

# 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 (12S)  
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 2010 through 05 31 2010

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 Mrs. Karen Conwell Smith

Signature of Treasurer Electronically Filed by Mrs. Karen Conwell Smith Date 06 18 2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

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

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

Write or Type Committee Name  
FEDERATION OF AMERICAN HOSPITALS PAC

Report Covering the Period: From: 

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	5

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 .....	48565.04									
(c) Total Receipts (from Line 19) .....	70458.09	189837.29								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	119023.13	223232.73								
7. Total Disbursements (from Line 31) .....	71049.75	175259.35								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	47973.38	47973.38								
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

FEC Form 3X (Rev. 06/2004)

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	1	0

 To: 

M	M
0	5

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) .....	61953.34	145980.03
(ii) Unitemized .....	6960.00	13896.67
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	68913.34	159876.70
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	17500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	68913.34	177376.70
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.) .....	1544.75	6960.59
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)) .....	70458.09	189837.29
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	70458.09	189837.29

**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.....	69500.00	170000.00
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.....	1549.75	5259.35
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))..	71049.75	175259.35
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	71049.75	175259.35

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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) .....	68913.34	177376.70
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	68913.34	177376.70
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 / 47  
(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)  
Jane D Englebright  
 Mailing Address 241 Gillette Drive  
 City State Zip Code  
 Franklin TN 37069-4115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HCA, Inc. Hospital Management  
 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 / 0 3 / 2 0 1 0  
**Transaction ID:** 34602407  
 Amount of Each Receipt this Period  
 500.00

**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 / 0 3 / 2 0 1 0  
**Transaction ID:** 34602408  
 Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
R Parker Sherrill  
 Mailing Address 713 Vail Court  
 City State Zip Code  
 Nashville TN 37215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HCA, Inc. Consultant  
 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 / 0 3 / 2 0 1 0  
**Transaction ID:** 34602409  
 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 7 / 47  
(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)  
Mrs. Karolee Sowle

Mailing Address 17 Mission Court

City Rancho Mirage State CA Zip Code 92270-1309

FEC ID number of contributing federal political committee. C

Name of Employer Desert Regional Medical Center Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 07 / 2010

**Transaction ID: 34720888**

Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Russell K Harms

Mailing Address 1130 Frenchtown Lane

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. C

Name of Employer HCA, Inc. Occupation Healthcare Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 05 / 07 / 2010

**Transaction ID: 34720889**

Amount of Each Receipt this Period 2500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert Bird

Mailing Address 1209 Mt. Vernon Lane

City Mount Juliet State TN Zip Code 37122-2849

FEC ID number of contributing federal political committee. C

Name of Employer HCA, Inc. Occupation AVP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 07 / 2010

**Transaction ID: 34720890**

Amount of Each Receipt this Period 250.00

**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 8 / 47

(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)  
Steven E Clifton

Mailing Address 6205 Milbrook Road

City State Zip Code  
Brentwood TN 37027-4911

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 05 / 07 / 2010

**Transaction ID:** 34720892

Amount of Each Receipt this Period 500.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. William Carver

Mailing Address 101 Saddlebridge Lane

City State Zip Code  
Franklin TN 37069-4323

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
HCA, Inc. AVP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 07 / 2010

**Transaction ID:** 34720893

Amount of Each Receipt this Period 250.00

**C.**

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

Mailing Address 413 Benton Lane

City State Zip Code  
Franklin TN 37067

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
HCA, Inc. VP Internal Audit

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 07 / 2010

**Transaction ID:** 34720894

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... 1250.00

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



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

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

FOR LINE NUMBER: PAGE 9 / 47  
(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 3 Carmel Lane

City State Zip Code  
Brentwood TN 37027-8928

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 / 07 / 2010

**Transaction ID:** 34720895

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Rodney V. Bennett

Mailing Address 5720 Traceside Drive

City State Zip Code  
Nashville TN 37221-4016

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

Name of Employer Occupation  
HCA, Inc. AVP, Internal Audit

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 14 / 2010

**Transaction ID:** 34772126

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Karen Mason

Mailing Address 5457 Vanderbilt Road

City State Zip Code  
Old Hickory TN 37138-1131

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

Name of Employer Occupation  
HCA, Inc. Controller, AVP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 14 / 2010

