate Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 05 / 10 / 2007  
Transaction ID: 20018101  
Amount of Each Receipt this Period: 300.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. David Alex Villa

Mailing Address 9008 Sawhill Pond St.

City Las Vegas State NV Zip Code 89131

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

Name of Employer: Suumerlin Hospital Medical Center Occupation: Chief Operating Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 10 / 2007  
Transaction ID: 20018157  
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Willa Dixon

Mailing Address 10576 Garden Light Drive

City Las Vegas State NV Zip Code 89135

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

Name of Employer: Summerlin Hospital Medical Center Occupation: CNO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 10 / 2007  
Transaction ID: 20018213  
Amount of Each Receipt this Period: 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: (check only one)	PAGE 19 / 39
	<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)  
**FEDERATION OF AMERICAN HOSPITALS PAC**

<b>A.</b>	Full Name (Last, First, Middle Initial) Tim L Hinggen	Date of Receipt MM / DD / YYYY 05 / 10 / 2007
	Mailing Address 1812 Paseo Overlook Court	<b>Transaction ID:</b> 20018791
	City State Zip Code Las Vegas NV 89128	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Summerlin Hospital Medical Center Occupation Hospital CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Vanessa L Kochevar	Date of Receipt MM / DD / YYYY 05 / 10 / 2007
	Mailing Address 4559 Sparwood Drive	<b>Transaction ID:</b> 20018923
	City State Zip Code Las Vegas NV 89147	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Spring Valley Hospital Occupation Hospital-Chief Financial Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Ms. Connie Glover	Date of Receipt MM / DD / YYYY 05 / 10 / 2007
	Mailing Address 1041 Weston Court	<b>Transaction ID:</b> 20018985
	City State Zip Code Brentwood TN 37027	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer HCA, Inc. Occupation Vice President, Internal Audit Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1000.00</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 20 / 39  
(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)  
FEDERATION OF AMERICAN HOSPITALS PAC

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Jenny F. Barber

Mailing Address 208 Gardenridge Drive

City Franklin State TN Zip Code 37069

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

Name of Employer HCA Central Group Occupation Group Controller

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 10 / 2007

Transaction ID: 20019023

Amount of Each Receipt this Period 250.00

**B.**

Full Name (Last, First, Middle Initial)  
William L Francis

Mailing Address 314 Deerwood Lane

City Brentwood State TN Zip Code 37027-8692

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

Name of Employer HCA, Inc. Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 10 / 2007

Transaction ID: 20019250

Amount of Each Receipt this Period 500.00

**C.**

Full Name (Last, First, Middle Initial)  
J D Miller

Mailing Address P.O. Box 758

City Crystal Beach State FL Zip Code 34681

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

Name of Employer HCA, Inc. Occupation Division President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 05 / 09 / 2007

Transaction ID: 20019541

Amount of Each Receipt this Period 1500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2250.00

**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 21 / 39  
(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)  
FEDERATION OF AMERICAN HOSPITALS PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. James C. Scoggin, Jr.  
Mailing Address 4762 Byron Circle

City Irving State TX Zip Code 75078

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

Name of Employer HCA North Texas Occupation Division President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 05 / 09 / 2007  
Transaction ID: 20019735  
Amount of Each Receipt this Period: 1500.00

**B.** Full Name (Last, First, Middle Initial)  
John M Paul  
Mailing Address 117 Newton Nook

City Brentwood State TN Zip Code 37027

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

Name of Employer HCA, Inc. Occupation Chief Financial Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 05 / 09 / 2007  
Transaction ID: 20020222  
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Stephen L Royal  
Mailing Address 16324 Bristol Point Drive

City Delray Beach State FL Zip Code 33446

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

Name of Employer HCA, Inc. Occupation Healthcare Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 05 / 09 / 2007  
Transaction ID: 20020286  
Amount of Each Receipt this Period: 1500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3500.00

**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 22 / 39

(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)  
FEDERATION OF AMERICAN HOSPITALS PAC

**A.**

Full Name (Last, First, Middle Initial)

Jonathan H Ray

Mailing Address 6002 Belle Rive Drive

City State Zip Code  
Brentwood TN 37027

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

Name of Employer Occupation  
HCA, Inc. Healthcare Executive

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 9 / 2 0 0 7

Transaction ID: 20020346

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)

Ronald L Grubbs, Jr.

