



**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
FEDERATION OF AMERICAN HOSPITALS PAC

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	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>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		33395.44
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	68606.34									
(c) Total Receipts (from Line 19) .....	49520.67	89231.73								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	118127.01	122627.17								
7. Total Disbursements (from Line 31) .....	77080.31	81580.47								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	41046.70	41046.70								
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

Write or Type Committee Name  
FEDERATION OF AMERICAN HOSPITALS PAC

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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) .....	44678.34	59923.35
(ii) Unitemized .....	1935.00	3021.67
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	46613.34	62945.02
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	2500.00	17500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	49113.34	80445.02
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	5500.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	407.33	3286.71
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)) .....	49520.67	89231.73
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	49520.67	89231.73

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<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.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	77000.00	80000.00
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.....	80.31	1580.47
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))..	77080.31	81580.47
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	77080.31	81580.47

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	49113.34	80445.02
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	49113.34	80445.02
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 / 31  
(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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Jeff Eller

Mailing Address 98 San Jacinto NO 900

City State Zip Code  
Austin TX 78701

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

Name of Employer Tenet Healthcare Corporation  
Occupation 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	3	/	0	4	/	2	0	1	0

**Transaction ID:** 33773787

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Daniel R. Waldmann

Mailing Address 2001 19th St., NW #5

City State Zip Code  
Washington DC 20009-1343

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

Name of Employer Tenet Healthcare Corporation  
Occupation Vice President, Government Relations

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	4	/	2	0	1	0

**Transaction ID:** 33773788

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Kent H. Wallace

Mailing Address 16 De Zavala Place

City State Zip Code  
San Antonio TX 78231

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

Name of Employer Vanguard Health Systems  
Occupation SVP, Operations

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	4	/	2	0	1	0

**Transaction ID:** 33773789

Amount of Each Receipt this Period  
2500.00

**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 7 / 31  
(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**

<p><b>A.</b> Full Name (Last, First, Middle Initial) Vic Campbell</p> <p>Mailing Address 1307 Chickering Road</p> <p>City State Zip Code Nashville TN 37215</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 Occupation HCA, 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 ▼ <span style="border: 1px solid black; padding: 2px;">5000.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 03 / 04 / 2010</p> <p><b>Transaction ID: 33773790</b></p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">5000.00</span></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Mr. Phil Roe</p> <p>Mailing Address 212 Chapelwood Drive</p> <p>City State Zip Code Franklin TN 37069-6614</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 Occupation Vanguard Health Systems Executive</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;">2500.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 03 / 04 / 2010</p> <p><b>Transaction ID: 33773791</b></p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">2500.00</span></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Mr. James Spalding</p> <p>Mailing Address 6008 Robert E. Lee Drive</p> <p>City State Zip Code Nashville TN 37215-5226</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 Occupation Vanguard Health Systems Senior VP &amp; Asst. General Counsel</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;">M M / D D / Y Y Y Y</span> 03 / 04 / 2010</p> <p><b>Transaction ID: 33773792</b></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;">8500.00</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: (check only one)	PAGE 8 / 31
	<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) P T Dorsa	Date of Receipt MM / DD / YYYY 03 / 04 / 2010
	Mailing Address 5218 Heathrow Hills Drive	<b>Transaction ID:</b> 33773793
	City State Zip Code Brentwood TN 37027-6545	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Vanguard Health Systems Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Alan G. Thomas	Date of Receipt MM / DD / YYYY 03 / 04 / 2010
	Mailing Address 7387 Old Franklin Road	<b>Transaction ID:</b> 33773796
	City State Zip Code Fairview TN 37062-8128	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Vanguard Health Systems Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Harold H. Pilgrim, III	Date of Receipt MM / DD / YYYY 03 / 04 / 2010
	Mailing Address 125 Aylesbury Hill Street	<b>Transaction ID:</b> 33773797
	City State Zip Code San Antonio TX 78209-5441	Amount of Each Receipt this Period 1500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Vanguard Health Systems Occupation Executive 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) .....	3500.00
<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 9 / 31  
(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. Carol A. Bailey

