

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 WASHINGTON DC 20004 2604

2. FEC IDENTIFICATION NUMBER C00002261 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S) (d) 30-Day Post -Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 06 01 2010 through 06 30 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 10 08 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	6

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

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	47973.38									
(c) Total Receipts (from Line 19)	49751.77	239589.06								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	97725.15	272984.50								
7. Total Disbursements (from Line 31)	71737.18	246996.53								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	25987.97	25987.97								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
FEDERATION OF AMERICAN HOSPITALS PAC

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

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)	41218.34	187198.37
(ii) Unitemized	5291.25	19187.92
(iii) TOTAL (add Lines 11(a)(i) and (ii)	46509.59	206386.29
(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)	46509.59	223886.29
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.)	3242.18	10202.77
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))	49751.77	239589.06
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	49751.77	239589.06

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	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.....	68500.00	238500.00
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.....	3237.18	8496.53
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))..	71737.18	246996.53
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	71737.18	246996.53

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	46509.59	223886.29
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	46509.59	223886.29
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: (check only one)	PAGE 6 / 40
	<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. Mark Crawford	Date of Receipt MM / DD / YYYY 06 / 02 / 2010
	Mailing Address 2106 Donlon Ct.	Transaction ID: 35094998
	City State Zip Code Henderson NV 89012	Amount of Each Receipt this Period 695.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Desert Springs Hospital Chief Operating Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 695.00	

B.	Full Name (Last, First, Middle Initial) Ms. Diane Moon	Date of Receipt MM / DD / YYYY 06 / 02 / 2010
	Mailing Address 13655 Jeremy Court	Transaction ID: 35095004
	City State Zip Code Rancho Cucamonga CA 91739-2031	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Southwest Healthcare System CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Samuel N Hazen	Date of Receipt MM / DD / YYYY 06 / 02 / 2010
	Mailing Address 1205 Waterstone Boulevard	Transaction ID: 35095009
	City State Zip Code Franklin TN 37069	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation HCA, Inc. President-Western Group	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	2945.00
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 7 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) John M Paul		Date of Receipt MM / DD / YYYY 06 / 02 / 2010		
	Mailing Address 117 Newton Nook		Transaction ID: 35095010		
	City Brentwood	State TN	Zip Code 37027	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer HCA, Inc.	Occupation Chief Financial Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) Mr. Joe Roddy		Date of Receipt MM / DD / YYYY 06 / 02 / 2010		
	Mailing Address 468 Wire Grass Lane		Transaction ID: 35095011		
	City Franklin	State TN	Zip Code 37064-8645	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer HCA, Inc.	Occupation VP			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) Mr. Stephen Horner		Date of Receipt MM / DD / YYYY 06 / 02 / 2010		
	Mailing Address 1600 Masters Court		Transaction ID: 35095012		
	City Franklin	State TN	Zip Code 37064-9693	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer HCA, Inc.	Occupation VP, Clinical Analysis			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 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 8 / 40
(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 D Stone

Mailing Address 9322 Navaho 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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **06 / 02 / 2010**

Transaction ID: 35095013

Amount of Each Receipt this Period **500.00**

B. Full Name (Last, First, Middle Initial)
Mr. Herman D. Pettis

Mailing Address 4306 Minette Court

City State Zip Code
Mount Juliet TN 37122-8521

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

Name of Employer Occupation
HCA, Inc. AVP CSC Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **06 / 02 / 2010**

Transaction ID: 35095014

Amount of Each Receipt this Period **250.00**

C. Full Name (Last, First, Middle Initial)
Mr. Joseph E. Cazayoux

Mailing Address 214 Scuillock Court

City State Zip Code
Franklin TN 37067-6101

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 **06 / 02 / 2010**

Transaction ID: 35095015

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 9 / 40
(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. Todd Cato

Mailing Address 1087 Lynnwood Blvd.

City Nashville State TN Zip Code 37215-4539

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

Name of Employer HCA, Inc. Occupation VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 02 / 2010
Transaction ID: 35095016
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Mr. Mark E. Edwards

Mailing Address 1932 Edenbridge Way

City Nashville State TN Zip Code 37215-5809

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

Name of Employer HCA, Inc. Occupation VP, Chief Labor Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 02 / 2010
Transaction ID: 35095017
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Mr. John M. Steele

Mailing Address 9168 Sydney Lane

City Brentwood State TN Zip Code 37027-8149

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 06 / 02 / 2010
Transaction ID: 35095018
Amount of Each Receipt this Period 2500.00

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 10 / 40
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
FEDERATION OF AMERICAN HOSPITALS PAC

A.