**Transaction ID:** 34772129

Amount of Each Receipt this Period  
250.00

**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 10 / 47

(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. Bill Wright

Mailing Address 514 Antebellum

City State Zip Code  
Franklin TN 37064-0739

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

Name of Employer Occupation  
HCA, Inc. AVP of IT

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

Date of Receipt

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

Transaction ID: 34772135

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Bryan Graves

Mailing Address 6605 Harcourt Circle

City State Zip Code  
Nashville TN 37205-3933

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

Name of Employer Occupation  
HCA, Inc. AVP, IS

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

Date of Receipt

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

Transaction ID: 34772136

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Larry Burkhart

Mailing Address 1017 Manley Lane

City State Zip Code  
Brentwood TN 37027

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

Name of Employer Occupation  
HCA, Inc. Vice President Human Resources

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 0 / 2 0 1 0

Transaction ID: 34772137

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 / 47

(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. Kathleen M. Whalen

Mailing Address 2909 Westmoreland Drive

City State Zip Code  
Nashville TN 37212-4716

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

Name of Employer Occupation  
HCA, Inc. AVP, Ethics and Compliance Program Dev

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

Date of Receipt

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

Transaction ID: 34772138

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Kim Hatley

Mailing Address 404 Briksbury Drive

City State Zip Code  
Franklin TN 37067-5004

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

Name of Employer Occupation  
HCA, Inc. AVP

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

Date of Receipt

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

Transaction ID: 34772139

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Darrel M. Mogilles

Mailing Address 1655 Brentwood Pointe

City State Zip Code  
Franklin TN 37067-4605

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

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

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

Date of Receipt

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

Transaction ID: 34772146

Amount of Each Receipt this Period

250.00

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 12 / 47  
(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. Tim Scarvey  
 Mailing Address 1629 Whispering Hills Drive  
 City State Zip Code  
 Franklin TN 37069-7242  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 1 0  
**Transaction ID:** 34772147  
 Amount of Each Receipt this Period  
 500.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Tristar Health System VP Strategic Planning & Development  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00

**B.** Full Name (Last, First, Middle Initial)  
A. Bruce Moore, Jr.  
 Mailing Address 2105 Golf Club Lane  
 City State Zip Code  
 Nashville TN 37215  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 1 0  
**Transaction ID:** 34772148  
 Amount of Each Receipt this Period  
 3000.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HCA, Inc. COO & SVP Outpatient Services  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 3000.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Joanne F. Pulles  
 Mailing Address 209 Gillette Drive  
 City State Zip Code  
 Franklin TN 37069-4115  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 1 0  
**Transaction ID:** 34772150  
 Amount of Each Receipt this Period  
 250.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HCA, Inc. AVP, Community Relations  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3750.00  
**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 / 47  
(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. Ken Roth

Mailing Address 131 Blue Ridge Drive

City Hendersonville State TN Zip Code 37075-2666

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

Name of Employer HCA, Inc. Occupation AVP - Finance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 10 / 2010  
Transaction ID: 34775542  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Phil Billington

Mailing Address 499 Grand Oaks Drive

City Brentwood State TN Zip Code 37027-5651

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

Name of Employer HCA, Inc. Occupation VP, Audit

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 10 / 2010  
Transaction ID: 34775600  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Thomas G. Morris

Mailing Address 1672 Highfield Lane

City Brentwood State TN Zip Code 37027-3318

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

Name of Employer HCA, Inc. Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 10 / 2010  
Transaction ID: 34775616  
Amount of Each Receipt this Period 250.00

**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 14 / 47

(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)

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

Date of Receipt

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

Transaction ID: 34775662

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

David Tropauer

Mailing Address 241 Poteat Place

City State Zip Code  
Franklin TN 37064-2041

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

Name of Employer Occupation  
HCA, Inc. Controller, Eastern Group Operations

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 / 1 0 / 2 0 1 0

Transaction ID: 34775689

Amount of Each Receipt this Period

250.00

C.

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: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 4 / 2 0 1 0

Transaction ID: 34775753

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional) ▶

1600.00

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 / 47  
(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. Brian Weldy  
 Mailing Address 114 Wilshire Drive  
 City State Zip Code  
 Franklin TN 37064-0766  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 1 8 / 2 0 1 0  
**Transaction ID:** 34776593  
 Amount of Each Receipt this Period  
 500.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HCA, Inc. VP Engineering  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. George A. Hays  
 Mailing Address 1052 Beech Tree Lane  
 City State Zip Code  
 Brentwood TN 37027-7642  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 1 8 / 2 0 1 0  
**Transaction ID:** 34776594  
 Amount of Each Receipt this Period  
 250.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HCA, Inc. AVP  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

**C.** Full Name (Last, First, Middle Initial)  
Richard C Wright  
 Mailing Address 108 East Carolina Avenue  
 City State Zip Code  
 Summerville SC 29483  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 1 8 / 2 0 1 0  
**Transaction ID:** 34776595  
 Amount of Each Receipt this Period  
 1000.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Universal Health Services, Inc. Vice President  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00  
**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 / 47  
(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)  
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 Y  
05 / 18 / 2010