Mailing Address 20 Burton Hills Blvd.  
Suite 100

City Nashville State TN Zip Code 37215-6409

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

Name of Employer Vanguard Health Systems Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 04 / 2010  
Transaction ID: 33773799  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Stephen F. Brown

Mailing Address 16 Sarah Nash Court

City Dallas State TX Zip Code 75225

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

Name of Employer Tenet Healthcare Corporation Occupation CIO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 03 / 22 / 2010  
Transaction ID: 34099748  
Amount of Each Receipt this Period 1500.00

**C.** Full Name (Last, First, Middle Initial)  
Jayne Chambers

Mailing Address 1256 Kensington Rd

City McLean State VA Zip Code 22101

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

Name of Employer FAH Occupation Vice President Legislation & Public Af

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt 03 / 15 / 2010  
Transaction ID: 34100333  
Amount of Each Receipt this Period 43.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2043.00

**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 / 31

(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 22205-2616

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

Name of Employer Occupation  
FAH Lobbyist

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 15 / 2010

Transaction ID: 34100335

Amount of Each Receipt this Period  
42.00

**B.**

Full Name (Last, First, Middle Initial)  
Charles N. Kahn, III

Mailing Address 4545 N Glebe Road

City State Zip Code  
Arlington VA 22207-4848

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

Name of Employer Occupation  
FAH President

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 2208.35

Date of Receipt

M M / D D / Y Y Y Y  
03 / 15 / 2010

Transaction ID: 34100337

Amount of Each Receipt this Period  
41.67

**C.**

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: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 15 / 2010

Transaction ID: 34100338

Amount of Each Receipt this Period  
45.00

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

128.67

**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: (check only one)	PAGE 11 / 31
	<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) Mr. Steve Speil		Date of Receipt	
	Mailing Address 1948 Rockingham Street		M M / D D / Y Y Y Y Y 03 / 15 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> 34100341
	McLean	VA	22101-4922	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		70.00	
Name of Employer FAH		Occupation Chief Financial Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		280.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Charles N. Martin, Jr.		Date of Receipt	
	Mailing Address 20 Burton Hills Blvd, Suite 100		M M / D D / Y Y Y Y Y 03 / 15 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> 34100931
	Nashville	TN	37215-6154	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		5000.00	
Name of Employer Vanguard Health Systems		Occupation Chairman & Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		5000.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Larry Fultz		Date of Receipt	
	Mailing Address 1084 Sir Francis Court		M M / D D / Y Y Y Y Y 03 / 15 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> 34100933
	Gallatin	TN	37066-7467	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		500.00	
Name of Employer Vanguard Health Systems		Occupation 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) .....	▶	5570.00
<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 12 / 31  
(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)  
Ronald L. Kaufman, MD.

Mailing Address 204 Annadale Road

City Pasadena State CA Zip Code 91105

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

Name of Employer Tenet Healthcare Corporation Occupation Physician Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 03 / 25 / 2010

**Transaction ID: 34142147**

Amount of Each Receipt this Period 210.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Kelvin A. Baggett

Mailing Address 5721 Edmondson Pike Apt. 205

City Nashville State TN Zip Code 37211-6486

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

Name of Employer Tenet Healthcare Corporation Occupation SVP and Chief Medical Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 03 / 25 / 2010

**Transaction ID: 34142148**

Amount of Each Receipt this Period 1500.00

**C.** Full Name (Last, First, Middle Initial)  
Charles F Miller

Mailing Address 747 Mendenbak Court

City Fort Mill State SC Zip Code 29732-7753

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

Name of Employer Piedmont Medical Center Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 25 / 2010

**Transaction ID: 34142150**

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2210.00

**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 13 / 31  
(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. Cathy Fraser

Mailing Address 272 Enclaves Court

City State Zip Code  
Coppell TX 75019

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

Name of Employer Tenet Healthcare Corporation      Occupation Executive

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 03 / 25 / 2010  
Transaction ID: 34142152  
Amount of Each Receipt this Period: 2000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. William Masterton