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

Mailing Address 314 Deerwood Lane

City State Zip Code
Brentwood TN 37027-8692

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
MM / DD / YYYY
06 / 02 / 2010

Transaction ID: 35095020

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Mr. David Gragg

Mailing Address 101 Pineywood Acres

City State Zip Code
Madison TN 37115-5709

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

Name of Employer Occupation
HCA, Inc. Accountant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 03 / 2010

Transaction ID: 35095026

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
David G Anderson

Mailing Address 1057 Vaughn Crest Drive

City State Zip Code
Franklin TN 37069

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

Name of Employer Occupation
HCA, Inc. SVP Finance & Treasurer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
06 / 03 / 2010

Transaction ID: 35095027

Amount of Each Receipt this Period
2500.00

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 40
(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)
Jim Fitzgerald
Mailing Address 26 Bosley Oaks
City Nashville State TN Zip Code 37205
FEC ID number of contributing federal political committee. **C**
Name of Employer HCA, Inc. Occupation SVP, Supply Chain
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00
Date of Receipt 06 / 03 / 2010
Transaction ID: 35095036
Amount of Each Receipt this Period 750.00

B. Full Name (Last, First, Middle Initial)
Mr. Chris Pair
Mailing Address One Park Plaza
City Nashville State TN Zip Code 37203-6527
FEC ID number of contributing federal political committee. **C**
Name of Employer HCA, Inc. Occupation VP - IT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 06 / 03 / 2010
Transaction ID: 35095038
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Ms. Colleen E. Dowd
Mailing Address 3728 Central Ave.
City Nashville State TN Zip Code 37205-2434
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 06 / 03 / 2010
Transaction ID: 35095039
Amount of Each Receipt this Period 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 40
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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) Gail Garrett		Date of Receipt MM / DD / YYYY 06 / 03 / 2010
	Mailing Address 7219 Knottingham Drive		Transaction ID: 35095042
	City Fairview	State TN	Zip Code 37062-9183
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer HCA, Inc.	Occupation AVP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Jill Fainter		Date of Receipt MM / DD / YYYY 06 / 03 / 2010
	Mailing Address 5224 Ravens Glen		Transaction ID: 35095045
	City Nashville	State TN	Zip Code 37211
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
	Name of Employer HCA, Inc.	Occupation VP-Quality Standards	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	

C.	Full Name (Last, First, Middle Initial) Mr. Thomas Hinton		Date of Receipt MM / DD / YYYY 06 / 03 / 2010
	Mailing Address 1002 Nealcrest Circle		Transaction ID: 35095046
	City Spring Hill	State TN	Zip Code 37174-2689
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer HCA, Inc.	Occupation Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	1100.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 40
	<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) Edward T Jones		Date of Receipt	
	Mailing Address 2239 Avery Valley Drive		M M / D D / Y Y Y Y 06 / 03 / 2010	
	City	State	Zip Code	Transaction ID: 35095048
	Franklin	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer HCA, Inc.		Occupation VP of Supply Chain		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		500.00		

B.	Full Name (Last, First, Middle Initial) Mr. Larry Tatum		Date of Receipt	
	Mailing Address 1227 Concord Hunt Drive		M M / D D / Y Y Y Y 06 / 03 / 2010	
	City	State	Zip Code	Transaction ID: 35095049
	Brentwood	TN	37027-8760	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer HCA, Inc.		Occupation CFO - Shared Services Division		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		500.00		

C.	Full Name (Last, First, Middle Initial) Ms. Sabrina S. Ruderer		Date of Receipt	
	Mailing Address 6916 Sunderland Circle		M M / D D / Y Y Y Y 06 / 03 / 2010	
	City	State	Zip Code	Transaction ID: 35095052
	Nashville	TN	37221	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer HCA, Inc.		Occupation VP, Human Resources - Employee Benefit		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		500.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 40
(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)
Ms. Karen Raines

Mailing Address 828 Coxboro Drive

City State Zip Code
Brentwood TN 37027-7437

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

Name of Employer HCA, Inc. Occupation AVP, Privacy

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 03 / 2010

Transaction ID: 35095054

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Yolanda A Chesley

Mailing Address 305 Sandcastle Circle

City State Zip Code
Franklin TN 37064

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
MM / DD / YYYY
06 / 03 / 2010