Mailing Address 3028 23rd Avenue South

City State Zip Code  
Nashville TN 37215

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

Name of Employer Occupation  
HCA, Inc. VP-Chief Tax Officer

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 0 7

Transaction ID: 20129694

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Richard M. Bracken

Mailing Address 920 Tyne Blvd.

City State Zip Code  
Nashville TN 37220

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

Name of Employer Occupation  
HCA, Inc. President & Chief Operating Officer

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 4000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 0 7

Transaction ID: 20129695

Amount of Each Receipt this Period  
4000.00

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

4750.00

**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 23 / 39

(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)  
FEDERATION OF AMERICAN HOSPITALS PAC

**A.**

Full Name (Last, First, Middle Initial)  
Samuel N Hazen

Mailing Address 1205 Waterstone Boulevard

City State Zip Code  
Franklin TN 37069

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

Name of Employer Occupation  
HCA, Inc. President-Western Group

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 0 7

Transaction ID: 20129696

Amount of Each Receipt this Period

3000.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Bonnie S. Reid

Mailing Address 2262 Scott Drive

City State Zip Code  
Franklin TN 37067

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

Name of Employer Occupation  
HCA, Inc. VP of Reimbursement

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 0 7

Transaction ID: 20129697

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
Jayne Chambers

Mailing Address 1256 Kensington Rd

City State Zip Code  
McLean VA 22101

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

Name of Employer Occupation  
FAH Vice President Legislation & Public Af

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 387.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 0 7

Transaction ID: 20129699

Amount of Each Receipt this Period

43.00

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

3543.00

**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 24 / 39  
(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)  
FEDERATION OF AMERICAN HOSPITALS PAC

**A.**

Full Name (Last, First, Middle Initial)  
Jeffrey E Cohen

Mailing Address 4927 15th Street, North

City State Zip Code  
Arlington VA 22205

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

Name of Employer FAH Occupation Lobbyist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 378.00

Date of Receipt  
MM / DD / YYYY  
05 / 18 / 2007

**Transaction ID:** 20129702

Amount of Each Receipt this Period  
42.00

**B.**

Full Name (Last, First, Middle Initial)  
Chip Kahn

Mailing Address 4545 N Glebe Road

City State Zip Code  
Arlington VA 22207

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

Name of Employer FAH Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.03

Date of Receipt  
MM / DD / YYYY  
05 / 18 / 2007

**Transaction ID:** 20129703

Amount of Each Receipt this Period  
41.67

**C.**

Full Name (Last, First, Middle Initial)  
Bonnie MoneyPENNY

Mailing Address 14128 Burlingame Road

City State Zip Code  
Little Rock AR 72211

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

Name of Employer FAH Occupation SVP Administrative Services

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt  
MM / DD / YYYY  
05 / 18 / 2007

**Transaction ID:** 20129704

Amount of Each Receipt this Period  
35.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **118.67**

**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 25 / 39

(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)  
FEDERATION OF AMERICAN HOSPITALS PAC

**A.**

Full Name (Last, First, Middle Initial)

Jeffrey G. Micklos

Mailing Address 3130 Tennyson St., N.W.

