

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. **12FE4M5**
FEDERATION OF AMERICAN HOSPITALS PAC

ADDRESS (number and street) **750 9th Street NW**
Suite 600
 Check if different than previously reported. (ACC) **WASHINGTON DC 20001**

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C 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 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)

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

(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on [] / [] / [] in the State of []

(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [] / [] / [] in the State of []

5. Covering Period **09/01/2013** through **09/30/2013**

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 Ms. Karen Conwell Smith

Signature of Treasurer Ms. Karen Conwell Smith [Electronically Filed] Date **10/17/2013**

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

FEDERATION OF AMERICAN HOSPITALS PAC

Report Covering the Period: From: / / To: / /

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|--|--|
| 6. (a) Cash on Hand January 1, <input type="text" value="2013"/> | <input type="text" value="21731.24"/> | <input type="text" value="21731.24"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="71375.27"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="73305.80"/> | <input type="text" value="288245.21"/> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <input type="text" value="144681.07"/> | <input type="text" value="309976.45"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="32113.64"/> | <input type="text" value="197747.24"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="112567.43"/> | <input type="text" value="112229.21"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

FEDERATION OF AMERICAN HOSPITALS PAC

Report Covering the Period: From: / / To: / /

| 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)..... | 23139.66 | 201447.40 |
| (ii) Unitemized | 45100.00 | 48693.78 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 68239.66 | 250141.18 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 5000.00 | 35000.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 73239.66 | 285141.18 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 66.14 | 3104.03 |
| 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 Transfers (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))..... ▶ | 73305.80 | 288245.21 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 73305.80 | 288245.21 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated 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 | 113.64 | 3747.24 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 113.64 | 3747.24 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 32000.00 | 194000.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (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 | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated 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)) .. | 32113.64 | 197747.24 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 32113.64 | 197747.24 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| 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) | 73239.66 | 285141.18 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 73239.66 | 285141.18 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶ | 113.64 | 3747.24 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36)▶ | 113.64 | 3747.24 |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 6 OF 31 |
| | (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"/> 12 |
| | | <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

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

Mailing Address 1256 Kensington Rd

City State Zip Code
McLean VA 22101-2920

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

Name of Employer Occupation
FAH Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 03 / 2013
Transaction ID : 53043166

Amount of Each Receipt this Period
80.00

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

Mailing Address 4927 15th Street, North

City State Zip Code
Arlington VA 22205-2616

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

Name of Employer Occupation
FAH Lobbyist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
714.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 03 / 2013
Transaction ID : 53043167

Amount of Each Receipt this Period
42.00

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

Mailing Address 4545 N Glebe Road

City State Zip Code
Arlington VA 22207-4848

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

Name of Employer Occupation
FAH President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
708.39

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 03 / 2013
Transaction ID : 53043168

Amount of Each Receipt this Period
41.67

SUBTOTAL of Receipts This Page (optional)..... ▶ 163.67

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 7 OF 31 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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 ▼ **935.00**

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | | 03 | | 2013 |

Transaction ID : 53043169

Amount of Each Receipt this Period

| |
|--------|
| 935.00 |
|--------|

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

Mailing Address 14128 Burlingame Road

| | | |
|---------------------|-------------|-------------------|
| City Little Rock | State AR | Zip Code 72211 |
|---------------------|-------------|-------------------|

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

| | |
|-------------------------|---|
| Name of Employer FAH | Occupation SVP Administrative Services |
|-------------------------|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **595.00**

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | | 03 | | 2013 |

Transaction ID : 53043170

Amount of Each Receipt this Period

| |
|-------|
| 35.00 |
|-------|

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

Mailing Address 1948 Rockingham Street

| | | |
|----------------|-------------|------------------------|
| City McLean | State VA | Zip Code 22101-4922 |
|----------------|-------------|------------------------|

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

| | |
|-------------------------|---------------------------------------|
| Name of Employer FAH | Occupation Chief Financial Officer |
|-------------------------|---------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1437.35**