Transaction ID: 35095055

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Cheryl W Mason

Mailing Address 1714 Shackleford Road

City State Zip Code
Nashville TN 37215

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

Name of Employer HCA, Inc. Occupation Vice President-Litigation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 03 / 2010

Transaction ID: 35095056

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 15 / 40
(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. Douglas E. Swanson

Mailing Address 1200 Talon Way

City State Zip Code
Franklin TN 37069-7237

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

Name of Employer HealthTrust Purchasing Group Occupation Executive

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 03 / 2010

Transaction ID: 35095057

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. Howard B. Lisle

Mailing Address 7155 NW 110th Ave.

City State Zip Code
Parkland FL 33076

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

Name of Employer HCA All About Staffing Occupation Chief Executive Officer

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 11 / 2010

Transaction ID: 35145804

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr. Chris Wobensmith

Mailing Address 1502 Beechwood Ave.

City State Zip Code
Nashville TN 37212-5517

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

Name of Employer HCA, Inc. Occupation AVP, Clinical Systems

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 11 / 2010

Transaction ID: 35145805

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 40
(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)
Richard Shallcross

Mailing Address 1513 Kimberleigh Court

City Franklin State TN Zip Code 37069

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 06 / 11 / 2010

Transaction ID: 35145806

Amount of Each Receipt this Period 2000.00

B.

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

Mailing Address 208 Gardenridge Drive

City Franklin State TN Zip Code 37069

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

Name of Employer HCA Central Group Occupation Group Controller

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 11 / 2010

Transaction ID: 35145807

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Bill Rutherford

Mailing Address 9427 Weatherly Drive

City Brentwood State TN Zip Code 37027-2612

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

Name of Employer HCA, Inc. Occupation CFO - Outpatient

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 06 / 11 / 2010

Transaction ID: 35145808

Amount of Each Receipt this Period 2500.00

SUBTOTAL of Receipts This Page (optional) ► 4750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 40
(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. William F. Blaufuss, III

Mailing Address 3604 Meadowbrook Ave.

City Nashville State TN Zip Code 37205-2350

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 06 / 11 / 2010

Transaction ID: 35145809

Amount of Each Receipt this Period 250.00

B.

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

Mailing Address 1805 Longwood Court

City Allen State TX Zip Code 75013-3074

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

Name of Employer Tenet Healthcare Corporation Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 11 / 2010

Transaction ID: 35145810

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Steven D. Patonai

Mailing Address 3265 Cumberland Hills Circle

City Cleveland State TN Zip Code 37312-2458

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

Name of Employer Auburn Regional Medical Center Occupation Hospital CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 11 / 2010

Transaction ID: 35145893

Amount of Each Receipt this Period 400.00

SUBTOTAL of Receipts This Page (optional) ► 1150.00

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

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

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

FOR LINE NUMBER: PAGE 18 / 40
(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. Don W. Chester

Mailing Address 148 Bloomfield Drive

City State Zip Code
West Palm Beach FL 33405-4102

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
MM / DD / YYYY
06 / 11 / 2010

Transaction ID: 35145894

Amount of Each Receipt this Period
250.00

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

Mailing Address 105 Clarendon Ave.

City State Zip Code
Nashville TN 37205-3301

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

Name of Employer Occupation
HCA, Inc. VP, Sales

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
MM / DD / YYYY
06 / 11 / 2010

Transaction ID: 35146070

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Ms. Susan Goodwin

Mailing Address 4933 Tulip Grove Lane

City State Zip Code
Hermitage TN 37076-4418

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
06 / 11 / 2010

Transaction ID: 35146071

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 / 40
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Ms. Cathy Florek
Mailing Address 6116 Stonehaven Drive
City Nashville State TN Zip Code 37215-5614
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 06 / 11 / 2010
Transaction ID: 35146072
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Ms. Margaret B. Coley
Mailing Address 6409 Wildwood Valley Drive
City Brentwood State TN Zip Code 37027-4822
FEC ID number of contributing federal political committee. **C**
Name of Employer HCA, Inc. Occupation AVP, IT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 06 / 11 / 2010
Transaction ID: 35146073
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Jana J Davis
Mailing Address 2156 Golf Club Lane
City Nashville State TN Zip Code 37215
FEC ID number of contributing federal political committee. **C**
Name of Employer HCA, Inc. Occupation VP Communications
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 06 / 11 / 2010
Transaction ID: 35146074
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 20 / 40
(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. Blake Watt

