

**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="2015"/>		125175.54
(b) Cash on Hand at Beginning of Reporting Period.....	134707.57	
(c) Total Receipts (from Line 19)	78455.68	105347.92
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	213163.25	230523.46
7. Total Disbursements (from Line 31).....	64274.74	81634.95
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	148888.51	148888.51
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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

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).....	72955.68	88289.78
(ii) Unitemized	500.00	1778.78
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	73455.68	90068.56
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	15000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	78455.68	105068.56
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.).....	0.00	279.36
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))..... ▶	78455.68	105347.92
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	78455.68	105347.92

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	1774.74	2506.82
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1774.74	2506.82
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	62500.00	71000.00
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	8128.13
(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	8128.13
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)) ..	64274.74	81634.95
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	64274.74	81634.95

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)	78455.68	105068.56
34. Total Contribution Refunds (from Line 28(d))	0.00	8128.13
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	78455.68	96940.43
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1774.74	2506.82
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1774.74	2506.82

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 49
	<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. Clint Adams
Full Name (Last, First, Middle Initial)

Mailing Address 9244 Hunterboro Dr

City Brentwood State TN Zip Code 37027-6128

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

Name of Employer Ardent Health Services Occupation CFO

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
 03 / 05 / 2015

Transaction ID : C8D3A365-505B-478A-

Amount of Each Receipt this Period
 500.00

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

Mailing Address 6042 Lakehurst Ave

City Dallas State TX Zip Code 75230-5036

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

Name of Employer HCA Occupation Healthcare Administration

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2015

Transaction ID : 354C27D6-8DD5-4F38-

Amount of Each Receipt this Period
 1500.00

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

Mailing Address 6985 S Union Park Ctr

City Cottonwood Heights State UT Zip Code 84047-4177

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

Name of Employer HCA Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2015

Transaction ID : 729F0E9D-D763-4E54-

Amount of Each Receipt this Period
 1500.00

SUBTOTAL of Receipts This Page (optional).....▶	3500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Martin Ardron

Mailing Address 41 La Sierra Dr

City State Zip Code
Phillips Ranch CA 91766-4703

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

Name of Employer Occupation
Kindred Healthcare Inc. Healthcare Executive

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
03 / 27 / 2015
Transaction ID : 88FAAA09AF95FB93751

Amount of Each Receipt this Period
300.00

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

Mailing Address 1106 David Dr

City State Zip Code
Franklin TN 37069-7005

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

Name of Employer Occupation
HCA AVP

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
03 / 31 / 2015
Transaction ID : E69C5988-2913-4FC7-

Amount of Each Receipt this Period
250.00

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

Mailing Address 1 Park Plz
Building 2 - 2W

City State Zip Code
Nashville TN 37203-6527

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

Name of Employer Occupation
HCA AVP Internal Audit

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
03 / 30 / 2015
Transaction ID : A01A8FCD-E348-48B4-

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 8 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Michael Berry

Mailing Address 1921 Beechville Ter

City State Zip Code
Brentwood TN 37027-4803

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

Name of Employer Occupation
HCA CPA

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
03 / 26 / 2015

Transaction ID : A0F15365-93F6-48F9-

Amount of Each Receipt this Period
250.00

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

Mailing Address PO Box 122

City State Zip Code
Blue Diamond NV 89004-0122

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

Name of Employer Occupation
Kindred Healthcare Inc. Executive

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
03 / 27 / 2015

Transaction ID : E823C3B7D4D660D4F95

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
c. David Cannady

Mailing Address 1723 Surrey Dr

City State Zip Code
Brentwood TN 37027-8147

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

Name of Employer Occupation
HCA Healthcare Administration

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
03 / 26 / 2015

Transaction ID : DAB46DF1-03D9-49BA-

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 49
<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