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | | 03 | | 2013 |

Transaction ID : 53043171

Amount of Each Receipt this Period

| |
|-------|
| 84.55 |
|-------|

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 174.55 |
| 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 8 OF 31 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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. Bob Williams
Full Name (Last, First, Middle Initial)

Mailing Address 4604 Ashville

City Amarillo State TX Zip Code 79119-6452

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

Name of Employer BSA Hospital Occupation Hospital Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 03 / 2013
Transaction ID : 53043176

Amount of Each Receipt this Period 500.00

B. Larry Cash
Full Name (Last, First, Middle Initial)

Mailing Address 5246 Lysander Lane

City Brentwood State TN Zip Code 37027-3110

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

Name of Employer Community Health Systems, Inc Occupation EVP & Chief Financial Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 13 / 2013
Transaction ID : 53043391

Amount of Each Receipt this Period 1000.00

C. Sammie C. Drehr
Full Name (Last, First, Middle Initial)

Mailing Address 1321 Beck Road East

City Inez State TX Zip Code 77968-3603

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

Name of Employer DeTar Healthcare System Occupation CNO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 13 / 2013
Transaction ID : 53043396

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00

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

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

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

FOR LINE NUMBER: PAGE 9 OF 31
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Joseph G Seay
 Full Name (Last, First, Middle Initial)
 Mailing Address 8483 Taliaferro Road
 City State Zip Code
 Eagleville TN 37060-9104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Community Health Systems, Inc SVP & CIO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2013
Transaction ID : 53043397
 Amount of Each Receipt this Period
 500.00

B. David L Miller
 Full Name (Last, First, Middle Initial)
 Mailing Address 657 Goodsprings Road
 City State Zip Code
 Brentwood TN 37027-3104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Community Health Systems, Inc Division President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2013
Transaction ID : 53043400
 Amount of Each Receipt this Period
 500.00

C. Lynn Simon
 Full Name (Last, First, Middle Initial)
 Mailing Address 1144 French Town Lane
 City State Zip Code
 Franklin TN 37067-1754
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Community Health Systems, Inc SVP, CQO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2013
Transaction ID : 53043402
 Amount of Each Receipt this Period
 500.00

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

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 10 OF 31 |
| <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. Thomas M Buford
Full Name (Last, First, Middle Initial)

Mailing Address 1003 Heathrow Hills Court

| | | |
|-------------------|-------------|------------------------|
| City Brentwood | State TN | Zip Code 37027-6838 |
|-------------------|-------------|------------------------|

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

| | |
|---|-------------------|
| Name of Employer Community Health Systems, Inc | Occupation SVP |
|---|-------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | | 13 | | 2013 |

Transaction ID : 53043403

Amount of Each Receipt this Period
600.00

B. Mr. Justin Riley Hunter
Full Name (Last, First, Middle Initial)

Mailing Address 5221 42nd Street NW

| | | |
|--------------------|-------------|------------------------|
| City Washington | State DC | Zip Code 20015-1931 |
|--------------------|-------------|------------------------|

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

| | |
|---|------------------------------------|
| Name of Employer HEALTHSOUTH Corporation | Occupation Government Relations |
|---|------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | | 13 | | 2013 |

Transaction ID : 53043981

Amount of Each Receipt this Period
600.00

C. Mr. L. Keith Granger
Full Name (Last, First, Middle Initial)

Mailing Address 4016 Greystone Drive

| | | |
|--------------------|-------------|------------------------|
| City Birmingham | State AL | Zip Code 35242-6405 |
|--------------------|-------------|------------------------|

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

| | |
|--|-------------------|
| Name of Employer Trinity Medical Center | Occupation CEO |
|--|-------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | | 13 | | 2013 |

Transaction ID : 53043991

Amount of Each Receipt this Period
250.00

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1450.00 |
| 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 11 OF 31 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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. Mr. Douglas Moyer
 Full Name (Last, First, Middle Initial)
 Mailing Address 113 Juniper Court
 City Spartanburg State SC Zip Code 29302-3337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mary Black Health System Occupation CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2013
Transaction ID : 53044000
 Amount of Each Receipt this Period
300.00