Mailing Address 9452 Ashford Place

City State Zip Code
Brentwood TN 37027-8717

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

Name of Employer Occupation
HCA, Inc. Sr. Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 11 / 2010

Transaction ID: 35146075

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. William R. Earnest

Mailing Address 154 Washington Street

City State Zip Code
Saint Augustine FL 32084-5125

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

Name of Employer Occupation
Northwest Medical Center Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 11 / 2010

Transaction ID: 35146076

Amount of Each Receipt this Period
500.00

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

Mailing Address 161 Chickering Meadows

City State Zip Code
Nashville TN 37215

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

Name of Employer Occupation
HCA, Inc. Senior Vice President & General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
MM / DD / YYYY
06 / 11 / 2010

Transaction ID: 35146077

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: PAGE 21 / 40
(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)
William M Kimbrough

Mailing Address 6520 Edinburgh Drive

City Nashville State TN Zip Code 37221-3700

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

Name of Employer HCA, Inc. Occupation VP Investor Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 11 / 2010

Transaction ID: 35146078

Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Ms. Janette Collins

Mailing Address PO Box 175

City Burns State TN Zip Code 37029-0175

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 06 / 11 / 2010

Transaction ID: 35146079

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Mr. William G. Stein

Mailing Address 6547 Jocelyn Hollow Road

City Nashville State TN Zip Code 37205-3908

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

Name of Employer HCA, Inc. Occupation VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 11 / 2010

Transaction ID: 35146080

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 22 / 40
(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. Brent Lautenschlegar

Mailing Address 418 Woodcrest Lane

City State Zip Code
Franklin TN 37067-8532

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

Name of Employer Occupation
HCA, Inc. Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
MM / DD / YYYY
06 / 11 / 2010

Transaction ID: 35146082

Amount of Each Receipt this Period
220.00

B.

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

Mailing Address 126 Third Avenue North

City State Zip Code
Franklin TN 37064

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
06 / 11 / 2010

Transaction ID: 35146083

Amount of Each Receipt this Period
2500.00

C.

Full Name (Last, First, Middle Initial)
Mr. Robert W. Read, Jr.

Mailing Address 4716 Potomac Lane

City State Zip Code
Brentwood TN 37027-4748

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
06 / 11 / 2010

Transaction ID: 35146084

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **2970.00**

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 / 40
(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)
Alan B Miller

Mailing Address 57 Crosby Brown Road

City Gladwyne State PA Zip Code 19035

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

Name of Employer: Universal Health Services, Inc. Occupation: Chairman & President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 06 / 11 / 2010

Transaction ID: 35146085

Amount of Each Receipt this Period: 5000.00

B.

Full Name (Last, First, Middle Initial)
Mr. Jarrod Watson

Mailing Address 6860 Sunnywood Drive

City Nashville State TN Zip Code 37211-8564

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: 06 / 11 / 2010

Transaction ID: 35146086

Amount of Each Receipt this Period: 250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Chigger J. Bynum

Mailing Address 13202 Wyndchase Circle

City Franklin State TN Zip Code 37067-6129

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

Name of Employer: HCA, Inc. Occupation: Vice President - F&ES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 11 / 2010

Transaction ID: 35146087

Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► **5750.00**

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 / 40
(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 ▼ 473.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 15 / 2010

Transaction ID: 35633021

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 ▼ 462.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 15 / 2010

Transaction ID: 35633022

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 ▼ 2458.37

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 15 / 2010

Transaction ID: 35633023

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: (check only one)	PAGE 25 / 40
	<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	Date of Receipt MM / DD / YYYY 06 / 15 / 2010
	Mailing Address 3130 Tennyson St., N.W.	Transaction ID: 35633024
	City State Zip Code Washington DC 20015	Amount of Each Receipt this Period 45.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer FAH Occupation General Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 480.00	

B.	Full Name (Last, First, Middle Initial) Bonnie Money Penny	Date of Receipt MM / DD / YYYY 06 / 15 / 2010
	Mailing Address 14128 Burlingame Road	Transaction ID: 35633025
	City State Zip Code Little Rock AR 72211	Amount of Each Receipt this Period 35.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer FAH Occupation SVP Administrative Services Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 385.00	