Mailing Address 50 Biscayne Drive NW #6109

City State Zip Code  
Atlanta GA 30309-1070

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

Name of Employer Coastal Carolina Hospital      Occupation CEO

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 25 / 2010  
Transaction ID: 34142191  
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Ron Stern

Mailing Address P.O. Box 36689

City State Zip Code  
Albuquerque NM 87176-6689

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

Name of Employer Lovelace Sandia Health Systems      Occupation President

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 29 / 2010  
Transaction ID: 34148010  
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 14 / 31  
(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 J. Bierman, Jr.

Mailing Address 18 Center Court

City State Zip Code  
Rockwall TX 75032-5999

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

Name of Employer Tenet Healthcare Corporation  
Occupation VP - Managed Care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2010

**Transaction ID:** 34148013

Amount of Each Receipt this Period  
500.00

**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  
03 / 29 / 2010

**Transaction ID:** 34148014

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Jeffrey E. Flocken

Mailing Address 27 New Dawn

City State Zip Code  
Irvine CA 92620

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

Name of Employer Tenet Healthcare Corporation  
Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2010

**Transaction ID:** 34148015

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 15 / 31  
(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)  
Craig C Armin

Mailing Address 23510 Berdon Street

City State Zip Code  
Woodland Hills CA 91367-3004

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

Name of Employer Tenet Healthcare Corporation  
Occupation VP Government Programs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2010

**Transaction ID:** 34148016

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Norma Zeringue

Mailing Address 5757 Southwestern Blvd.

City State Zip Code  
Dallas TX 75209-3437

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

Name of Employer Conifer Revenue Cycle  
Occupation VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
950.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2010

**Transaction ID:** 34148017

Amount of Each Receipt this Period  
200.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. James M. Schnuck

Mailing Address 9447 Foothills Dr.

City State Zip Code  
Brentwood TN 37027

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

Name of Employer Ardent Health Services  
Occupation Vice President Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2010

**Transaction ID:** 34148020

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1700.00**

**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 / 31  
(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 Peacock

Mailing Address 1120 Chesterton Drive

City State Zip Code  
Richardson TX 75080-2919

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

Name of Employer Tenet Healthcare Corporation  
Occupation VP - Finance Acquisitions

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	6	/	2	0	1	0

**Transaction ID:** 34148022

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Rodney A Reasoner

Mailing Address 1960 Mary Lee Lane

City State Zip Code  
Allen TX 75002-8528

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

Name of Employer Tenet Healthcare Corporation  
Occupation VP Finance

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	6	/	2	0	1	0

**Transaction ID:** 34148023

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Stephen C Petrovich

Mailing Address 222 Winburn Lane

City State Zip Code  
Franklin TN 37069

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

Name of Employer Ardent Health Services  
Occupation SVP & General Counsel

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	9	/	2	0	1	0

**Transaction ID:** 34148030

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 17 / 31  
(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. Paul Castanon

Mailing Address 6307 Preston Pkwy

City State Zip Code  
Dallas TX 75205-1650

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

Name of Employer Tenet Healthcare Corporation  
Occupation VP and Assistant General Counsel

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	9	/	2	0	1	0

**Transaction ID:** 34148032

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. John D. Short

Mailing Address 3108 Clymer Drive

City State Zip Code  
Plano TX 75025-5325

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

Name of Employer Tenet Healthcare Corporation  
Occupation 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	3	/	2	4	/	2	0	1	0

**Transaction ID:** 34213531

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Teresa Huskey

Mailing Address 4333 Pershing Ave.