B. Mrs. Sally J Dixon
 Full Name (Last, First, Middle Initial)
 Mailing Address 1356 Cherry Hills Road
 City York State PA Zip Code 17404-1238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Memorial Hospital Occupation Healthcare CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2013
Transaction ID : 53166787
 Amount of Each Receipt this Period
250.00

C. Coleman Foss
 Full Name (Last, First, Middle Initial)
 Mailing Address 2717 Kensington Park Dr, NW
 City Cleveland State TN Zip Code 37312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Skyridge Medical Center Occupation Hospital CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2013
Transaction ID : 53166793
 Amount of Each Receipt this Period
250.00

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 800.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 12 OF 31 |
| <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. Ms. Barbara J. Martin
 Full Name (Last, First, Middle Initial)
 Mailing Address 25054 Lake Forest Lane
 City Shorewood State IL Zip Code 60404-8221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Vista Medical Center East Occupation President & Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 09 / 13 / 2013
Transaction ID : 53182560
 Amount of Each Receipt this Period
 250.00

B. Ms. Suzanne Woods
 Full Name (Last, First, Middle Initial)
 Mailing Address 1009 Orchard Circle
 City Dothan State AL Zip Code 36305-5916
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Flowers Hospital Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 09 / 13 / 2013
Transaction ID : 53182742
 Amount of Each Receipt this Period
 250.00

C. Mr. M. Scott Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 1115 Interlochen Blvd.
 City Winter Haven State FL Zip Code 33884-3707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lakes Wales Medical Center Occupation Hospital Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 09 / 13 / 2013
Transaction ID : 53182757
 Amount of Each Receipt this Period
 250.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 750.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 OF 31 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Mr. Tom Miller | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 13 / 2013 Transaction ID : 53192361 |
| Mailing Address 243 Governors Way | | Amount of Each Receipt this Period 500.00 |
| City Brentwood | State TN | Zip Code 37027-8931 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Community Health Systems, Inc | Occupation Division President | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Timothy E Schmidt | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 13 / 2013 Transaction ID : 53192364 |
| Mailing Address 3015 Milton Court | | Amount of Each Receipt this Period 300.00 |
| City Laredo | State TX | Zip Code 78041-2005 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Laredo Medical Center | Occupation CEO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. Wayne T Smith | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 13 / 2013 Transaction ID : 53192366 |
| Mailing Address 504 Westview Ave | | Amount of Each Receipt this Period 5000.00 |
| City Nashville | State TN | Zip Code 37205-3824 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Community Health Systems, Inc | Occupation Chairman, President & CEO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 5000.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 5800.00 |
| 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 14 OF 31 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. Martin S Smith | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 13 / 2013 Transaction ID : 53192368 |
| Mailing Address 302 Haddon Court | | Amount of Each Receipt this Period 500.00 |
| City Franklin | State TN | Zip Code 37067-6242 |
| FEC ID number of contributing federal political committee. C | Name of Employer Community Health Systems, Inc | Occupation Vice President, Group Operations |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. William S Hussey | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 13 / 2013 Transaction ID : 53192369 |
| Mailing Address 6904 Stone Run Drive | | Amount of Each Receipt this Period 500.00 |
| City Nashville | State TN | Zip Code 37211-6941 |
| FEC ID number of contributing federal political committee. C | Name of Employer Community Health Systems, Inc | Occupation Division President |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. Ms. Barbara R. Paul | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 13 / 2013 Transaction ID : 53192370 |
| Mailing Address 3627B Saratoga Drive | | Amount of Each Receipt this Period 1000.00 |
| City Nashville | State TN | Zip Code 37205-2539 |
| FEC ID number of contributing federal political committee. C | Name of Employer Community Health Systems, Inc | Occupation Chief Medical Officer |
| 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).....▶ | 2000.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 15 OF 31 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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. Michael T Portacci
Full Name (Last, First, Middle Initial)