C.	Full Name (Last, First, Middle Initial) Mr. Steve Speil	Date of Receipt MM / DD / YYYY 06 / 15 / 2010
	Mailing Address 1948 Rockingham Street	Transaction ID: 35633026
	City State Zip Code McLean VA 22101-4922	Amount of Each Receipt this Period 70.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer FAH Occupation Chief Financial Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 700.00	

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 26 / 40
(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>A. Full Name (Last, First, Middle Initial) Mr. L. Allen Wright</p> <p>Mailing Address 909 Joel Cheek Blvd.</p> <p>City State Zip Code Franklin TN 37064-4220</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation HCA, Inc. Healthtrust Purchasing</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt 06 / 30 / 2010</p> <p>Transaction ID: 35633030</p> <p>Amount of Each Receipt this Period 250.00</p>
---	---

<p>B. Full Name (Last, First, Middle Initial) Mr. Jerry Rooker</p> <p>Mailing Address 338 Gillette Drive</p> <p>City State Zip Code Franklin TN 37069</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation HCA, Inc. Eastern Group Operations</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt 06 / 30 / 2010</p> <p>Transaction ID: 35633034</p> <p>Amount of Each Receipt this Period 250.00</p>
---	---

<p>C. Full Name (Last, First, Middle Initial) Jayne Chambers</p> <p>Mailing Address 1256 Kensington Rd</p> <p>City State Zip Code McLean VA 22101</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation FAH Vice President Legislation & Public Af</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 516.00</p>	<p>Date of Receipt 06 / 30 / 2010</p> <p>Transaction ID: 35669758</p> <p>Amount of Each Receipt this Period 43.00</p>
---	--

SUBTOTAL of Receipts This Page (optional)	543.00
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 / 40
(check only one)

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

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

A.

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

Mailing Address 4927 15th Street, North

City Arlington State VA Zip Code 22205-2616

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

Name of Employer FAH Occupation Lobbyist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt 06 / 30 / 2010

Transaction ID: 35669759

Amount of Each Receipt this Period 42.00

B.

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

Mailing Address 4545 N Glebe Road

City Arlington State VA Zip Code 22207-4848

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

Name of Employer FAH Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.04

Date of Receipt 06 / 30 / 2010

Transaction ID: 35669760

Amount of Each Receipt this Period 41.67

C.

Full Name (Last, First, Middle Initial)
Jeffrey G. Micklos

Mailing Address 3130 Tennyson St., N.W.

City Washington State DC Zip Code 20015

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

Name of Employer FAH Occupation General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt 06 / 30 / 2010

Transaction ID: 35669761

Amount of Each Receipt this Period 45.00

SUBTOTAL of Receipts This Page (optional) ► **128.67**

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

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

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

FOR LINE NUMBER: PAGE 28 / 40

(check only one)

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

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

A.

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

Mailing Address 14128 Burlingame Road

City State Zip Code
Little Rock AR 72211

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

Name of Employer Occupation
FAH SVP Administrative Services

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 420.00

Date of Receipt

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

Transaction ID: 35669762

Amount of Each Receipt this Period
35.00

B.

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

Mailing Address 1948 Rockingham Street

City State Zip Code
McLean VA 22101-4922

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

Name of Employer Occupation
FAH Chief Financial Officer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 770.00

Date of Receipt

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

Transaction ID: 35669763

Amount of Each Receipt this Period
70.00

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

41218.34

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 40
	(check only one)
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input checked="" type="checkbox"/> 17	

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

A.

Full Name (Last, First, Middle Initial) Federation of American Hospitals - FEE REIMBURSEME		Date of Receipt
Mailing Address 801 Pennsylvania Ave., NW Suite 245		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 6 / 1 1 / 2 0 1 0
City	State	Zip Code
Washington	DC	20004
FEC ID number of contributing federal political committee. C		Transaction ID: 35146092
Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period
Aggregate Year-to-Date ▼ 6965.59		5.00

B.