**Transaction ID:** 34776596

Amount of Each Receipt this Period  
250.00

**B.** 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: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 18 / 2010

**Transaction ID:** 34776597

Amount of Each Receipt this Period  
500.00

**C.** 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: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 18 / 2010

**Transaction ID:** 34776598

Amount of Each Receipt this Period  
3000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3750.00**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 47
	<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) Mr. James Mike Thatcher	Date of Receipt MM / DD / YYYY 05 / 18 / 2010
	Mailing Address 2904 Crooked Stick Drive	<b>Transaction ID:</b> 34776599
	City State Zip Code Plano TX 75093-6352	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Conifer Health	Occupation VP, Business Development	
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) Ms. Shannon Dauchot	Date of Receipt MM / DD / YYYY 05 / 18 / 2010
	Mailing Address 9010 Grey Pointe Court	<b>Transaction ID:</b> 34776600
	City State Zip Code Brentwood TN 37027-8141	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 COO-Shared Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Richard M. Bracken	Date of Receipt MM / DD / YYYY 05 / 18 / 2010
	Mailing Address 920 Tyne Blvd.	<b>Transaction ID:</b> 34776601
	City State Zip Code Nashville TN 37220	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer HCA, Inc.	Occupation President & Chief Operating Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	6000.00
<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 18 / 47

(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. Clint Jennings

Mailing Address 17454 Nashville Hwy.

City State Zip Code  
Buffalo Valley TN 38548-5329

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

Name of Employer Occupation  
HCA, Inc. AVP

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

Date of Receipt

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

Transaction ID: 34776602

Amount of Each Receipt this Period

250.00

**B.**

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

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

Transaction ID: 34776603

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. John Crothers

Mailing Address 9404 Chesapeake Drive

City State Zip Code  
Brentwood TN 37027-7483

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

Name of Employer Occupation  
HCA, Inc. VP

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

Date of Receipt

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

Transaction ID: 34776604

Amount of Each Receipt this Period

250.00

**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 19 / 47

(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)

Joe N Steakley

Mailing Address 1012 Tyne Blvd.

City State Zip Code  
Nashville TN 37220-1027

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

Name of Employer Occupation  
HCA, Inc. SVP-Internal Audit Services

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2500.00

Date of Receipt

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

Transaction ID: 34776605

Amount of Each Receipt this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Paul Martin Paslick

Mailing Address 3209 Woodlawn Drive

City State Zip Code  
Nashville TN 37215-1177

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

Name of Employer Occupation  
HCA, Inc. Vice President, IT & Services

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 750.00

Date of Receipt

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

Transaction ID: 34922009

Amount of Each Receipt this Period

750.00

**C.**

Full Name (Last, First, Middle Initial)

Terry Bridges

Mailing Address 4008 Nestledown Drive

City State Zip Code  
Franklin TN 37067-7804

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

Name of Employer Occupation  
HCA, Inc. VP, Behavioral Health Services

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 / 2 0 / 2 0 1 0

Transaction ID: 34922010

Amount of Each Receipt this Period

500.00

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

3750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 47

(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. Paul Rein

Mailing Address 9354 Ansley Lane

City State Zip Code  
Brentwood TN 37027-3312

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

Name of Employer Occupation  
HCA, Inc. VP & CFO

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 / 2 0 / 2 0 1 0

Transaction ID: 34922011

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Joseph Haase

Mailing Address 9221 Fox Run Drive

City State Zip Code  
Brentwood TN 37027-7443

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

Name of Employer Occupation  
HCA, Inc. VP, Risk Management

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 / 2 0 / 2 0 1 0

Transaction ID: 34922012

Amount of Each Receipt this Period

250.00

**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 Ins-  
titue, LLC CEO

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 / 2 0 / 2 0 1 0

Transaction ID: 34922013

Amount of Each Receipt this Period

500.00

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

1250.00

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

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

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

FOR LINE NUMBER: PAGE 21 / 47  
(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)  
Eric Ward

Mailing Address 9634 Millford Court

City State Zip Code  
Brentwood TN 37027

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

Name of Employer Occupation  
HCA, Inc. CEO-Financial Services Division

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2010

**Transaction ID:** 34922014

Amount of Each Receipt this Period  
750.00

**B.** Full Name (Last, First, Middle Initial)  
Susan N Postal

Mailing Address 5148 Brittany Drive

City State Zip Code  
Old Hickory TN 37138

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

Name of Employer Occupation  
HCA, Inc. VP-Health Info Mgt Services

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2010

**Transaction ID:** 34922016

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Leonard Freehof

Mailing Address 9910 171st Avenue, S.E.