City State Zip Code  
Fort Worth TX 76107-4243

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

Name of Employer Tenet Healthcare Corporation  
Occupation Senior Director, Gov. Relations

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	4	/	2	0	1	0

**Transaction ID:** 34213532

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 18 / 31

(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)  
Trevor Fetter

Mailing Address 3821 Beverly Drive

City State Zip Code  
Highland Park TX 75205

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

Name of Employer Occupation  
Tenet Healthcare Corporation President and CEO

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 24 / 2010

Transaction ID: 34213533

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Stephen L. Newman

Mailing Address 11034 Tibbs Street

City State Zip Code  
Dallas TX 75230-3450

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

Name of Employer Occupation  
Tenet Healthcare Corporation COO

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 24 / 2010

Transaction ID: 34213534

Amount of Each Receipt this Period

5000.00

**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: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 258.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 31 / 2010

Transaction ID: 34359185

Amount of Each Receipt this Period

43.00

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

10043.00

**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 / 31  
(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)  
Jeffrey E. Cohen  
 Mailing Address 4927 15th Street, North  
 City Arlington State VA Zip Code 22205-2616  
 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 ▼ 252.00  
 Date of Receipt 03 / 31 / 2010  
**Transaction ID: 34359186**  
 Amount of Each Receipt this Period 42.00

**B.** Full Name (Last, First, Middle Initial)  
Charles N. Kahn, III  
 Mailing Address 4545 N Glebe Road  
 City Arlington State VA Zip Code 22207-4848  
 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 ▼ 2250.02  
 Date of Receipt 03 / 31 / 2010  
**Transaction ID: 34359187**  
 Amount of Each Receipt this Period 41.67

**C.** Full Name (Last, First, Middle Initial)  
Jeffrey G. Micklos  
 Mailing Address 3130 Tennyson St., N.W.  
 City Washington State DC Zip Code 20015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FAH Occupation General Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00  
 Date of Receipt 03 / 31 / 2010  
**Transaction ID: 34359188**  
 Amount of Each Receipt this Period 45.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 128.67  
**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 20 / 31  
(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)  
Bonnie Money Penny

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 Occupation  
FAH SVP Administrative Services

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2010

**Transaction ID:** 34359189

Amount of Each Receipt this Period  
35.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Steve Speil

Mailing Address 1948 Rockingham Street

City State Zip Code  
McLean VA 22101-4922

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

Name of Employer Occupation  
FAH Chief Financial Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2010

**Transaction ID:** 34359190

Amount of Each Receipt this Period  
70.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **105.00**

**TOTAL** This Period (last page this line number only) ..... ► **44678.34**

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

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

FOR LINE NUMBER: PAGE 21 / 31

(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"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16

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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 - FEE REIMBURSEME

Mailing Address 801 Pennsylvania Ave., NW  
Suite 245

City State Zip Code  
Washington DC 20004

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3206.40

Date of Receipt

M M / D D / Y Y Y Y  
03 / 04 / 2010

Transaction ID: 33773800

Amount of Each Receipt this Period

327.02

**B.**

Full Name (Last, First, Middle Initial)  
Federation of American Hospitals - FEE REIMBURSEME

Mailing Address 801 Pennsylvania Ave., NW  
Suite 245

City State Zip Code  
Washington DC 20004

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3286.71

Date of Receipt

M M / D D / Y Y Y Y  
03 / 22 / 2010

Transaction ID: 34099816

Amount of Each Receipt this Period

80.31

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

407.33

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

407.33

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 31  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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) Universal Health Services Employees' Good Gov Fund		Date of Receipt																				
	Mailing Address 367 S. Gulph Road P.O. Box 61558		<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>3</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	5		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y													
	0	3		1	5		2	0	1	0													
	City	State	Zip Code																				
King of Prussia	PA	19406-0958																					
FEC ID number of contributing federal political committee.		<b>C</b> C00185520	<b>Transaction ID:</b> 34101000																				
Name of Employer		Occupation	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 ▼	2500.00																				
		2500.00																					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	2500.00