Full Name (Last, First, Middle Initial) Federation of American Hospitals - FEE REIMBURSEME		Date of Receipt
Mailing Address 801 Pennsylvania Ave., NW Suite 245		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 6 / 3 0 / 2 0 1 0
City	State	Zip Code
Washington	DC	20004
FEC ID number of contributing federal political committee. C		Transaction ID: 35633039
Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period
Aggregate Year-to-Date ▼ 10202.77		3237.18

SUBTOTAL of Receipts This Page (optional)	3242.18
TOTAL This Period (last page this line number only)	3242.18

**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 30 / 40

<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) Democratic Senatorial Campaign Committee	Transaction ID: 35092404 Date of Disbursement
	Mailing Address 120 Maryland Avenue NE	<input type="text" value="06"/> / <input type="text" value="04"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="10000.00"/>
	Candidate Name	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends Of Blanche Lincoln	Transaction ID: 35092450 Date of Disbursement
	Mailing Address PO Box 3197	<input type="text" value="06"/> / <input type="text" value="04"/> / <input type="text" value="2010"/>
	City Little Rock State AR Zip Code 72203	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name Blanche Lincoln	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff2010

C.	Full Name (Last, First, Middle Initial) Cooper For Congress	Transaction ID: 35092451 Date of Disbursement
	Mailing Address C/O Davidson, Golden & Lundy P.O. Box 927	<input type="text" value="06"/> / <input type="text" value="04"/> / <input type="text" value="2010"/>
	City Brentwood State TN Zip Code 37024	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name Rep. Jim Cooper	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="15000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

<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>A. Full Name (Last, First, Middle Initial) Braley For Congress</p> <p>Mailing Address PO Box 390</p> <p>City Waterloo State IA Zip Code 50704</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Bruce Braley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: IA District: 01</p>	<p>Transaction ID: 35092452</p> <p>Date of Disbursement 06 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Richard E Neal For Congress Committee</p> <p>Mailing Address 76 Magnolia Terrace</p> <p>City Springfield State MA Zip Code 01108</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Richard E. Neal</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MA District: 02</p>	<p>Transaction ID: 35145049</p> <p>Date of Disbursement 06 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Wally Herger For Congress Committee</p> <p>Mailing Address PO Box 1500</p> <p>City Chico State CA Zip Code 95927</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Wally Herger</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CA District: 02</p>	<p>Transaction ID: 35145051</p> <p>Date of Disbursement 06 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>

SUBTOTAL of Disbursements This Page (optional)	8500.00
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 32 / 40

<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) Pallone For Congress	Transaction ID: 35145053 Date of Disbursement
	Mailing Address PO Box 3176	<input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>
	City Long Branch State NJ Zip Code 07740	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name Rep. Frank Pallone, Jr.	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Rogers For Congress	Transaction ID: 35146136 Date of Disbursement
	Mailing Address PO Box 581 Post Office Box 581	<input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2010"/>
	City Brighton State MI Zip Code 48116	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name Rep. Michael J. Rogers	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI 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) Rogers For Congress	Transaction ID: 35146144 Date of Disbursement
	Mailing Address PO Box 581 Post Office Box 581	<input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2010"/>
	City Brighton State MI Zip Code 48116	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name Rep. Michael J. Rogers	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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: 35146145 Date of Disbursement 06 / 11 / 2010
	Mailing Address 142 West Main Street	Amount of Each Disbursement this Period 3500.00
	City Dresden State TN Zip Code 38225	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Mr. Roy Herron	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Herron For Congress	Transaction ID: 35146146 Date of Disbursement 06 / 11 / 2010
	Mailing Address 142 West Main Street	Amount of Each Disbursement this Period 500.00
	City Dresden State TN Zip Code 38225	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Mr. Roy Herron	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 08	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Dina Titus For Congress	Transaction ID: 35470414 Date of Disbursement 06 / 28 / 2010
	Mailing Address PO Box 50614	Amount of Each Disbursement this Period 1000.00
	City Henderson State NV Zip Code 89016	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Dina Titus	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)

PAGE 34 / 40

<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) Democratic Congressional Campaign Committee	Transaction ID: 35470415 Date of Disbursement
	Mailing Address 430 South Capitol Street, S.E.	<input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="5000.00"/>
	Candidate Name	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) America Works PAC	Transaction ID: 35470416 Date of Disbursement
	Mailing Address 426 C Street, NE	<input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Volunteers For Shimkus	Transaction ID: 35470418 Date of Disbursement
	Mailing Address PO Box 5458	<input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City Springfield State IL Zip Code 62705	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name Rep. John M. Shimkus	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 19	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 35 / 40