City State Zip Code  
Renton WA 98059

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

Name of Employer Occupation  
Auburn Regional Medical Center CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2010

**Transaction ID:** 34922036

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

**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 / 47

(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. Steven Foster

Mailing Address 3404 San Sebastian

City State Zip Code  
Mission TX 78572-0525

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

Name of Employer Occupation  
McAllen Medical Center Associate Administrator

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

Date of Receipt

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

Transaction ID: 34922038

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Candi Constantine

Mailing Address 2100 Angelina Marie Drive

City State Zip Code  
Pharr TX 78577-6752

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

Name of Employer Occupation  
McAllen Medical Center CNO

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

Date of Receipt

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

Transaction ID: 34922039

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
David S Welch

Mailing Address 7 Sawgrass Lane

City State Zip Code  
Brentwood TN 37027

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

Name of Employer Occupation  
HCA, Inc. VP-Supply Chain 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 / 2 0 / 2 0 1 0

Transaction ID: 34922042

Amount of Each Receipt this Period  
500.00

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

1050.00

**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 / 47  
(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. Daniel C. Schunk

Mailing Address 1701 Wilson Pk

City State Zip Code  
Brentwood TN 37027

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

Name of Employer Occupation  
HCA, Inc. VP - Product Development

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2010

**Transaction ID:** 34922043

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert Moran

Mailing Address 128 Buchanan Circle

City State Zip Code  
Hendersonville TN 37075-9697

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

Name of Employer Occupation  
HCA, Inc. AVP, Development

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2010

**Transaction ID:** 34922044

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Lorraine Gerelick

Mailing Address 2039 Castleman Drive

City State Zip Code  
Nashville TN 37215-6123

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

Name of Employer Occupation  
HCA, Inc. VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2010

**Transaction ID:** 34922045

Amount of Each Receipt this Period  
250.00

**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 24 / 47

(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. George Mike Adams

Mailing Address 2600 Nicole Drive

City State Zip Code  
Mission TX 78574-9685

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

Name of Employer Occupation  
Edinburg Regional Hospital COO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 9 / 2 0 1 0

Transaction ID: 34922096

Amount of Each Receipt this Period  
360.00

**B.**

Full Name (Last, First, Middle Initial)  
Kyle Sanders

Mailing Address 3523 Plum Lane

City State Zip Code  
Amarillo TX 79121

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

Name of Employer Occupation  
Northwest Texas Healthcare System Chief Operating Officer

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

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 9 / 2 0 1 0

Transaction ID: 34922101

Amount of Each Receipt this Period  
700.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Stanley D. Tatum

Mailing Address 9599 Oak Meadow Lane

City State Zip Code  
Pilot Point TX 76258-6664

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

Name of Employer Occupation  
St. Mary's Medical Center CEO

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

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 9 / 2 0 1 0

Transaction ID: 34922106

Amount of Each Receipt this Period  
500.00

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

1560.00

**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 25 / 47  
(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**

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mr. David Hughes</p> <p>Mailing Address 9220 Foxboro Drive</p> <p>City State Zip Code <b>Brentwood TN 37027-6123</b></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. AVP, Enterprise Risk Mgmt.</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 / 19 / 2010</span></p> <p><b>Transaction ID: 34922110</b></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>B.</b> Full Name (Last, First, Middle Initial) Mr. Thomas Doyle</p> <p>Mailing Address 1206 Holly Hill Drive</p> <p>City State Zip Code <b>Franklin TN 37064-6710</b></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. 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;">500.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">05 / 19 / 2010</span></p> <p><b>Transaction ID: 34922111</b></p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">500.00</span></p>
---	---

<p><b>C.</b> Full Name (Last, First, Middle Initial) Mr. Joe B. Riley</p> <p>Mailing Address 3801 N. McColl, Apt. 125</p> <p>City State Zip Code <b>McAllen TX 78501-9132</b></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 McAllen Medical Center 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;">315.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">05 / 19 / 2010</span></p> <p><b>Transaction ID: 34922112</b></p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">315.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1065.00</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 26 / 47  
(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. Joe A. Sowell, III

Mailing Address 2501 Belmont Blvd.