Full Name (Last, First, Middle Initial) A. E. Lance Carlson		Date of Receipt 03 / 27 / 2015 Transaction ID : F43045DBF77162739EC
Mailing Address 11814 Primwood Dr		Amount of Each Receipt this Period 500.00
City Houston	State TX	Zip Code 77070-2354
FEC ID number of contributing federal political committee. C		
Name of Employer Kindred Healthcare Inc.	Occupation Executive	
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. robert carrel		Date of Receipt 03 / 25 / 2015 Transaction ID : 4E24753C-E016-49F1-
Mailing Address 2209 E Broad St		Amount of Each Receipt this Period 1500.00
City Richmond	State VA	Zip Code 23223-7029
FEC ID number of contributing federal political committee. C		
Name of Employer HCA	Occupation President - Capital Division	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) C. Jayne Chambers		Date of Receipt 03 / 13 / 2015 Transaction ID : 69E4BB5A4125B699B12
Mailing Address 1256 Kensington Rd		Amount of Each Receipt this Period 85.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 490.00	

SUBTOTAL of Receipts This Page (optional).....▶	2085.00
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 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. 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 ▼ 490.00

Date of Receipt 03 / 13 / 2015
Transaction ID : C2A27801BB7FCC71229
Amount of Each Receipt this Period 85.00

B. Ravi Chari
Full Name (Last, First, Middle Initial)
Mailing Address 112 Belle Meade Blvd
City Nashville State TN Zip Code 37205-3416
FEC ID number of contributing federal political committee. **C**
Name of Employer HCA Occupation Hosp Admin
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 03 / 25 / 2015
Transaction ID : 45D252F9-0EF8-4354-
Amount of Each Receipt this Period 2500.00

C. David Chaussard
Full Name (Last, First, Middle Initial)
Mailing Address 22595 S Pecan Ct
City Claremore State OK Zip Code 74019-1180
FEC ID number of contributing federal political committee. **C**
Name of Employer Ardent Health Services Occupation Hospital Administration
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 05 / 2015
Transaction ID : DCBF124C-8AC7-4C78-
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional).....▶	2835.00
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 OF 49
(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

Full Name (Last, First, Middle Initial)
A. Douglas Clarkson

Mailing Address 2916 McFarlin Blvd

City Dallas State TX Zip Code 75205-1920

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

Name of Employer HCA Occupation VP-Health Plan Regulatory Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
03 / 26 / 2015
Transaction ID : 421F70D8-DA9D-471A-

Amount of Each Receipt this Period
500.00

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

Mailing Address 4927 15th St N North

City Arlington State VA Zip Code 22205-2616

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

Name of Employer FAH Occupation Lobbyist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt
03 / 13 / 2015
Transaction ID : 211250FE1A608CF3EF9

Amount of Each Receipt this Period
42.00

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

Mailing Address 4927 15th St N North

City Arlington State VA Zip Code 22205-2616

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

Name of Employer FAH Occupation Lobbyist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt
03 / 13 / 2015
Transaction ID : 26251A091FA9191E959

Amount of Each Receipt this Period
42.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 584.00

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 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Douglas E. Coltharp

Mailing Address 2736 Abingdon Road

City Mountain Brk State AL Zip Code 35243-1704

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

Name of Employer HEALTHSOUTH Corporation Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2015
Transaction ID : E23848CBFEF96FE7484

Amount of Each Receipt this Period
600.00

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

Mailing Address 1212 Laurel St

City Nashville State TN Zip Code 37203-4291

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

Name of Employer HCA Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2015
Transaction ID : 8E14F788-4170-4FF3-

Amount of Each Receipt this Period
1500.00

Full Name (Last, First, Middle Initial)
c. M. Jane Dailey

Mailing Address 10411 Loving Trail Dr

City Frisco State TX Zip Code 75035-8181

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

Name of Employer Kindred Healthcare Occupation Healthcare Executive

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
 03 / 27 / 2015
Transaction ID : 0F6D4932D5E194252D4