<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) Hoyer For Congress	Transaction ID: 35470420 Date of Disbursement 06 / 28 / 2010
	Mailing Address 607 14th Street, Nw Suite 800	Amount of Each Disbursement this Period 2500.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Steny H. Hoyer	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Gingrey For Congress	Transaction ID: 35470441 Date of Disbursement 06 / 28 / 2010
	Mailing Address PO Box U	Amount of Each Disbursement this Period 1000.00
	City Marietta State GA Zip Code 30060	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Phil Gingrey, M.D.	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 11	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Rudy Moise For Congress	Transaction ID: 35470442 Date of Disbursement 06 / 28 / 2010
	Mailing Address PO Box 680417	Amount of Each Disbursement this Period 500.00
	City North Miami State FL Zip Code 33168	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Mr. Rudolph Moise	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 17	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	4000.00
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 36 / 40

<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) Marsha Blackburn For Congress Inc.	Transaction ID: 35470446 Date of Disbursement																			
	Mailing Address PO Box 682185	<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>6</td><td>/</td><td>2</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	6	/	2	8	/	2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6	/	2	8	/	2	0	1	0												
	City Franklin State TN Zip Code 37068	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 Rep. Marsha Blackburn	<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: TN District: 07	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) Hagan For Us Senate Inc	Transaction ID: 35470448 Date of Disbursement																			
	Mailing Address PO Box 29103	<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>6</td><td>/</td><td>2</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	6	/	2	8	/	2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6	/	2	8	/	2	0	1	0												
	City Greensboro State NC Zip Code 27429	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 Ms. Kay Hagan	<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: NC 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) Citizens For Altmire	Transaction ID: 35470452 Date of Disbursement																			
	Mailing Address P.O. Box 1776	<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>6</td><td>/</td><td>2</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	6	/	2	8	/	2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6	/	2	8	/	2	0	1	0												
	City Freedom State PA Zip Code 15042	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. Jason Altmire	<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: PA District: 04	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>4500.00</td></tr></table>	4500.00
4500.00		
TOTAL 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)

<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>A. Full Name (Last, First, Middle Initial) Earl Pomeroy For Congress</p> <p>Mailing Address Post Office Box 9336</p> <p>City Fargo State ND Zip Code 58106</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Earl Pomeroy</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: ND District: 01</p>	<p>Transaction ID: 35470454 Date of Disbursement 06 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B. Full Name (Last, First, Middle Initial) Matheson For Congress</p> <p>Mailing Address P.O. Box 521048 Suite A</p> <p>City Salt Lake City State UT Zip Code 84152</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. James D. Matheson</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: UT District: 02</p>	<p>Transaction ID: 35470456 Date of Disbursement 06 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C. Full Name (Last, First, Middle Initial) Wyden For Senate</p> <p>Mailing Address 232 Ne 9th Avenue</p> <p>City Portland State OR Zip Code 97232</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Sen. Ron Wyden</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: OR District:</p>	<p>Transaction ID: 35470458 Date of Disbursement 06 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

10000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) CMR PAC</p> <p>Mailing Address PO Box 2485</p> <p>City Springfield State VA Zip Code 22152</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 35473644</p> <p>Date of Disbursement 06 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Charles Boustany Jr Md For Congress, Inc</p> <p>Mailing Address PO Box 80126</p> <p>City Lafayette State LA Zip Code 70598</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Charles W. Boustany, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: LA District: 07</p>	<p>Transaction ID: 35483008</p> <p>Date of Disbursement 06 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Graves For Congress</p> <p>Mailing Address 2345 Grand, Suite 2400</p> <p>City Kansas City State MO Zip Code 64108</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Samuel B. Graves, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MO District: 06</p>	<p>Transaction ID: 35486430</p> <p>Date of Disbursement 06 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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 39 / 40

<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)
Yarmuth For Congress

Transaction ID: 35500942

Date of Disbursement

Mailing Address 1819 Brownsboro Road
Suite 100

06 / 29 / 2010

City State Zip Code
Louisville KY 40202

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. John A. Yarmuth

Office Sought: House
 Senate
 President
State: KY District: 03

Disbursement For: 2010
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

68500.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 40 / 40

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

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

A.	Full Name (Last, First, Middle Initial) Wachovia Bank		Transaction ID: 35468480	
	Mailing Address 801 Pennsylvania Ave, NW		Date of Disbursement 06 / 01 / 2010	
	City Washington	State DC	Zip Code 20004	Amount of Each Disbursement this Period 3237.18
	Purpose of Disbursement		001	
	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:		

SUBTOTAL of Disbursements This Page (optional) ▶

3237.18

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

3237.18