City Nashville State TN Zip Code 37212-5505

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

Name of Employer HCA, Inc. Occupation SVP of Development

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 05 / 19 / 2010  
**Transaction ID: 34922118**  
 Amount of Each Receipt this Period: 2500.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Connie Glover

Mailing Address 1041 Weston Court

City Brentwood State TN Zip Code 37027

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

Name of Employer HCA, Inc. Occupation Vice President, Internal Audit

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 05 / 19 / 2010  
**Transaction ID: 34922119**  
 Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Richard L Davis

Mailing Address 730 S. Patrick Street

City Alexandria State VA Zip Code 22314-4021

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

Name of Employer George Washington University Hospital Occupation Chief Financial Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 19 / 2010  
**Transaction ID: 34922122**  
 Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3250.00**

**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 / 47  
(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)  
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 FAH Occupation Vice President Legislation & Public Af  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 387.00  
Date of Receipt 05 / 14 / 2010  
Transaction ID: 34922123  
Amount of Each Receipt this Period 43.00

**B.** 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 FAH Occupation Lobbyist  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 378.00  
Date of Receipt 05 / 14 / 2010  
Transaction ID: 34922124  
Amount of Each Receipt this Period 42.00

**C.** 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 FAH Occupation President  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2375.03  
Date of Receipt 05 / 14 / 2010  
Transaction ID: 34922125  
Amount of Each Receipt this Period 41.67

**SUBTOTAL** of Receipts This Page (optional) ..... ► 126.67  
**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 28 / 47  
(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 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 ▼ 390.00

Date of Receipt 05 / 14 / 2010

Transaction ID: 34922126

Amount of Each Receipt this Period 45.00

**B.** Full Name (Last, First, Middle Initial)  
Bonnie Money Penny

Mailing Address 14128 Burlingame Road

City Little Rock State AR Zip Code 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 05 / 14 / 2010

Transaction ID: 34922127

Amount of Each Receipt this Period 35.00

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

Mailing Address 1948 Rockingham Street

City McLean State VA Zip Code 22101-4922

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

Name of Employer FAH Occupation Chief Financial Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt 05 / 14 / 2010

Transaction ID: 34922128

Amount of Each Receipt this Period 70.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 150.00

**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 / 47  
(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)  
Sajit Pullankat

Mailing Address 9227 Bronze River Avenue

City Las Vegas State NV Zip Code 89149-1685

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

Name of Employer Centennial Hills Hospital Occupation Interim CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 17 / 2010  
**Transaction ID: 34922608**  
 Amount of Each Receipt this Period 400.00

**B.**

Full Name (Last, First, Middle Initial)  
Lisa K. Wilson

Mailing Address 5638 River Road

City Amarillo State TX Zip Code 79108

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

Name of Employer Northwest Texas Healthcare System Occupation Director of Business Development

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 17 / 2010  
**Transaction ID: 34922609**  
 Amount of Each Receipt this Period 300.00

**C.**

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

Mailing Address 4118 Elder Place

City Nashville State TN Zip Code 37215

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 17 / 2010  
**Transaction ID: 34922612**  
 Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1200.00**

**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 30 / 47  
(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)  
Michael A Marks

Mailing Address 2426 Bond Avenue

City State Zip Code  
Clearwater FL 33759

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

Name of Employer Occupation  
HCA, Inc. Chief Financial Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
05 / 17 / 2010

**Transaction ID:** 34922613

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Brenda J. Smith

Mailing Address 718 Pearre Springs Way

City State Zip Code  
Franklin TN 37064-4844

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

Name of Employer Occupation  
HCA, Inc. AVP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 17 / 2010

**Transaction ID:** 34922614

Amount of Each Receipt this Period  
250.00

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

Mailing Address 6646 Hyde Road

City State Zip Code  
College Grove TN 37046-9143

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

Name of Employer Occupation  
HCA, Inc. VP HR Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 17 / 2010

**Transaction ID:** 34922615

Amount of Each Receipt this Period  
250.00

**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 31 / 47  
(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. Charlie Boyle

Mailing Address 23 Newton Woods Road

City State Zip Code  
Newtown Square PA 19073-3916

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

Name of Employer Occupation  
Universal Health Services, Inc. VP - Controller

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 05 / 17 / 2010  
Transaction ID: 34922616  
Amount of Each Receipt this Period: 350.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. David Anderson Cannady

Mailing Address 152 Carphilly Circle

City State Zip Code  
Franklin TN 37069-4358

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

Name of Employer Occupation  
HCA, Inc. Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 05 / 17 / 2010  
Transaction ID: 34922619  
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Beverly Wallace

Mailing Address 206 Concord Park West

City State Zip Code  
Nashville TN 37205

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: 05 / 17 / 2010  
Transaction ID: 34922620  
Amount of Each Receipt this Period: 3000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3850.00**