City State Zip Code  
Washington DC 20015

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

Name of Employer Occupation  
FAH General Counsel

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 0 7

Transaction ID: 20129705

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Steven E Clifton

Mailing Address 510 Locke Court

City State Zip Code  
Brentwood TN 37027

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

Name of Employer Occupation  
HCA, Inc. VP-Legal Operations

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 0 7

Transaction ID: 20129706

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

A. Bruce Moore, Jr.

Mailing Address 2105 Golf Club Lane

City State Zip Code  
Nashville TN 37215

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

Name of Employer Occupation  
HCA, Inc. COO & SVP Outpatient Services

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 0 7

Transaction ID: 20129707

Amount of Each Receipt this Period

3000.00

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

3530.00

**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 26 / 39  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
FEDERATION OF AMERICAN HOSPITALS PAC

**A.** Full Name (Last, First, Middle Initial)  
James D Hinton

Mailing Address 9161 Hunterboro Drive

City State Zip Code  
Brentwood TN 37027

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

Name of Employer Occupation  
HCA, Inc. VP-Risk & Insurance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 18 / 2007

**Transaction ID:** 20129708

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
M L Lagarde, III

Mailing Address One Rosa Park Place

City State Zip Code  
New Orleans LA 70115

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

Name of Employer Occupation  
HCA, Inc. President-Delta Division

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
05 / 18 / 2007

**Transaction ID:** 20129709

Amount of Each Receipt this Period  
1500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. William Gracey

Mailing Address 14 Wynstone

City State Zip Code  
Nashville TN 37215

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

Name of Employer Occupation  
LifePoint Hospitals, Inc Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 18 / 2007

**Transaction ID:** 20129710

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3000.00**

**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 27 / 39  
(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)  
FEDERATION OF AMERICAN HOSPITALS PAC

**A.** Full Name (Last, First, Middle Initial)  
Mary S Doctor

Mailing Address 3045 Flagstone Drive

City Franklin State TN Zip Code 37069-7229

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

Name of Employer HCA, Inc. Occupation VP, IT Planning & Strategy

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 18 / 2007

Transaction ID: 20129711

Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Samuel J Coulter

Mailing Address 9538 Butler Drive

City Brentwood State TN Zip Code 37027

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

Name of Employer HCA, Inc. Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 18 / 2007

Transaction ID: 20129714

Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Jim Fitzgerald

Mailing Address 26 Bosley Oaks

City Nashville State TN Zip Code 37205

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

Name of Employer HCA, Inc. Occupation SVP, Supply Chain

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 05 / 18 / 2007

Transaction ID: 20129715

Amount of Each Receipt this Period 750.00

**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: PAGE 28 / 39  
(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)  
FEDERATION OF AMERICAN HOSPITALS PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Michael Houston

Mailing Address 11340 NW 77th Place

City State Zip Code  
Parkland FL 33076

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

Name of Employer Occupation  
HCA East Florida Division CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 25 / 2007

**Transaction ID:** 20245811

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
John P Christen

Mailing Address 4097 Howell Road

City State Zip Code  
Malvern PA 19355

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

Name of Employer Occupation  
Universal Health Services, Inc AVP Hospital Finance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 25 / 2007

**Transaction ID:** 20245812

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Alan R. Yuspeh

Mailing Address 126 Third Avenue North

City State Zip Code  
Franklin TN 37064

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

Name of Employer Occupation  
HCA, Inc. SVP and Chief Ethics and Compliance Of

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 25 / 2007

**Transaction ID:** 20245815

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2000.00**

**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 29 / 39  
(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)  
FEDERATION OF AMERICAN HOSPITALS PAC

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Sandra L. Jackson

Mailing Address 2015 E. 19th St.

City State Zip Code  
Tulsa OK 74104

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

Name of Employer Hillcrest Medical Center Occupation Hospital Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
05 / 25 / 2007

**Transaction ID:** 20245817

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Steve Dobbs

Mailing Address 9945 South 87th East Avenue

City State Zip Code  
Tulsa OK 74133

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

Name of Employer Hillcrest Medical Center Occupation Hospital CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 25 / 2007

**Transaction ID:** 20245818

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Sylvia Young

Mailing Address 9513 Verlaine Court

City State Zip Code  
Las Vegas NV 89145

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

Name of Employer Sunrise Health Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 25 / 2007

**Transaction ID:** 20245819

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1800.00**

**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 30 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
FEDERATION OF AMERICAN HOSPITALS PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Susan N Postal		Date of Receipt																					
	Mailing Address 5148 Brittany Drive		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	5		2	0	0	7
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	5		2	5		2	0	0	7														
	City State Zip Code Old Hickory TN 37138		<b>Transaction ID:</b> 20245820																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00																						
Name of Employer Occupation HCA, Inc. VP-Health Info Mgt Services		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
		Aggregate Year-to-Date ▼ 500.00																						

