

**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** CITY STATE ZIPCODE

C00002261

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
- Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
- Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12G)

Election on _____ in the State of _____

(d) 30-Day Post -Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on _____ in the State of _____

5. Covering Period 03 01 2009 through 03 31 2009

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 02 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 | 3 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

 To:

| | |
|---|---|
| M | M |
| 0 | 3 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

| | 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>0</td><td>9</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 9 | | 16586.60 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 9 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 20853.28 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 33198.34 | 49057.02 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 54051.62 | 65643.62 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 43540.00 | 55132.00 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 10511.62 | 10511.62 | | | | | | | | |
| 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

Write or Type Committee Name
FEDERATION OF AMERICAN HOSPITALS PAC

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 3 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

 To:

| | |
|---|---|
| M | M |
| 0 | 3 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

| 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) | 24038.34 | 29038.34 |
| (ii) Unitemized | 620.00 | 1386.68 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 24658.34 | 30425.02 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 6500.00 | 16500.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 31158.34 | 46925.02 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 2000.00 | 2000.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 40.00 | 132.00 |
| 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)) | 33198.34 | 49057.02 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 33198.34 | 49057.02 |

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..... | 43500.00 | 55000.00 |
| 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..... | 40.00 | 132.00 |
| 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)).. | 43540.00 | 55132.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 43540.00 | 55132.00 |

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) | 31158.34 | 46925.02 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 31158.34 | 46925.02 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 0.00 | 0.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 0.00 |

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

| | | |
|---|------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 6 / 20 |
| | (check only one) | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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) Vanguard Health Management PAC | | Date of Receipt |
| Mailing Address 20 Burton Hills Blvd Suite 100 | | <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 03 / 06 / 2009 |
| City Nashville State TN Zip Code 37215-6154 | | Transaction ID: 28643705 |
| FEC ID number of contributing federal political committee. C C00380402 | | Amount of Each Receipt this Period |
| Name of Employer Occupation | | <input type="text"/> 5000.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |
| | <input type="text"/> 5000.00 | |

B.

| | | |
|---|------------------------------|---|
| Full Name (Last, First, Middle Initial) Universal Health Services Employees' Good Gov Fund | | Date of Receipt |
| Mailing Address 367 S. Gulph Road P.O. Box 61558 | | <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 03 / 13 / 2009 |
| City King of Prussia State PA Zip Code 19406-0958 | | Transaction ID: 28805992 |
| FEC ID number of contributing federal political committee. C C00185520 | | Amount of Each Receipt this Period |
| Name of Employer Occupation | | <input type="text"/> 1500.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |
| | <input type="text"/> 1500.00 | |

| | |
|--|------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 6500.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> 6500.00 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|--|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 7 / 20 |
| | (check only one) | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 12 | <input checked="" 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) Salazar For Senate | | Date of Receipt |
| | Mailing Address PO Box 600 | | <input type="text" value="03"/> / <input type="text" value="02"/> / <input type="text" value="2009"/> |
| | City | State | Zip Code |
| | Denver | CO | 80201 |
| | FEC ID number of contributing federal political committee. | | Transaction ID: 28643707 |
| | Amount of Each Receipt this Period | | <input type="text" value="2000.00"/> |
| Name of Employer | | Occupation | |
| Receipt For: 2008 | | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary | <input checked="" type="checkbox"/> General | <input type="text" value="2000.00"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|--------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text" value="2000.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text" value="2000.00"/> |

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

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

FOR LINE NUMBER: PAGE 8 / 20
(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 Hoffman

Mailing Address 9111 Brent Meade Blvd.

City State Zip Code
Brentwood TN 37027

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

Name of Employer LifePoint Hospitals, Inc Occupation Government Relations

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt MM / DD / YYYY
03 / 02 / 2009

Transaction ID: 28643709

Amount of Each Receipt this Period **1000.00**

B. Full Name (Last, First, Middle Initial)
Jone Koford

Mailing Address 1493 Willowbrooke Circle

City State Zip Code
Franklin TN 37069-7202

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

Name of Employer LifePoint Hospitals, Inc Occupation Group President Organic Growth

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt MM / DD / YYYY
03 / 02 / 2009

Transaction ID: 28643710

Amount of Each Receipt this Period **1000.00**

C. Full Name (Last, First, Middle Initial)
Mr. John P. Bumpus

Mailing Address 6118 Paddock Place

City State Zip Code
Brentwood TN 37027-4939

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

Name of Employer LifePoint Hospitals, Inc Occupation Executive

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt MM / DD / YYYY
03 / 02 / 2009

Transaction ID: 28643718

Amount of Each Receipt this Period **1000.00**

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

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

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

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

FOR LINE NUMBER: PAGE 9 / 20
(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. Lanny R. Copeland