**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 32 / 47

(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 J Coulter

Mailing Address 9538 Butler Drive

City State Zip Code  
Brentwood TN 37027

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

Name of Employer Occupation  
HCA, Inc. Vice President

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 7 / 2 0 1 0

Transaction ID: 34922621

Amount of Each Receipt this Period

500.00

**B.**

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

Date of Receipt

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

Transaction ID: 34922622

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Charles J Hall

Mailing Address 2658 Millstone Plantation Road

City State Zip Code  
Tallahassee FL 32312

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

Name of Employer Occupation  
HCA, Inc. Division President

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

Date of Receipt

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

Transaction ID: 34922623

Amount of Each Receipt this Period

3000.00

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

8500.00

**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 33 / 47  
(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)  
Ann G Hatcher  
Mailing Address 410 Brook Hollow Road  
City Nashville State TN Zip Code 37205  
FEC ID number of contributing federal political committee. **C**  
Name of Employer HCA, Inc. Occupation VP Human Resources  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 05 / 17 / 2010  
Transaction ID: 34922624  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Donald Baker  
Mailing Address 12304 S. 16th Street  
City Jenks State OK Zip Code 74037  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Ardent Health Services Occupation Chief Financial Officer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 05 / 17 / 2010  
Transaction ID: 34922626  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Sandra J Metzler  
Mailing Address 6573 Rolling Fork Drive  
City Nashville State TN Zip Code 37205  
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 / 17 / 2010  
Transaction ID: 34922628  
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: (check only one)	PAGE 34 / 47		
	<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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Doug Rabe		Date of Receipt MM / DD / YYYY 05 / 17 / 2010		
	Mailing Address 9923 Capridge Drive		<b>Transaction ID:</b> 34922649		
	City Dallas	State TX	Zip Code 75238	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Tenet Healthcare Corporation	Occupation VP - Taxation	Aggregate Year-to-Date 500.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Wesley T Crable		Date of Receipt MM / DD / YYYY 05 / 27 / 2010		
	Mailing Address 1915 Forest Creek Drive		<b>Transaction ID:</b> 34949809		
	City Birmingham	State AL	Zip Code 35244	Amount of Each Receipt this Period 550.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer George Washington University Hospital	Occupation Chief Operating Officer	Aggregate Year-to-Date 550.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Robert Freymuller		Date of Receipt MM / DD / YYYY 05 / 28 / 2010		
	Mailing Address 3067 Red Arrow Drive		<b>Transaction ID:</b> 35095064		
	City Las Vegas	State NV	Zip Code 89135-1625	Amount of Each Receipt this Period 275.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Summerlin Hospital Medical Ctr.	Occupation CEO	Aggregate Year-to-Date 275.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1325.00</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 35 / 47  
(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)  
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 FAH Occupation Vice President Legislation & Public Af

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 430.00

Date of Receipt  
MM / DD / YYYY  
05 / 28 / 2010

**Transaction ID: 35145811**

Amount of Each Receipt this Period  
43.00

**B.**

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 FAH Occupation Lobbyist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
MM / DD / YYYY  
05 / 28 / 2010

**Transaction ID: 35145812**

Amount of Each Receipt this Period  
42.00

**C.**

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 FAH Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2416.70

Date of Receipt  
MM / DD / YYYY  
05 / 28 / 2010

**Transaction ID: 35145813**

Amount of Each Receipt this Period  
41.67

**SUBTOTAL** of Receipts This Page (optional) ..... ► **126.67**

**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 36 / 47  
(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 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 ▼ 435.00  
Date of Receipt 05 / 28 / 2010  
Transaction ID: 35145814  
Amount of Each Receipt this Period 45.00

**B.** Full Name (Last, First, Middle Initial)  
Bonnie Money Penny  
Mailing Address 14128 Burlingame Road  
City Little Rock State AR Zip Code 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 ▼ 350.00  
Date of Receipt 05 / 28 / 2010  
Transaction ID: 35145815  
Amount of Each Receipt this Period 35.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Steve Speil  
Mailing Address 1948 Rockingham Street  
City McLean State VA Zip Code 22101-4922  
FEC ID number of contributing federal political committee. **C**  
Name of Employer FAH Occupation Chief Financial Officer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 630.00  
Date of Receipt 05 / 28 / 2010  
Transaction ID: 35145816  
Amount of Each Receipt this Period 70.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 150.00  
**TOTAL** This Period (last page this line number only) ..... ► 61953.34

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 37 / 47	
	(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

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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 / 2 6 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID: 34949808</b>
	Washington	DC	20004	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		1544.75	
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 6960.59		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1544.75
<b>TOTAL</b> This Period (last page this line number only) .....	▶	1544.75

**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)  
Friends Of Blanche Lincoln

Transaction ID: 34699546

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	6		2	0	1	0

Mailing Address PO Box 3197

Amount of Each Disbursement this Period

3000.00
---------

City Little Rock State AR Zip Code 72203

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Blanche Lincoln

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: AR District:

B.