<b>B.</b>	Full Name (Last, First, Middle Initial) Joe N Steakley		Date of Receipt																					
	Mailing Address 115 Savoy Circle		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	5		2	0	0	7
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	5		2	5		2	0	0	7														
	City State Zip Code Nashville TN 37205		<b>Transaction ID:</b> 20245821																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2500.00																						
Name of Employer Occupation HCA, Inc. SVP-Internal Audit Services		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
		Aggregate Year-to-Date ▼ 2500.00																						

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. John M. Steele		Date of Receipt																					
	Mailing Address 9168 Sydney Lane		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	5		2	0	0	7
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	5		2	5		2	0	0	7														
	City State Zip Code Brentwood TN 37027-8149		<b>Transaction ID:</b> 20245822																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1500.00																						
Name of Employer Occupation HCA, Inc. Senior Vice President, Human Resources		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
		Aggregate Year-to-Date ▼ 1500.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4500.00
<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 31 / 39
	<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)  
FEDERATION OF AMERICAN HOSPITALS PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Jayne Chambers		Date of Receipt
	Mailing Address 1256 Kensington Rd		<input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	McLean	VA	22101
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20310710
Name of Employer FAH		Occupation Vice President Legislation & Public Af	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="43.00"/>
		<input type="text" value="430.00"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) Jeffrey E Cohen		Date of Receipt
	Mailing Address 4927 15th Street, North		<input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Arlington	VA	22205
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20310711
Name of Employer FAH		Occupation Lobbyist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="42.00"/>
		<input type="text" value="420.00"/>	

<b>C.</b>	Full Name (Last, First, Middle Initial) Chip Kahn		Date of Receipt
	Mailing Address 4545 N Glebe Road		<input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Arlington	VA	22207
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20310712
Name of Employer FAH		Occupation President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="41.67"/>
		<input type="text" value="416.70"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="126.67"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 32 / 39
	(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)  
FEDERATION OF AMERICAN HOSPITALS PAC

**A.**

Full Name (Last, First, Middle Initial) Bonnie Money Penny		Date of Receipt
Mailing Address 14128 Burlingame Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 3 0 / 2 0 0 7
City	State	Zip Code
Little Rock	AR	72211
FEC ID number of contributing federal political committee.		Transaction ID: 20310713
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 35.00
Name of Employer FAH	Occupation SVP Administrative Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		<input type="text"/> 350.00

**B.**

Full Name (Last, First, Middle Initial) Jeffrey G. Micklos		Date of Receipt
Mailing Address 3130 Tennyson St., N.W.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 3 0 / 2 0 0 7
City	State	Zip Code
Washington	DC	20015
FEC ID number of contributing federal political committee.		Transaction ID: 20310714
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 30.00
Name of Employer FAH	Occupation General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		<input type="text"/> 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 65.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/> 69783.34



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 33 / 39	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" 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)  
FEDERATION OF AMERICAN HOSPITALS PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Federation of American Hospitals - FEE REIMBURSEME		Date of Receipt	
	Mailing Address 801 Pennsylvania Ave., NW Suite 245		M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 7	
	City State Zip Code Washington DC 20004		<b>Transaction ID:</b> 20129713	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 757.17	
	Name of Employer Occupation			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1831.30	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	757.17
<b>TOTAL</b> This Period (last page this line number only) .....	757.17

# 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 34 / 39

<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

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NAME OF COMMITTEE (In Full)  
FEDERATION OF AMERICAN HOSPITALS PAC

A.

Full Name (Last, First, Middle Initial)  
Federation Of American Hospitals - OTHER

Transaction ID: 19990060

Date of Disbursement

Mailing Address 801 Pennsylvania Ave., NW  
Suite 245

/   /

City Washington State DC Zip Code 20004

Amount of Each Disbursement this Period

Purpose of Disbursement  
Please see memo text attached to this report for description of this disbursement.