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2600.00

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 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Corey Davison		Date of Receipt
Mailing Address 1224 Blairwood Dr		M M M / D D D / Y Y Y Y Y Y 03 / 30 / 2015
City	State	Zip Code
Flower Mound	TX	75028-8910
FEC ID number of contributing federal political committee.	Transaction ID : 89C4DC88-675F-405C-	
	Amount of Each Receipt this Period	
	1000.00	
Name of Employer	Occupation	
Tenet Healthcare Corporation	Vice President, Government Relations	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	1000.00	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Kathy Demaray		Date of Receipt
Mailing Address 155 Franklin Rd		M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2015
City	State	Zip Code
Brentwood	TN	37027-4646
FEC ID number of contributing federal political committee.	Transaction ID : 4BCBC61D-5CEB-44DB-	
	Amount of Each Receipt this Period	
	250.00	
Name of Employer	Occupation	
HCA	VP Supply Chain Board and GPO Operatio	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	250.00	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Lisa Doyle		Date of Receipt
Mailing Address 5204 Colfax Ct		M M M / D D D / Y Y Y Y Y Y 03 / 25 / 2015
City	State	Zip Code
Brentwood	TN	37027-3012
FEC ID number of contributing federal political committee.	Transaction ID : 9BB27645-A8A5-4997-	
	Amount of Each Receipt this Period	
	500.00	
Name of Employer	Occupation	
HCA	HR	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	500.00	
<input type="checkbox"/> Other (specify) ▼		

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 14 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Thomas Doyle		Date of Receipt
Mailing Address 1206 Holly Hill Dr		<input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code
Franklin	TN	37064-6710
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
HCA	Computer Executive	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>

Full Name (Last, First, Middle Initial) B. Julie Duck		Date of Receipt
Mailing Address 2026 Kirkman Dr		<input type="text" value="03"/> / <input type="text" value="16"/> / <input type="text" value="2015"/>
City	State	Zip Code
Birmingham	AL	35242-4638
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
HealthSouth Corporation	SVP Operations	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>

Full Name (Last, First, Middle Initial) C. Audra Early		Date of Receipt
Mailing Address 1308 Louise Ln		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
City	State	Zip Code
Ennis	TX	75119-7691
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Kindred Healthcare Inc.	Executive	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Jane Englebright		Date of Receipt
Mailing Address 214 Gillette Dr		<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2015"/>
City	State	Zip Code
Franklin	TN	37069-4114
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : D8DBD43C-3CDA-4A69-
Name of Employer	Occupation	Amount of Each Receipt this Period
HCA	Nursing Administrator	<input type="text" value="2500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Julie Feasel		Date of Receipt
Mailing Address 6211 Iroquois Court		<input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2015"/>
City	State	Zip Code
Odessa	FL	33556-3325
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : EF9E948CF5AF03FD1CD
Name of Employer	Occupation	Amount of Each Receipt this Period
Kindred Bay Area Tampa	CEO	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Trevor Fetter		Date of Receipt
Mailing Address 3806 Beverly Dr		<input type="text" value="03"/> / <input type="text" value="05"/> / <input type="text" value="2015"/>
City	State	Zip Code
Dallas	TX	75205-2808
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 67266FA0-2501-4432-
Name of Employer	Occupation	Amount of Each Receipt this Period
Tenet Healthcare Corporation	CEO	<input type="text" value="5000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="5000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="7750.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 16 OF 49
(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

Full Name (Last, First, Middle Initial)
A. Kelly Furbee

Mailing Address 811 Royal Pkwy

City Nashville State TN Zip Code 37214-3746

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

Name of Employer HCA Occupation VP HR Shared Operations

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
 03 / 27 / 2015
Transaction ID : 974814D8-031D-4C09-

Amount of Each Receipt this Period
500.00

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

Mailing Address 1 Park Plz Building 2-4W

City Nashville State TN Zip Code 37203-6527

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

Name of Employer HCA Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2015
Transaction ID : E546E759-7F80-492C-

Amount of Each Receipt this Period
1000.00

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

Mailing Address 610 Timber Ln

City Nashville State TN Zip Code 37215-1120

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

Name of Employer HCA Occupation Human Resources

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
 03 / 27 / 2015
Transaction ID : FAA839C1-554E-4258-

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: (check only one)	PAGE 17 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. maureen greenway

Mailing Address 13854 Lake Point Dr

City Clearwater State FL Zip Code 33762-3390

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

Name of Employer HCA 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
 03 / 27 / 2015

Transaction ID : CB6ADB24-793E-4136-

Amount of Each Receipt this Period
 300.00

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

Mailing Address One Healthsouth Parkway

City Birmingham State AL Zip Code 35243

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

Name of Employer HEALTHSOUTH Corporation Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2015