Mailing Address 400 Meridian Blvd

City Franklin State TN Zip Code 37067

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

Name of Employer Community Health Systems, Inc Occupation President- Division II Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 13 / 2013
Transaction ID : 53192371

Amount of Each Receipt this Period 500.00

B. Martin G Schweinhart
Full Name (Last, First, Middle Initial)

Mailing Address 9240 Weston Drive

City Brentwood State TN Zip Code 37027-2406

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

Name of Employer Community Health Systems, Inc Occupation SVP Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 13 / 2013
Transaction ID : 53192372

Amount of Each Receipt this Period 500.00

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

Mailing Address 1256 Kensington Rd

City McLean State VA Zip Code 22101-2920

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

Name of Employer FAH Occupation Senior Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1440.00

Date of Receipt 09 / 13 / 2013
Transaction ID : 53245674

Amount of Each Receipt this Period 80.00

SUBTOTAL of Receipts This Page (optional).....▶ 1080.00

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 16 OF 31 |
| <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

| | | |
|---|------------------------|---|
| Full Name (Last, First, Middle Initial) A. Jeffrey E. Cohen | | Date of Receipt MM / DD / YYYY 09 / 13 / 2013 Transaction ID : 53245675 |
| Mailing Address 4927 15th Street, North | | Amount of Each Receipt this Period 42.00 |
| City Arlington | State VA | Zip Code 22205-2616 |
| FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date 756.00 |
| Name of Employer FAH | Occupation Lobbyist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|-------------------------|---|
| Full Name (Last, First, Middle Initial) B. Charles N. Kahn III | | Date of Receipt MM / DD / YYYY 09 / 13 / 2013 Transaction ID : 53245676 |
| Mailing Address 4545 N Glebe Road | | Amount of Each Receipt this Period 41.67 |
| City Arlington | State VA | Zip Code 22207-4848 |
| FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date 750.06 |
| Name of Employer FAH | Occupation President | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|-------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Jeffrey G. Micklos | | Date of Receipt MM / DD / YYYY 09 / 13 / 2013 Transaction ID : 53245677 |
| Mailing Address 3130 Tennyson St., N.W. | | Amount of Each Receipt this Period 55.00 |
| City Washington | State DC | Zip Code 20015 |
| FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date 990.00 |
| Name of Employer FAH | Occupation General Counsel | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 138.67 |
| 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 17 OF 31 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

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

Mailing Address 14128 Burlingame Road

| | | |
|---------------------|-------------|-------------------|
| City Little Rock | State AR | Zip Code 72211 |
|---------------------|-------------|-------------------|

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

| | |
|-------------------------|---|
| Name of Employer FAH | Occupation SVP Administrative Services |
|-------------------------|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **630.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 13 | / | 2013 |

Transaction ID : 53245678

Amount of Each Receipt this Period

| |
|-------|
| 35.00 |
|-------|

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

Mailing Address 1948 Rockingham Street

| | | |
|----------------|-------------|------------------------|
| City McLean | State VA | Zip Code 22101-4922 |
|----------------|-------------|------------------------|

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

| | |
|-------------------------|---------------------------------------|
| Name of Employer FAH | Occupation Chief Financial Officer |
|-------------------------|---------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1521.90**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 13 | / | 2013 |

Transaction ID : 53245679

Amount of Each Receipt this Period

| |
|-------|
| 84.55 |
|-------|

Full Name (Last, First, Middle Initial)
C. Mr. Chad Campbell

Mailing Address 1902 Gambel Quail Ct.

| | | |
|------------------|-------------|------------------------|
| City Carlsbad | State NM | Zip Code 88220-4189 |
|------------------|-------------|------------------------|

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

| | |
|---|----------------------------|
| Name of Employer Carlsbad Medical Center | Occupation Hospital CEO |
|---|----------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 23 | / | 2013 |