Mailing Address 5203 Selkrik Court

City State Zip Code
Brentwood TN 37027

FEC ID number of contributing federal political committee. C

Name of Employer LifePoint Hospitals, Inc Occupation CMO

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
03 / 02 / 2009

Transaction ID: 28643719

Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
William F Carpenter, III

Mailing Address 4005 Newman Place

City State Zip Code
Nashville TN 37204

FEC ID number of contributing federal political committee. C

Name of Employer LifePoint Hospitals, Inc Occupation Chairman, President & CEO

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt MM / DD / YYYY
03 / 02 / 2009

Transaction ID: 28643720

Amount of Each Receipt this Period 5000.00

C. Full Name (Last, First, Middle Initial)
Craig C Armin

Mailing Address 23510 Berdon Street

City State Zip Code
Woodland Hills CA 91367-3004

FEC ID number of contributing federal political committee. C

Name of Employer Tenet Healthcare Corporation Occupation VP Government Programs

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt MM / DD / YYYY
03 / 06 / 2009

Transaction ID: 28643721

Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) 6300.00

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 10 / 20 |
| | <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. Stephen L. Newman | Date of Receipt MM / DD / YYYY 03 / 06 / 2009 |
| | Mailing Address 11034 Tibbs Street | Transaction ID: 28643722 |
| | City State Zip Code Dallas TX 75230-3450 | Amount of Each Receipt this Period 5000.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer Tenet Healthcare Corporation | Occupation COO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 5000.00 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Daniel R. Waldmann | Date of Receipt MM / DD / YYYY 03 / 06 / 2009 |
| | Mailing Address 2001 19th St., NW #5 | Transaction ID: 28643723 |
| | City State Zip Code Washington DC 20009-1343 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer Tenet Healthcare Corporation | Occupation Vice President, Government Relations | |
| 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) Mrs. Audrey T. Andrews | Date of Receipt MM / DD / YYYY 03 / 06 / 2009 |
| | Mailing Address 702 Penfolds | Transaction ID: 28643724 |
| | City State Zip Code Coppell TX 75019 | Amount of Each Receipt this Period 1000.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer Tenet Healthcare Corporation | Occupation Assistant General Counsel | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 6500.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 20

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Trevor Fetter

Mailing Address 3821 Beverly Drive

City Highland Park State TX Zip Code 75205

FEC ID number of contributing federal political committee. C

Name of Employer Tenet Healthcare Corporation Occupation President and CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 13 / 2009

Transaction ID: 28805993

Amount of Each Receipt this Period 5000.00

B.

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

Mailing Address 1256 Kensington Rd

City McLean State VA Zip Code 22101

FEC ID number of contributing federal political committee. C

Name of Employer FAH Occupation Vice President Legislation & Public Af

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt 03 / 13 / 2009

Transaction ID: 28805997

Amount of Each Receipt this Period 43.00

C.

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 ▼ 210.00

Date of Receipt 03 / 13 / 2009

Transaction ID: 28805998

Amount of Each Receipt this Period 42.00

SUBTOTAL of Receipts This Page (optional) 5085.00

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 / 20
(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)
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 ▼ 208.35

Date of Receipt 03 / 13 / 2009

Transaction ID: 28805999

Amount of Each Receipt this Period 41.67

B.

Full Name (Last, First, Middle Initial)
Michael Marquez

Mailing Address 10204 Stone Briar Court

City Las Vegas State NV Zip Code 89144-4311

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

Name of Employer Universal Health Services, Inc Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 25 / 2009

Transaction ID: 29312806

Amount of Each Receipt this Period 1000.00

C.

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

Mailing Address 2245 Warner Road

City Lansdale State PA Zip Code 19446-5854

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 25 / 2009

Transaction ID: 29312809

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1291.67

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 13 / 20
(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. David Bussone

Mailing Address 924 White Feather Lane

City Las Vegas State NV Zip Code 89138-6056

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

Name of Employer: Universal Health Services, Inc
Occupation: Sr. Vice President - Acute Division

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 27 / 2009
Transaction ID: 29312810
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Carlos A Milanes

Mailing Address 184 Branchwater Lane

City Aiken State SC Zip Code 29803

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

Name of Employer: Aiken Regional Medical Center
Occupation: Chief Operating Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 27 / 2009
Transaction ID: 29312812
Amount of Each Receipt this Period: 300.00

C. Full Name (Last, First, Middle Initial)
Mr. Matthew Klein

Mailing Address 21849 Cypress Palm Court

City Boca Raton State FL Zip Code 33428-2938

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

Name of Employer: Universal Health Services, Inc
Occupation: General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 27 / 2009
Transaction ID: 29312814
Amount of Each Receipt this Period: 250.00