Transaction ID : 594140DA41C17272B0A

Amount of Each Receipt this Period
 2500.00

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

Mailing Address 9221 Fox Run Dr

City Brentwood State TN Zip Code 37027-7443

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

Name of Employer HCA Occupation Risk Manager

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
 03 / 25 / 2015

Transaction ID : D00BB777-65F1-4109-

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	3300.00
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 18 OF 49
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)
A. Ann Hatcher

Mailing Address 724 Darden Pl

City Nashville State TN Zip Code 37205-2612

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

Name of Employer HCA Occupation Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 26 / 2015

Transaction ID : A853911E-C101-41BF-

Amount of Each Receipt this Period 500.00

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

Mailing Address 1009 Blakefield Dr

City Brentwood State TN Zip Code 37027-8479

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

Name of Employer HCA Occupation Assistant Vice President Supply Chain

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 26 / 2015

Transaction ID : 8A15FFEE-AD8E-49D3-

Amount of Each Receipt this Period 250.00

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

Mailing Address 103 Gull Rd

City Cumberland Furnace State TN Zip Code 37051-4956

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

Name of Employer HCA Occupation AVP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 27 / 2015

Transaction ID : 3BBD696-DDCA-406C-

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 49
	<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	<input type="checkbox"/> 17

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

A. David Hughes
Full Name (Last, First, Middle Initial)

Mailing Address 1 Park Plz

City Nashville State TN Zip Code 37203-6527

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

Name of Employer HCA Occupation AVP, ERM and BCP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 27 / 2015
Transaction ID : **A2433971-8011-4C4F-**

Amount of Each Receipt this Period 250.00

B. 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 03 / 13 / 2015
Transaction ID : **36F592C40F894958AE77**

Amount of Each Receipt this Period 600.00

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

Mailing Address 3908 Hermans Lake Ct

City Florissant State MO Zip Code 63034-1561

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

Name of Employer HealthSouth Corporation Occupation HealthSouth Regional President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 17 / 2015
Transaction ID : **CBB72AB0-073B-427F-**

Amount of Each Receipt this Period 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Ashley Johnson

Mailing Address 9829 Colony Bluff Dr

City	State	Zip Code
Henrico	VA	23238-5557

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

Name of Employer	Occupation
HCA	CFO

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
 03 / 26 / 2015
Transaction ID : 59180AD5-CF38-4B21-

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. R. Milton Johnson

Mailing Address 5012 Hill Place Drive

City	State	Zip Code
Nashville	TN	37205-2705

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

Name of Employer	Occupation
HCA, Inc.	President and CEO

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
 03 / 27 / 2015
Transaction ID : 2C20D60AF790215D593

Amount of Each Receipt this Period
5000.00

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 ▼
250.02

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 13 / 2015
Transaction ID : 21BB943E09D7565A294

Amount of Each Receipt this Period
41.67

SUBTOTAL of Receipts This Page (optional).....▶	5541.67
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 49
<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. 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 ▼ 250.02

Date of Receipt 03 / 13 / 2015
Transaction ID : A9B99259D062D2D8888
 Amount of Each Receipt this Period 41.67

B. Pete Kenneth Kalmey
 Full Name (Last, First, Middle Initial)
 Mailing Address 3502 Hedgewick Pl
 City Louisville State KY Zip Code 40245-8497
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Occupation Healthcare Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 13 / 2015
Transaction ID : A00D997F9B7A1546C62
 Amount of Each Receipt this Period 1000.00

C. James Kaltenbacher
 Full Name (Last, First, Middle Initial)
 Mailing Address 4735 S Atlanta Pl
 City Tulsa State OK Zip Code 74105-5165
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hillcrest HealthCare System Occupation Medical Group Administration
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 20 / 2015
Transaction ID : 7B710F36EFA4426BF43
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1541.67
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 22 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Lyn Ketelsen

Mailing Address 12014 42nd St W

City	State	Zip Code
Milan	IL	61264-4565

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

Name of Employer	Occupation
HCA	VP Chief Patient Experience Officer

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
 03 / 26 / 2015

Transaction ID : CC2E849B-396D-4793-

Amount of Each Receipt this Period
500.00

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

Mailing Address 102 Braxton Hill Ct

City	State	Zip Code
Nashville	TN	37204-4152

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

Name of Employer	Occupation
HCA	VP Operations

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
 03 / 26 / 2015

Transaction ID : 10379EB3-6EA5-4ABB-

Amount of Each Receipt this Period
500.00

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

Mailing Address 1 Rosa Park

City	State	Zip Code
New Orleans	LA	70115-5043

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

Name of Employer	Occupation
HCA	CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2015