Transaction ID : 53247248

Amount of Each Receipt this Period

| |
|--------|
| 300.00 |
|--------|

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 419.55 |
| 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 18 OF 31 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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. Mr. Jae Dale
 Full Name (Last, First, Middle Initial)
 Mailing Address 6300 N. Abington Road
 City Tucson State AZ Zip Code 85743-8134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Oro Valley Hospital Occupation CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 23 / 2013
Transaction ID : 53247250
 Amount of Each Receipt this Period
500.00

B. Mr. Corey Davison
 Full Name (Last, First, Middle Initial)
 Mailing Address 1224 Blairwood Druve
 City Flower Mound State TX Zip Code 75028-8910
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tenet Healthcare Corporation Occupation VP, Gov. Relations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 23 / 2013
Transaction ID : 53247584
 Amount of Each Receipt this Period
1000.00

C. Joe D Thomason
 Full Name (Last, First, Middle Initial)
 Mailing Address 6304 Carmel Falls CT
 City Mc Kinney State TX Zip Code 75070-8768
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Centennial Medical Center Occupation Hospital CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 23 / 2013
Transaction ID : 53247585
 Amount of Each Receipt this Period
1000.00

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2500.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 19 OF 31 |
| <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. Mr. Bryan C Wood
Full Name (Last, First, Middle Initial)

Mailing Address 908 Colonial Drive

City State Zip Code
Morristown TN 37814-2563

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

Name of Employer Occupation
Lakeway Regional Hospital Hospital CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
09 / 23 / 2013
Transaction ID : 53247587

Amount of Each Receipt this Period
225.00

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

Mailing Address 1660 Pemberton Road

City State Zip Code
Blue Bell PA 19422-2507

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

Name of Employer Occupation
Chestnut Hill Hospital CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
09 / 23 / 2013
Transaction ID : 53249008

Amount of Each Receipt this Period
400.00

C. Mr. William R. Blanchard
Full Name (Last, First, Middle Initial)

Mailing Address 408 Tampa Drive

City State Zip Code
Victoria TX 77904-1649

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

Name of Employer Occupation
Detar Healthcare System CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
09 / 25 / 2013
Transaction ID : 53249032

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1125.00

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 20 OF 31 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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. Jayne Chambers
Full Name (Last, First, Middle Initial)
Mailing Address 1256 Kensington Rd
City McLean State VA Zip Code 22101-2920
FEC ID number of contributing federal political committee. **C**
Name of Employer FAH Occupation Senior Vice President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1520.00

Date of Receipt 09 / 30 / 2013
Transaction ID : 53250473
Amount of Each Receipt this Period 80.00

B. Jeffrey E. Cohen
Full Name (Last, First, Middle Initial)
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 ▼ 798.00

Date of Receipt 09 / 30 / 2013
Transaction ID : 53250474
Amount of Each Receipt this Period 42.00

C. Charles N. Kahn III
Full Name (Last, First, Middle Initial)
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 ▼ 791.73

Date of Receipt 09 / 30 / 2013
Transaction ID : 53250475
Amount of Each Receipt this Period 41.67

SUBTOTAL of Receipts This Page (optional).....▶ 163.67
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 21 OF 31 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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 ▼
1045.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 30 | / | 2013 |

Transaction ID : 53250476

Amount of Each Receipt this Period
55.00

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

Mailing Address 14128 Burlingame Road

| | | |
|---------------------|-------------|-------------------|
| City Little Rock | State AR | Zip Code 72211 |
|---------------------|-------------|-------------------|

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

| | |
|-------------------------|---|
| Name of Employer FAH | Occupation SVP Administrative Services |
|-------------------------|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
665.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 30 | / | 2013 |

Transaction ID : 53250477

Amount of Each Receipt this Period
35.00

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

Mailing Address 1948 Rockingham Street

| | | |
|----------------|-------------|------------------------|
| City McLean | State VA | Zip Code 22101-4922 |
|----------------|-------------|------------------------|

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

| | |
|-------------------------|---------------------------------------|
| Name of Employer FAH | Occupation Chief Financial Officer |
|-------------------------|---------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1606.45

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 30 | / | 2013 |

Transaction ID : 53250478

Amount of Each Receipt this Period
84.55

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 174.55 |
| 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 22 OF 31 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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. Bud Wethington
Full Name (Last, First, Middle Initial)