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Please see memo text attached to this report for description of this disbursement.

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)

PAGE 35 / 39

<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

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NAME OF COMMITTEE (In Full)  
FEDERATION OF AMERICAN HOSPITALS PAC

A.	Full Name (Last, First, Middle Initial) Rely On Your Beliefs (ROYB) Fund	Transaction ID: 19991357 Date of Disbursement
	Mailing Address 209 Pennsylvania Avenue SE	<input type="text" value="05"/> <input type="text" value="04"/> / <input type="text" value="2007"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name	<input type="text" value="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) ▼

B.	Full Name (Last, First, Middle Initial) Blue Dog PAC	Transaction ID: 19991359 Date of Disbursement
	Mailing Address 236 Massachusetts Avenue NE Suite 508	<input type="text" value="05"/> <input type="text" value="04"/> / <input type="text" value="2007"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name	<input type="text" value="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) ▼

C.	Full Name (Last, First, Middle Initial) Friends For Harry Reid	Transaction ID: 19991178 Date of Disbursement
	Mailing Address PO Box 19163	<input type="text" value="05"/> <input type="text" value="04"/> / <input type="text" value="2007"/>
	City Las Vegas State NV Zip Code 89132	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="5000.00"/>
	Candidate Name Sen. Harry Reid	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="10000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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 36 / 39

<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

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NAME OF COMMITTEE (In Full)  
FEDERATION OF AMERICAN HOSPITALS PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Leadership 21</p> <p>Mailing Address 6849 Old Dominion Drive Suite 222</p> <p>City McLean State VA Zip Code 22101</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 08</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 19991358 <b>Date of Disbursement:</b> 05 / 04 / 2007</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) National Republican Congressional Committee</p> <p>Mailing Address 320 First Street, S.E.</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 20091334 <b>Date of Disbursement:</b> 05 / 11 / 2007</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) National Republican Senatorial Committee</p> <p>Mailing Address The Ronald Reagan Republican Cente 425 Second Street NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 20091329 <b>Date of Disbursement:</b> 05 / 11 / 2007</p> <p>Amount of Each Disbursement this Period 5000.00</p>

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

15000.00

**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)

PAGE 37 / 39

<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

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NAME OF COMMITTEE (In Full)  
FEDERATION OF AMERICAN HOSPITALS PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Reynolds For Congress <hr/> Mailing Address PO Box 15388 Pittsford <hr/> City Rochester State NY Zip Code 14615 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Thomas Reynolds <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 26 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 20091339 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7
	Amount of Each Disbursement this Period 1000.00 <hr/> Category/ Type 011
<b>B.</b> Full Name (Last, First, Middle Initial) Ellen Tauscher For Congress <hr/> Mailing Address 20 Park Road, Suite E Suite E <hr/> City Burlingame State CA Zip Code 94010 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Ellen Tauscher <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 10 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 20091341 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7
	Amount of Each Disbursement this Period 500.00 <hr/> Category/ Type 011

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

1500.00

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

26500.00

**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 38 / 39

<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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
FEDERATION OF AMERICAN HOSPITALS PAC

A.

Full Name (Last, First, Middle Initial)

Wachovia Bank

Mailing Address 801 Pennsylvania Ave, NW

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Bank Fees

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 20090316

Date of Disbursement

05 / 01 / 2007

Amount of Each Disbursement this Period

757.17

Bank Fees

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

757.17

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

757.17

Form/Schedule: **F3XA**

Transaction ID:

The disbursements noted on Line XX in the amount of \$168,750 was an offset that corresponds with a deposit made in error into our FedPAC account that was meant for our connected organization's operating account. The error was noticed on May 7, 2007 and the money was transferred out of the FedPAC account and deposited into the correct operating account. As we mentioned in the May 20th report, the offset to the receipt reported on the June 20th Report as the transfer was made on May 7. We reported the error in this manner per the advice of our Federal Election Commission Analyst.