Transaction ID : 3B4D038C-EE93-4E7C-

Amount of Each Receipt this Period
1500.00

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 23 OF 49
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)
A. Ann Laseter

Mailing Address 286 Hillside Dr NW

City Atlanta State GA Zip Code 30342-3645

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

Name of Employer HCA Occupation VP Clinical Alignment

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
 03 / 25 / 2015
Transaction ID : E06BD4A1-092E-4DE2-

Amount of Each Receipt this Period
500.00

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

Mailing Address 5027 Country Club Dr

City Brentwood State TN Zip Code 37027-5173

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

Name of Employer HCA Occupation VP Hospital Based Physicians

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
 03 / 30 / 2015
Transaction ID : 008B7A02-0FBF-4B7A-

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
c. Christopher E Lawson

Mailing Address 434 Wild Elm St

City Franklin State TN Zip Code 37064-8649

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

Name of Employer HCA Occupation Cfo

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
 03 / 25 / 2015
Transaction ID : 1D51B6E5-56A5-4E74-

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 24 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Don Liedtke
Full Name (Last, First, Middle Initial)

Mailing Address 2501 Park Plz

City Nashville State TN Zip Code 37203-1512

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

Name of Employer HCA Occupation ASD CFO

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
 03 / 25 / 2015
Transaction ID : 6C76B0FC-091D-47C0-

Amount of Each Receipt this Period
 500.00

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

Mailing Address 3439 Hampton Ave

City Nashville State TN Zip Code 37215-1407

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

Name of Employer HCA Occupation VP, Cardiovascular Service Line

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
 03 / 25 / 2015
Transaction ID : C5C7D8D6-367C-4B1F-

Amount of Each Receipt this Period
 500.00

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

Mailing Address 1809 Legacy Cove Ln

City Brentwood State TN Zip Code 37027-3826

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

Name of Employer HCA Occupation VP

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
 03 / 25 / 2015
Transaction ID : 0294082F-D65D-4D3C-

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 25 OF 49
<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. Karen Mason
Full Name (Last, First, Middle Initial)
Mailing Address 5457 Vanderbilt Rd
City Old Hickory State TN Zip Code 37138-1131
FEC ID number of contributing federal political committee. **C**
Name of Employer HCA Occupation CPA
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 03 / 31 / 2015
Transaction ID : 63A6C83D-EACC-4B63-
Amount of Each Receipt this Period 250.00

B. Margaret Mazzone
Full Name (Last, First, Middle Initial)
Mailing Address 1019 Noelton Ave
City Nashville State TN Zip Code 37204-3231
FEC ID number of contributing federal political committee. **C**
Name of Employer HCA Occupation attorney
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 03 / 25 / 2015
Transaction ID : 75CCE798-EEBD-4D0A-
Amount of Each Receipt this Period 500.00

C. Jeffrey G. Micklos
Full Name (Last, First, Middle Initial)
Mailing Address 3130 Tennyson St NW
City Washington State DC Zip Code 20015-2360
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 330.00

Date of Receipt 03 / 13 / 2015
Transaction ID : D00FC10BE15200CE811
Amount of Each Receipt this Period 55.00

SUBTOTAL of Receipts This Page (optional)..... **805.00**
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 26 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Jeffrey G. Micklos
 Full Name (Last, First, Middle Initial)
 Mailing Address 3130 Tennyson St NW
 City Washington State DC Zip Code 20015-2360
 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 ▼ 330.00

Date of Receipt 03 / 13 / 2015
Transaction ID : F3BB1EE528AB7E4E17D
 Amount of Each Receipt this Period 55.00

B. Paul Miller
 Full Name (Last, First, Middle Initial)
 Mailing Address 550 Birkdale Dr
 City Fayetteville State GA Zip Code 30215-2724
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 13 / 2015
Transaction ID : F94DC0B2D94EC35D190
 Amount of Each Receipt this Period 250.00