Mailing Address 62 S. Shasta Bend Circle

City The Woodlands State TX Zip Code 77389-1113

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

Name of Employer Tomball Regional Medical Center Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 25 / 2013
Transaction ID : 53402341

Amount of Each Receipt this Period 1000.00

B. Ms. Debra A. Crandall
Full Name (Last, First, Middle Initial)

Mailing Address 3066 N. Old Wire Road

City Fayetteville State AR Zip Code 72703-4645

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

Name of Employer Willow Creek Women's Hospital Occupation Administrative Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 25 / 2013
Transaction ID : 53402403

Amount of Each Receipt this Period 250.00

C. Rachel A Seifert
Full Name (Last, First, Middle Initial)

Mailing Address 1217 Olympic Place

City Franklin State TN Zip Code 37067-5695

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

Name of Employer Community Health Systems, Inc Occupation Healthcare Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 25 / 2013
Transaction ID : 53402405

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 23 OF 31 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

Full Name (Last, First, Middle Initial)
A. Philip Eaton

Mailing Address 885 900 E Apt. 117

| | | |
|------------------------|-------------|-------------------|
| City Salt Lake City | State UT | Zip Code 84102 |
|------------------------|-------------|-------------------|

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

| | |
|--------------------------|----------------------------|
| Name of Employer MWMC | Occupation Hospital CEO |
|--------------------------|----------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 25 | / | 2013 |

Transaction ID : 53402409

Amount of Each Receipt this Period
400.00

Full Name (Last, First, Middle Initial)
B. Larry M Carlton

Mailing Address 107 Tiffany Court

| | | |
|------------------|-------------|------------------------|
| City Franklin | State TN | Zip Code 37064-5774 |
|------------------|-------------|------------------------|

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

| | |
|---|--------------------------------------|
| Name of Employer Community Health Systems, Inc | Occupation SVP Revenue Management |
|---|--------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 25 | / | 2013 |

Transaction ID : 53403600

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Kenneth D Hawkins

Mailing Address 9152 Jones Court

| | | |
|-------------------|-------------|------------------------|
| City Brentwood | State TN | Zip Code 37027-8536 |
|-------------------|-------------|------------------------|

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

| | |
|---|-------------------------------------|
| Name of Employer Community Health Systems, Inc | Occupation Senior Vice President |
|---|-------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 25 | / | 2013 |

Transaction ID : 53403601

Amount of Each Receipt this Period
500.00

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 1400.00 |
| TOTAL This Period (last page this line number only)..... | 23139.66 |

**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 24 OF 31 |
| <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)
Kindred Healthcare, Inc. PAC

Mailing Address 680 S. 4th Street

City Louisville State KY Zip Code 40202-2407

FEC ID number of contributing federal political committee. **C** C00242271

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 13 / 2013

Transaction ID : 53192379

Amount of Each Receipt this Period
5000.00

PAC to PAC

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 5000.00 |
| TOTAL This Period (last page this line number only).....▶ | 5000.00 |

**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 25 OF 31 |
| <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 |

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

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

Mailing Address 750 9th Street, N.W.
Suite 600

City Washington State DC Zip Code 20001

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1759.22

Date of Receipt
MM / DD / YYYY
09 / 26 / 2013
Transaction ID : 53246284

Amount of Each Receipt this Period
66.14

Bank Fees reimbursment

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 66.14 |
| TOTAL This Period (last page this line number only).....▶ | 66.14 |

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

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

Full Name (Last, First, Middle Initial)

A. Wachovia Bank

Mailing Address 801 Pennsylvania Ave, NW

City Washington State DC Zip Code 20004

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 53407164

Amount of Each Disbursement this Period

Bank Fees

Full Name (Last, First, Middle Initial)

B. Wachovia Bank

Mailing Address 801 Pennsylvania Ave, NW

City Washington State DC Zip Code 20004

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 53407165

Amount of Each Disbursement this Period

Bank Fees

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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 |