**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

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

A.	Full Name (Last, First, Middle Initial) Committee To Elect Chris Murphy	Transaction ID: 33772958 Date of Disbursement
	Mailing Address P.O. Box 127	<input type="text" value="03"/> / <input type="text" value="04"/> / <input type="text" value="2010"/>
	City Cheshire State CT Zip Code 06410	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. Christopher Murphy	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Whitfield For Congress Committee	Transaction ID: 33772959 Date of Disbursement
	Mailing Address P.O. Box 391	<input type="text" value="03"/> / <input type="text" value="04"/> / <input type="text" value="2010"/>
	City Hopkinsville State KY Zip Code 42241	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. Edward Whitfield	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Udall For Colorado	Transaction ID: 33772981 Date of Disbursement
	Mailing Address PO Box 40158	<input type="text" value="03"/> / <input type="text" value="04"/> / <input type="text" value="2010"/>
	City Denver State CO Zip Code 80204	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="5000.00"/>
	Candidate Name Sen. Mark Udall	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District:	Disbursement For: 2014 <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="7000.00"/>
<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 24 / 31

<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) National Republican Congressional Committee	Transaction ID: 33772982 Date of Disbursement 03 / 04 / 2010
	Mailing Address 320 First Street, S.E.	Amount of Each Disbursement this Period 15000.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name National Republican Congressional Committee	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) The Freedom Project	Transaction ID: 33772994 Date of Disbursement 03 / 04 / 2010
	Mailing Address 111 C Street SE	Amount of Each Disbursement this Period 2500.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name The Freedom Project	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Friends Of Schumer	Transaction ID: 33907681 Date of Disbursement 03 / 12 / 2010
	Mailing Address 509 Madison Ave Suite 1902	Amount of Each Disbursement this Period 3500.00
	City New York State NY Zip Code 10022	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Sen. Charles E. Schumer	
	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: NY District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	21000.00
<b>TOTAL</b> 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

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

A.

Full Name (Last, First, Middle Initial)  
Peak PAC

Mailing Address PO BOX 48004

City State Zip Code  
Denver CO 80204

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Peak PAC

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: 33907689  
Date of Disbursement

03 / 12 / 2010

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)  
Friends Of John Thune

Mailing Address 200 North Phillips Avenue Ste L101

City State Zip Code  
Sioux Falls SD 57104

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Sen. John R. Thune

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: SD District:

Transaction ID: 33907694  
Date of Disbursement

03 / 12 / 2010

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)  
Committee for the Preservation of Capitalism (CPC)

Mailing Address PO Box 65314

City State Zip Code  
Washington DC 20036

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Committee for the Preservation of Capitalism (CPC)

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: 33907699  
Date of Disbursement

03 / 12 / 2010

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ▶

12500.00

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)

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<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) Earl Pomeroy For Congress <hr/> Mailing Address Post Office Box 9336 <hr/> City Fargo State ND Zip Code 58106 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Earl Pomeroy <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33907701 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00 Category/Type: 011
<b>B.</b> Full Name (Last, First, Middle Initial) Nelson for U.S. Senate <hr/> Mailing Address P O Box 8666 <hr/> City Omaha State NE Zip Code 68103 <hr/> Purpose of Disbursement <hr/> Candidate Name Sen. E. Benjamin Nelson <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 34138557 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 1 0
	Amount of Each Disbursement this Period 2000.00 Category/Type: 011
<b>C.</b> Full Name (Last, First, Middle Initial) Cantor For Congress <hr/> Mailing Address P. O. Box 17813 <hr/> City Richmond State VA Zip Code 23226 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Eric I. Cantor <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 34138563 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 1 0
	Amount of Each Disbursement this Period 3500.00 Category/Type: 011

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

8000.00

**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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Wasserman-Schultz For Congress</p> <p>Mailing Address 1071 Twin Branch Ln</p> <p>City Weston State FL Zip Code 33326</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Rep. Debbie Wasserman-Schultz</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: FL District: 20</p>	<p><b>Transaction ID:</b> 34138567 <b>Date of Disbursement</b> <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2010</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">2500.00</span></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 South Capitol Street, S.E.</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p><b>Transaction ID:</b> 34138570 <b>Date of Disbursement</b> <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2010</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">10000.00</span></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) PATPAC (Preserving America's Traditions PAC)</p> <p>Mailing Address 228 South Washington Street Suite B-20</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p><b>Transaction ID:</b> 34138572 <b>Date of Disbursement</b> <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2010</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">1000.00</span></p>