C. Steve Monaghan
 Full Name (Last, First, Middle Initial)
 Mailing Address 508 W. Melrose Apt 7A
 City Chicago State IL Zip Code 60657-6429
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc Occupation EVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 27 / 2015
Transaction ID : 4B5AB95C39E1265DD02
 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1305.00
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 27 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Michael Moody
Full Name (Last, First, Middle Initial)

Mailing Address 10606 Taylor Farm Ct

City Prospect State KY Zip Code 40059-9580

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

Name of Employer Kindred Healthcare Inc. Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 03 / 13 / 2015
Transaction ID : E949EF0DC67411B3228

Amount of Each Receipt this Period
 250.00

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

Mailing Address 128 Buchanan Cir

City Hendersonville State TN Zip Code 37075-9697

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

Name of Employer HCA Occupation AVP Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 03 / 25 / 2015
Transaction ID : 56A50C4D-2C9B-465A-

Amount of Each Receipt this Period
 250.00

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

Mailing Address Grandview Parkway

City Birmingham State AL Zip Code 35243

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

Name of Employer HealthSouth Corporation Occupation EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 03 / 18 / 2015
Transaction ID : 0226C33A-0B61-4C59-

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 28 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Brandon Mudd

Mailing Address 1145 S Utica Ave

City State Zip Code
Tulsa OK 74104-4000

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

Name of Employer Occupation
Utica Park Clinic CFO

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
03 / 05 / 2015

Transaction ID : 7F8D6918-335D-4F51-

Amount of Each Receipt this Period
500.00

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

Mailing Address 4122 Sneed Rd

City State Zip Code
Nashville TN 37215-2304

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

Name of Employer Occupation
HCA IT

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
03 / 25 / 2015

Transaction ID : AF036719-ADEB-4AA7-

Amount of Each Receipt this Period
500.00

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

Mailing Address 3209 Woodlawn Dr

City State Zip Code
Nashville TN 37215-1177

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

Name of Employer Occupation
HCA Senior Vice President & CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 29 / 2015

Transaction ID : 5D001AF3-2FD0-49F9-

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional).....▶	3500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Timothy Patten
Full Name (Last, First, Middle Initial)

Mailing Address 77 Emer Rd

City Marlborough State MA Zip Code 01752-6719

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

Name of Employer HealthSouth Corporation Occupation Regional President NE

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
 03 / 30 / 2015

Transaction ID : 7D855277-FBC4-4D29-

Amount of Each Receipt this Period
 250.00

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

Mailing Address 8264 River Rd

City St Augustine State FL Zip Code 32092-2206

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

Name of Employer HCA Occupation CEO Orange Park SSC

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
 03 / 27 / 2015

Transaction ID : 225A1A51-A616-42B2-

Amount of Each Receipt this Period
 500.00

C. Keith B Pitts
Full Name (Last, First, Middle Initial)

Mailing Address 625 Westview Ave

City Nashville State TN Zip Code 37205-3825

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

Name of Employer Tenet Healthcare Corporation Occupation Vice Chairman

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2015

Transaction ID : B554C3ADF3894FFF842C

Amount of Each Receipt this Period
 5000.00

SUBTOTAL of Receipts This Page (optional).....▶	5750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 OF 49
	(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

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

Full Name (Last, First, Middle Initial)
A. Brady Plummer

Mailing Address 2046 Earl Pearce Cir

City	State	Zip Code
Mount Juliet	TN	37122-1327

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

Name of Employer	Occupation
HCA	Internal Audit

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
03	/	27	/	2015

Transaction ID : A0F633FF-5128-42B3-

Amount of Each Receipt this Period
250.00

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

Mailing Address 9488 Elgin Way

City	State	Zip Code
Brentwood	TN	37027-1115

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

Name of Employer	Occupation
HCA	Internal Audit

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
03	/	27	/	2015

Transaction ID : 8681510B-BF37-4842-

Amount of Each Receipt this Period
250.00

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

Mailing Address 1501 Wilson Pike

City	State	Zip Code
Brentwood	TN	37027-8102

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

Name of Employer	Occupation
HCA	CPA

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
03	/	26	/	2015

Transaction ID : 40A7C981-07E6-485F-

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 31 OF 49
(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. Helen Robbins
 Full Name (Last, First, Middle Initial)
 Mailing Address 9708 Royal Lamb Dr
 City Las Vegas State NV Zip Code 89145-8660
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCA Occupation Regional VP
 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
 03 / 25 / 2015
Transaction ID : EE789206-2EF4-4CCC-
 Amount of Each Receipt this Period
 500.00