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 14 / 20
(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)
John P Christen

Mailing Address 4097 Howell Road

City Malvern State PA Zip Code 19355

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 03 / 27 / 2009
Transaction ID: 29312815
 Amount of Each Receipt this Period: 350.00

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

Mailing Address 213 Rivercrest Drive

City Phoenixville State PA Zip Code 19460-1064

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 27 / 2009
Transaction ID: 29312817
 Amount of Each Receipt this Period: 300.00

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

Mailing Address 1256 Kensington Rd

City McLean State VA Zip Code 22101

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

Name of Employer: FAH
Occupation: Vice President Legislation & Public Af

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 258.00

Date of Receipt: 03 / 31 / 2009
Transaction ID: 29401829
 Amount of Each Receipt this Period: 43.00

SUBTOTAL of Receipts This Page (optional) ► **693.00**

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 / 20
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Jeffrey E. Cohen
 Mailing Address 4927 15th Street, North
 City 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 ▼ 252.00
 Date of Receipt 03 / 31 / 2009
Transaction ID: 29411010
 Amount of Each Receipt this Period 42.00

B. Full Name (Last, First, Middle Initial)
Charles N. Kahn, III
 Mailing Address 4545 N Glebe Road
 City State Zip Code
 Arlington VA 22207-4848
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FAH Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02
 Date of Receipt 03 / 31 / 2009
Transaction ID: 29411048
 Amount of Each Receipt this Period 41.67

C. 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 FAH Occupation SVP Administrative Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00
 Date of Receipt 03 / 31 / 2009
Transaction ID: 29411091
 Amount of Each Receipt this Period 35.00

SUBTOTAL of Receipts This Page (optional) ► 118.67
TOTAL This Period (last page this line number only) ► 24038.34

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) Doggett For Us Congress</p> <p>Mailing Address PO Box 5843</p> <p>City Austin State TX Zip Code 78763</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Lloyd Doggett</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 25</p> | <p>Transaction ID: 28636558 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | | 0 | 4 | | 2 | 0 | 0 | 9 | 1000.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 0 | 3 | | 0 | 4 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | | |
| 1000.00 | | | | | | | | | | | | | | | | | | | | | | |
| <p>B. Full Name (Last, First, Middle Initial) Friends Of John Tanner</p> <p>Mailing Address Post Office Box 1994</p> <p>City Union City State TN Zip Code 38281</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. John S. Tanner</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TN District: 08</p> | <p>Transaction ID: 28636561 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>2500.00</td> </tr> </table> </p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | | 0 | 4 | | 2 | 0 | 0 | 9 | 2500.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 0 | 3 | | 0 | 4 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | | |
| 2500.00 | | | | | | | | | | | | | | | | | | | | | | |
| <p>C. Full Name (Last, First, Middle Initial) Walden For Congress</p> <p>Mailing Address PO Box 1091</p> <p>City Hood River State OR Zip Code 97031</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Gregory P. Walden</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OR District: 02</p> | <p>Transaction ID: 28636562 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1500.00</td> </tr> </table> </p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | | 0 | 4 | | 2 | 0 | 0 | 9 | 1500.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 0 | 3 | | 0 | 4 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | | |
| 1500.00 | | | | | | | | | | | | | | | | | | | | | | |

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

| | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|---------|
| <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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ND District: 01</p> | <p>Transaction ID: 28806009 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>2500.00</td> </tr> </table> </p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | | 1 | 3 | | 2 | 0 | 0 | 9 | 2500.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 0 | 3 | | 1 | 3 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | | |
| 2500.00 | | | | | | | | | | | | | | | | | | | | | | |
| <p>B. Full Name (Last, First, Middle Initial) Friends Of Max Baucus</p> <p>Mailing Address PO Box 586</p> <p>City Helena State MT Zip Code 59624</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Sen. Max Baucus</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MT District:</p> | <p>Transaction ID: 28806011 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>2500.00</td> </tr> </table> </p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | | 1 | 3 | | 2 | 0 | 0 | 9 | 2500.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 0 | 3 | | 1 | 3 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | | |
| 2500.00 | | | | | | | | | | | | | | | | | | | | | | |
| <p>C. Full Name (Last, First, Middle Initial) Friends For Harry Reid</p> <p>Mailing Address P.O. Box 19163</p> <p>City Las Vegas State NV Zip Code 89132</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Sen. Harry Reid</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: NV District:</p> | <p>Transaction ID: 28806012 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>5000.00</td> </tr> </table> </p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | | 1 | 3 | | 2 | 0 | 0 | 9 | 5000.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 0 | 3 | | 1 | 3 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | | |
| 5000.00 | | | | | | | | | | | | | | | | | | | | | | |

| | | |
|--|---|----------|
| SUBTOTAL of Disbursements This Page (optional) | <table border="1" style="width: 100%;"><tr><td style="text-align: center;">10000.00</td></tr></table> | 10000.00 |
| 10000.00 | | |
| TOTAL This Period (last page this line number only) | <table border="1" style="width: 100%;"><tr><td style="text-align: center;"> </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)