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

**13500.00**

**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)

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<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) Boyd For Congress</p> <p>Mailing Address P.O. Box 15703</p> <p>City Tallahassee State FL Zip Code 32317</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Rep. Allen Boyd</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) ▼</p> <p>State: FL District: 02</p>	<p><b>Transaction ID:</b> 34138574 <b>Date of Disbursement</b> 03 / 25 / 2010</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">1000.00</span></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Dave Camp For Congress 2010</p> <p>Mailing Address 5915 Eastman Avenue Suite 100</p> <p>City Midland State MI Zip Code 48640</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Rep. David Lee Camp</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) ▼</p> <p>State: MI District: 04</p>	<p><b>Transaction ID:</b> 34138576 <b>Date of Disbursement</b> 03 / 25 / 2010</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">1000.00</span></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Herron For Congress</p> <p>Mailing Address 142 West Main Street</p> <p>City Dresden State TN Zip Code 38225</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Mr. Roy Herron</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) ▼</p> <p>State: TN District: 08</p>	<p><b>Transaction ID:</b> 34138577 <b>Date of Disbursement</b> 03 / 25 / 2010</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">500.00</span></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<span style="border: 1px solid black; padding: 5px; display: inline-block;">2500.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 5px; display: inline-block;"> </span>

**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 29 / 31

<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) Mike Crapo For Us Senate <hr/> Mailing Address P.O. Box 1948 <hr/> City Boise State ID Zip Code 83701 <hr/> Purpose of Disbursement <hr/> Candidate Name Sen. Mike Crapo <hr/> 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: ID District:	<b>Transaction ID:</b> 34138580 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 1 0
	Amount of Each Disbursement this Period 1500.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Friends Of Trey Grayson <hr/> Mailing Address PO Box 175726 <hr/> City Ft Mitchell State KY Zip Code 41017 <hr/> Purpose of Disbursement <hr/> Candidate Name C Grayson <hr/> 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: KY District:	<b>Transaction ID:</b> 34148035 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Volunteers For Shimkus <hr/> Mailing Address PO Box 5458 <hr/> City Springfield State IL Zip Code 62705 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. John M. Shimkus <hr/> 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: IL District: 19	<b>Transaction ID:</b> 34148036 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

3500.00

**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)

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<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) Ryan For Congress	Transaction ID: 34148037 Date of Disbursement
	Mailing Address P. O. Box 1919	<input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City Janesville State WI Zip Code 53547	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name Rep. Paul D. Ryan	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PETE PAC	Transaction ID: 34183491 Date of Disbursement
	Mailing Address 7804 Evening Lane	<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City Alexandria State VA Zip Code 22306	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="5000.00"/>
	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 Of Schumer	Transaction ID: 34359191 Date of Disbursement
	Mailing Address 509 Madison Ave Suite 1902	<input type="text" value="03"/> / <input type="text" value="12"/> / <input type="text" value="2010"/>
	City New York State NY Zip Code 10022	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1500.00"/>
	Candidate Name Sen. Charles E. Schumer	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY 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="9000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="77000.00"/>

# 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)

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<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		Transaction ID: 33775555	
	Mailing Address 801 Pennsylvania Ave, NW		Date of Disbursement 03 / 01 / 2010	
	City Washington	State DC	Zip Code 20004	Amount of Each Disbursement this Period 72.81
	Purpose of Disbursement		001	Category/ Type
	Candidate Name			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State: District:			

B.	Full Name (Last, First, Middle Initial) Wachovia Bank		Transaction ID: 33908163	
	Mailing Address 801 Pennsylvania Ave, NW		Date of Disbursement 03 / 09 / 2010	
	City Washington	State DC	Zip Code 20004	Amount of Each Disbursement this Period 7.50
	Purpose of Disbursement		001	Category/ Type
	Candidate Name			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State: District:			

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

80.31

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

80.31