B. Paul Romanelli
 Full Name (Last, First, Middle Initial)
 Mailing Address 4117 Bougainvilla Dr
 City Lauderdale By The State FL Zip Code 33308-5404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCA Occupation VP Medical Education
 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
 03 / 26 / 2015
Transaction ID : 1574287F-8869-408E-
 Amount of Each Receipt this Period
 400.00

C. Jerry Rooker
 Full Name (Last, First, Middle Initial)
 Mailing Address 338 Gillette Dr
 City Franklin State TN Zip Code 37069-4193
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCA Occupation CFO
 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
 03 / 25 / 2015
Transaction ID : B6CA0584-818A-463E-
 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)..... ▶

**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 32 OF 49
<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. Tracy Brooke Saunders
Full Name (Last, First, Middle Initial)
Mailing Address 680 S 4th St
City Louisville State KY Zip Code 40202-2407
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare Inc. Occupation Executive
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 03 / 27 / 2015
Transaction ID : EF6B9FF1BE2C1D041A3
Amount of Each Receipt this Period 250.00

B. Heather Sebanc
Full Name (Last, First, Middle Initial)
Mailing Address 20331 Portview Circle #103
City Huntington Beach State CA Zip Code 92646
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare Inc. Occupation RVP Clinical Operations
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 03 / 27 / 2015
Transaction ID : 582F50CAF95BF258ECA
Amount of Each Receipt this Period 500.00

C. Traci K Shelton
Full Name (Last, First, Middle Initial)
Mailing Address 2913 3rd Street Unit 201
City Santa Monica State CA Zip Code 90405-5486
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare Inc. Occupation EVP
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 03 / 27 / 2015
Transaction ID : 8D82069084938B57215
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 33 OF 49
<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. Tim L. Simpson
Full Name (Last, First, Middle Initial)

Mailing Address 2924 Majestic Oaks Ln

City Green Cove Springs State FL Zip Code 32043-8329

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

Name of Employer Kindred Hospital - North Florida Occupation DVP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 27 / 2015
Transaction ID : 455465A455F4385D352

Amount of Each Receipt this Period 250.00

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

Mailing Address 6640 Carothers Pkwy Suite 500

City Franklin State TN Zip Code 37067-6324

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

Name of Employer HCA Occupation VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 25 / 2015
Transaction ID : 930AEBFB-81B4-4E5C-

Amount of Each Receipt this Period 500.00

C. Dee Anna Smith
Full Name (Last, First, Middle Initial)

Mailing Address 2461 Old Hickory Blvd

City Nashville State TN Zip Code 37221-3711

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

Name of Employer HCA Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 03 / 27 / 2015
Transaction ID : 0015D1BE-516C-46D1-

Amount of Each Receipt this Period 1500.00

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1948 Rockingham St

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 ▼ **546.54**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 13 / 2015

Transaction ID : 0050720154E22CDFE6B

Amount of Each Receipt this Period
104.17

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

Mailing Address 1948 Rockingham St

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 ▼ **546.54**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 13 / 2015

Transaction ID : C7A5220A158FDFE111C

Amount of Each Receipt this Period
104.17

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

Mailing Address 2360 Corporate Cir

City Henderson State NV Zip Code 89074-7707

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

Name of Employer HCA Occupation Division CFO

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
03 / 26 / 2015

Transaction ID : 213ADD2A-2508-4819-

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... **708.34**

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 35 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Donald Stinnett
Full Name (Last, First, Middle Initial)

Mailing Address 2025 Waterstone Dr

City Franklin State TN Zip Code 37069-7215

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

Name of Employer HCA Occupation Executive Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 03 / 29 / 2015
Transaction ID : 3B483D9A-7594-473B-

Amount of Each Receipt this Period 2500.00

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

Mailing Address 900 20th Ave S suite 714

City Nashville State TN Zip Code 37212-2238

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

Name of Employer HCA Occupation VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 30 / 2015
Transaction ID : F4C33ED8-CBAF-417F-