PAGE 18 / 20

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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) Searchlight Leadership Fund <hr/> Mailing Address 422 C street, NE Lower Level <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement 011 Candidate Name <hr/> 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) ▼ | Transaction ID: 28806013 Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 9 </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: center;">5000.00</div> |
| B. | Full Name (Last, First, Middle Initial) Cantor For Congress <hr/> Mailing Address P. O. Box 17813 <hr/> City Richmond State VA Zip Code 23226 <hr/> Purpose of Disbursement 011 Candidate Name Rep. Eric I. Cantor <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 28806014 Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 9 </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: center;">5000.00</div> |
| C. | Full Name (Last, First, Middle Initial) Tim Murphy For Congress <hr/> Mailing Address PO Box 24551 <hr/> City Pttsburgh State PA Zip Code 15234 <hr/> Purpose of Disbursement 011 Candidate Name Rep. Tim F. Murphy <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 18 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 28953714 Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 0 3 / 1 8 / 2 0 0 9 </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: center;">1500.00</div> |

| | |
|--|---|
| SUBTOTAL of Disbursements This Page (optional) ▶ | <div style="border: 1px solid black; padding: 5px; font-weight: bold;">11500.00</div> |
| TOTAL This Period (last page this line number only) ▶ | <div style="border: 1px solid black; padding: 5px; min-height: 20px;"></div> |

**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 19 / 20

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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) Mike Thompson For Congress | Transaction ID: 28954962 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Mailing Address 5429 Madison Avenue | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | | 1 | 8 | | 2 | 0 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 3 | | 1 | 8 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | |
| | City Sacramento State CA Zip Code 95841 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement | <table border="1"><tr><td>5000.00</td></tr></table> | 5000.00 | | | | | | | | | | | | | | | | | | |
| 5000.00 | | | | | | | | | | | | | | | | | | | | | |
| | Candidate Name Rep. Michael Thompson | <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: CA District: 01 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | |
|---------|--|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Lisa Murkowski For Us Senate | Transaction ID: 29317953 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Mailing Address PO Box 100847 | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | | 3 | 1 | | 2 | 0 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 3 | | 3 | 1 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | |
| | City Anchorage State AK Zip Code 99510 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement | <table border="1"><tr><td>5000.00</td></tr></table> | 5000.00 | | | | | | | | | | | | | | | | | | |
| 5000.00 | | | | | | | | | | | | | | | | | | | | | |
| | Candidate Name Sen. Lisa Murkowski | <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: AK District: | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | |
|---------|--|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Friends Of Byron Dorgan | Transaction ID: 29317954 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Mailing Address PO Box 871 | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | | 3 | 1 | | 2 | 0 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 3 | | 3 | 1 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | |
| | City Bismarck State ND Zip Code 58502 | 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 Sen. Byron L. Dorgan | <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: ND District: | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional)

| |
|----------|
| 11000.00 |
|----------|

TOTAL This Period (last page this line number only)

| |
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| |
|--|

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) Bennet For Colorado <hr/> Mailing Address 2300 15th Street Suite 425 <hr/> City Denver State CO Zip Code 80202 <hr/> Purpose of Disbursement <hr/> Candidate Name Mr. Michael Bennet <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 29317955 Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2009 |
| | Amount of Each Disbursement this Period 1000.00 |
| | Category/ Type 011 |
| | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| B. Full Name (Last, First, Middle Initial) Friends Of Jim Clyburn <hr/> Mailing Address PO Box 12567 <hr/> City Columbia State SC Zip Code 29211 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. James E. Clyburn <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 29317956 Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2009 |
| | Amount of Each Disbursement this Period 2500.00 |
| | Category/ Type 011 |
| | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| C. Full Name (Last, First, Middle Initial) Wyden For Senate <hr/> Mailing Address 232 Ne 9th Avenue <hr/> City Portland State OR Zip Code 97232 <hr/> Purpose of Disbursement <hr/> Candidate Name Sen. Ron Wyden <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 29318043 Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2009 |
| | Amount of Each Disbursement this Period 2500.00 |
| | Category/ Type 011 |
| | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional) | 6000.00 |
| TOTAL This Period (last page this line number only) | 43500.00 |