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

Full Name (Last, First, Middle Initial)

A. LOBO PAC

Mailing Address PO BOX 492

City ALBUQUERQUE State NM Zip Code 87103

Purpose of Disbursement

011

Category/
Type

Candidate Name
LOBO PAC

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2013

Transaction ID : 53176247

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Matheson For Congress

Mailing Address P.O. Box 521048
Suite A

City Salt Lake City State UT Zip Code 84152

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. James D. Matheson

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: UT District: 02

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2013

Transaction ID : 53242873

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Democratic Congressional Campaign Committee

Mailing Address 430 South Capitol Street, S.E.

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2013

Transaction ID : 53242874

Amount of Each Disbursement this Period

5000.00

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

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

9500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Friends Of Dan Maffei

Mailing Address PO Box 74

City Syracuse State NY Zip Code 13214

Purpose of Disbursement

011

Candidate Name

Mr. Daniel Maffei

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 25

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | / | 26 | / | 2013 |

Transaction ID : 53245666

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. COMMON VALUES PAC

Mailing Address 901 N WASHINGTON ST, SUITE 700

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

011

Candidate Name

COMMON VALUES PAC

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | / | 30 | / | 2013 |

Transaction ID : 53250419

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. Cantor For Congress

Mailing Address P. O. Box 17813

City Richmond State VA Zip Code 23226

Purpose of Disbursement

011

Candidate Name

Rep. Eric I. Cantor

Category/
Type

Office Sought: House
 Senate
 President
State: VA District: 07

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | / | 30 | / | 2013 |

Transaction ID : 53250421

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

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

| |
|---------|
| 6000.00 |
|---------|

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 |

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

Full Name (Last, First, Middle Initial)

A. National Republican Congressional Committee

Mailing Address 320 First Street, S.E.

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Candidate Name

National Republican Congressional Committee

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2013

Transaction ID : 53250422

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Friends Of John Thune

Mailing Address 200 North Phillips Avenue Ste L101

City Sioux Falls State SD Zip Code 57104

Purpose of Disbursement

011

Candidate Name

Sen. John R. Thune

Category/
Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: SD District:

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2013

Transaction ID : 53250424

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends Of Joe Heck

Mailing Address PO Box 750114

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement

011

Candidate Name

Rep. Joseph Heck

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: NV District: 03

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2013

Transaction ID : 53250426

Amount of Each Disbursement this Period

1000.00

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

7000.00

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 |

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

Full Name (Last, First, Middle Initial)

A. Marsha Blackburn For Congress Inc.

Mailing Address PO Box 682185

City State Zip Code
Franklin TN 37068

Purpose of Disbursement

011

Candidate Name

Rep. Marsha Blackburn

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District: 07

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2013

Transaction ID : 53250428

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Charles Boustany Jr Md For Congress, Inc

Mailing Address PO Box 80126

City State Zip Code
Lafayette LA 70598

Purpose of Disbursement

011

Candidate Name

Rep. Charles W. Boustany Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: LA District: 07

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2013

Transaction ID : 53250431

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Rothfus For Congress

Mailing Address PO Box 435

City State Zip Code
Sewickley PA 15143

Purpose of Disbursement

011

Candidate Name

Rep. Keith Rothfus

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 12

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2013

Transaction ID : 53250432

Amount of Each Disbursement this Period

1000.00

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

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

4500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. ERICPAC

Mailing Address 209 Pennsylvania Avenue SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 30 | / | 2013 |

Transaction ID : 53250434

Amount of Each Disbursement this Period

| |
|----------|
| 2,000.00 |
|----------|

Full Name (Last, First, Middle Initial)

B. Heartland Values PAC

Mailing Address PO Box 505

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 30 | / | 2013 |

Transaction ID : 53250436

Amount of Each Disbursement this Period

| |
|----------|
| 3,000.00 |
|----------|

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| | / | | / | |

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

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

| |
|---------|
| 5000.00 |
|---------|

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

| |
|----------|
| 32000.00 |
|----------|