Full Name (Last, First, Middle Initial)  
Matheson For Congress

Transaction ID: 34701749

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	6		2	0	1	0

Mailing Address P.O. Box 521048  
Suite A

Amount of Each Disbursement this Period

1000.00
---------

City Salt Lake City State UT Zip Code 84152

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. James D. Matheson

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: UT District: 02

C.

Full Name (Last, First, Middle Initial)  
Dave Wu For Us Congress

Transaction ID: 34706115

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	6		2	0	1	0

Mailing Address 818 Sw Third Ave. #1182

Amount of Each Disbursement this Period

1000.00
---------

City Portland State OR Zip Code 97204

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. David Wu

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: OR District: 01

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

5000.00

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

<b>A.</b> Full Name (Last, First, Middle Initial) Committee for the Preservation of Capitalism (CPC)	Transaction ID: 34706376 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 1 0
	Mailing Address PO Box 65314 City Washington State DC Zip Code 20036 Purpose of Disbursement Candidate Name Committee for the Preservation of Capitalism (CPC) 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:
Amount of Each Disbursement this Period 2500.00 Category/Type: 011	

<b>B.</b> Full Name (Last, First, Middle Initial) Texans For Senator John Cornyn Inc	Transaction ID: 34707912 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 1 0
	Mailing Address PO Box 13026 Suite 180 City Austin State TX Zip Code 78711 Purpose of Disbursement Candidate Name Sen. John Cornyn 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: TX District:
Amount of Each Disbursement this Period 5000.00 Category/Type: 011	

<b>C.</b> Full Name (Last, First, Middle Initial) Texans For Senator John Cornyn Inc	Transaction ID: 34717992 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 1 0
	Mailing Address PO Box 13026 Suite 180 City Austin State TX Zip Code 78711 Purpose of Disbursement Void - Texans For Senator John Cornyn Inc - Incorrect PAC Org Candidate Name Sen. John Cornyn 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: TX District:
Amount of Each Disbursement this Period -5000.00 Category/Type: 011	
Void - Texans For Senator John Cornyn Inc - Incorrect PAC Org	

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

**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) Alamo PAC	Transaction ID: 34718339 Date of Disbursement 05 / 06 / 2010
	Mailing Address 2514 D Nantucket	Amount of Each Disbursement this Period 5000.00
	City Houston State TX Zip Code 77057	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Patrick Murphy For Congress	Transaction ID: 34739556 Date of Disbursement 05 / 12 / 2010
	Mailing Address P.O. Box 868	Amount of Each Disbursement this Period 2500.00
	City Levittown State PA Zip Code 19058	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Patrick J. Murphy	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) AMERIPAC: THE FUND FOR A GREATER AMERICA	Transaction ID: 34739560 Date of Disbursement 05 / 12 / 2010
	Mailing Address 499 S. Capitol Street, SW #414	Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name AMERIPAC: THE FUND FOR A GREATER AMERICA	
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	12500.00
<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)

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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) Guthrie For Congress	Transaction ID: 34776806 Date of Disbursement																			
	Mailing Address PO Box 9639	<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>1</td><td>8</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	5		1	8		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	8		2	0	1	0												
	City Bowling Green State KY Zip Code 42102	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name Mr. Steven Guthrie	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) National Republican Senatorial Committee	Transaction ID: 34922198 Date of Disbursement																			
	Mailing Address The Ronald Reagan Republican Cente 425 Second Street NE	<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>0</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	5		2	0		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	0		2	0	1	0												
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>10000.00</td></tr></table>	10000.00																		
10000.00																					
	Candidate Name	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	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) Portman For Senate Committee	Transaction ID: 34922201 Date of Disbursement																			
	Mailing Address 8331 Little Harbor 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>0</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	5		2	0		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	0		2	0	1	0												
	City Cincinnati State OH Zip Code 45244	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>2500.00</td></tr></table>	2500.00																		
2500.00																					
	Candidate Name Mr. Rob Portman	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>13500.00</td></tr></table>	13500.00
13500.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

**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) Castle Campaign Fund	Transaction ID: 34922207 Date of Disbursement 05 / 20 / 2010
	Mailing Address PO Box 133	Amount of Each Disbursement this Period 2500.00
	City Wilmington State DE Zip Code 19899	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Michael N. Castle	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Kirk For Senate	Transaction ID: 34922209 Date of Disbursement 05 / 20 / 2010
	Mailing Address P.O. Box 8	Amount of Each Disbursement this Period 2500.00
	City Winnetka State IL Zip Code 60093	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Mr. Mark Kirk	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends Of Roy Blunt	Transaction ID: 34922211 Date of Disbursement 05 / 20 / 2010
	Mailing Address PO Box 50100	Amount of Each Disbursement this Period 2500.00
	City Springfield State MO Zip Code 65805	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Roy Blunt	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 07	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

7500.00

**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 43 / 47

<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) Friends Of Kelly Ayotte</p> <p>Mailing Address PO Box 233</p> <p>City Nashua State NH Zip Code 03061</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Kelly Ayotte</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NH District:</p>	<p><b>Transaction ID:</b> 34922214 <b>Date of Disbursement</b> 05 / 20 / 2010</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">2500.00</span></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends Of Jim Clyburn</p> <p>Mailing Address PO Box 12567</p> <p>City Columbia State SC Zip Code 29211</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Rep. James E. Clyburn</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input 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: SC District: 06</p>	<p><b>Transaction ID:</b> 34922215 <b>Date of Disbursement</b> 05 / 20 / 2010</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">5000.00</span></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Geoff Davis For Congress</p> <p>Mailing Address 3161 Dixie Highway Suite F</p> <p>City Erlanger State KY Zip Code 41018</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Rep. Geoffrey Davis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input 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: KY District: 04</p>	<p><b>Transaction ID:</b> 34922218 <b>Date of Disbursement</b> 05 / 20 / 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>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<span style="border: 1px solid black; padding: 5px; display: inline-block;">8500.00</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)

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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) Friends Of John Thune	Transaction ID: 34922219 Date of Disbursement 05 / 20 / 2010
	Mailing Address 200 North Phillips Avenue Ste L101	Amount of Each Disbursement this Period 500.00
	City State Zip Code Sioux Falls SD 57104	
	Purpose of Disbursement Candidate Name Sen. John R. Thune Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) The Freedom Project	Transaction ID: 34922227 Date of Disbursement 05 / 20 / 2010
	Mailing Address 111 C Street SE	Amount of Each Disbursement this Period 2500.00
	City State Zip Code Washington DC 20003	
	Purpose of Disbursement Candidate Name The Freedom Project 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) ▼	011 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Boyd For Congress	Transaction ID: 34922233 Date of Disbursement 05 / 20 / 2010
	Mailing Address P.O. Box 15703	Amount of Each Disbursement this Period 2500.00
	City State Zip Code Tallahassee FL 32317	
	Purpose of Disbursement Candidate Name Rep. Allen Boyd Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

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

5500.00

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

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ITEMIZED DISBURSEMENTS**

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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) Herron For Congress		Transaction ID: 34922235	
	Mailing Address 142 West Main Street		Date of Disbursement 05 / 20 / 2010	
City Dresden		State TN	Zip Code 38225	
Purpose of Disbursement		011		Amount of Each Disbursement this Period 1000.00
Candidate Name Mr. Roy Herron		Category/ Type		
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: TN District: 08				

B.	Full Name (Last, First, Middle Initial) New Pioneers PAC		Transaction ID: 34922239	
	Mailing Address 228 S Washington Street Ste 115		Date of Disbursement 05 / 20 / 2010	
City Alexandria		State VA	Zip Code 22314	
Purpose of Disbursement		011		Amount of Each Disbursement this Period 2500.00
Candidate Name		Category/ Type		
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) Blue Dog PAC		Transaction ID: 34922244	
	Mailing Address 236 Massachusetts Avenue NE Suite 508		Date of Disbursement 05 / 20 / 2010	
City Washington		State DC	Zip Code 20002	
Purpose of Disbursement		011		Amount of Each Disbursement this Period 5000.00
Candidate Name		Category/ Type		
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>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	8500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s)  
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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) John D. Dingell For Congress		Transaction ID: 34922249	
	Mailing Address 607 14th Street, Nw Suite 800		Date of Disbursement 05 / 20 / 2010	
	City Washington	State DC	Zip Code 20005	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement		011	Category/ Type
	Candidate Name Rep. John D. Dingell			
	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: MI	District: 15		

B.	Full Name (Last, First, Middle Initial) ERICPAC		Transaction ID: 34922251	
	Mailing Address 209 Pennsylvania Avenue SE		Date of Disbursement 05 / 20 / 2010	
	City Washington	State DC	Zip Code 20003	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement		011	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) ..... ▶

6000.00

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

69500.00

**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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Wachovia Bank</p> <p>Mailing Address 801 Pennsylvania Ave, NW</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement Bank Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p><b>Transaction ID:</b> 34720886</p> <p>Date of Disbursement 05 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 1544.75</p> <p>001 Category/ Type</p> <p>Bank Fees</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Wachovia Bank</p> <p>Mailing Address 801 Pennsylvania Ave, NW</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement Bank Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p><b>Transaction ID:</b> 34967467</p> <p>Date of Disbursement 05 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 5.00</p> <p>001 Category/ Type</p> <p>Bank Fees</p>

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

1549.75

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

1549.75