Amount of Each Receipt this Period 500.00

C. Mark J Tarr
Full Name (Last, First, Middle Initial)

Mailing Address 4158 Appomattox Lane

City Mountain Brk State AL Zip Code 35213

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

Name of Employer HEALTHSOUTH Corporation Occupation Hospital Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 27 / 2015
Transaction ID : 7B01FCCC17E4C4EA07A

Amount of Each Receipt this Period 600.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3600.00

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 36 OF 49
	(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

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

A. mitch tibbitts
Full Name (Last, First, Middle Initial)

Mailing Address 1263 W 300 S

City Farmington State UT Zip Code 84025-5500

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

Name of Employer HCA Occupation CFO

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
 03 / 25 / 2015

Transaction ID : 9E80E7DD-8E21-495C-

Amount of Each Receipt this Period
500.00

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

Mailing Address 2100 Park Forest Ct

City Fleming Island State FL Zip Code 32003-7787

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

Name of Employer HCA Occupation VP

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
 03 / 25 / 2015

Transaction ID : 081CF8A4-E764-4FE5-

Amount of Each Receipt this Period
500.00

c. David Tropauer
Full Name (Last, First, Middle Initial)

Mailing Address 660 Legends Crest Dr

City Franklin State TN Zip Code 37069-4656

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

Name of Employer HCA Occupation VP, Behavioral Health

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
 03 / 25 / 2015

Transaction ID : 2AC98140-A63B-4F7C-

Amount of Each Receipt this Period
500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 37 OF 49
	(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

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

Full Name (Last, First, Middle Initial) A. Daniel Waldmann		Date of Receipt
Mailing Address 1111 N Montclair Ave		M M M / D D D / Y Y Y Y Y Y 03 / 12 / 2015
City	State	Zip Code
Dallas	TX	75208-3520
FEC ID number of contributing federal political committee.	C	Transaction ID : 78C26A32-3765-458A-
Name of Employer Tenet Healthcare Corporation		Amount of Each Receipt this Period
Occupation SVP, Public Affairs		2000.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	2000.00	

Full Name (Last, First, Middle Initial) B. Brian Walton		Date of Receipt
Mailing Address 1 Burton Hills Blvd Suite 250		M M M / D D D / Y Y Y Y Y Y 03 / 05 / 2015
City	State	Zip Code
Nashville	TN	37215-6195
FEC ID number of contributing federal political committee.	C	Transaction ID : FE8B654A-0309-498D-
Name of Employer Ardent Health Services		Amount of Each Receipt this Period
Occupation VP of Operations		400.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	400.00	

Full Name (Last, First, Middle Initial) C. Michael Warrington		Date of Receipt
Mailing Address 118 Frosted Pond Pl		M M M / D D D / Y Y Y Y Y Y 03 / 27 / 2015
City	State	Zip Code
The Woodlands	TX	77381-4763
FEC ID number of contributing federal political committee.	C	Transaction ID : 6963F2D14E95AE2737D
Name of Employer Kindred Healthcare Inc.		Amount of Each Receipt this Period
Occupation Healthcare Executive		1000.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	3400.00
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 38 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Art Weinblatt
Full Name (Last, First, Middle Initial)

Mailing Address 5158 Lakewood Dr

City Cooper City State FL Zip Code 33330-2626

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

Name of Employer HCA Occupation Vice President

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
 03 / 28 / 2015

Transaction ID : CC2449A5-FEAA-4184-

Amount of Each Receipt this Period
 250.00

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

Mailing Address 2716 Watkins Glen Drive

City Birmingham State AL Zip Code 35216-1044

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

Name of Employer HEALTHSOUTH Corporation Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2015

Transaction ID : 6408BD1E56778D7849B

Amount of Each Receipt this Period
 600.00

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

Mailing Address 4604 Ashville Pl

City Amarillo State TX Zip Code 79119-6452

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

Name of Employer Ardent Health Services Occupation Healthcare Administration

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
 03 / 02 / 2015

Transaction ID : 55D9B901-A389-4BAE-

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1350.00
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 39 OF 49
(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

Full Name (Last, First, Middle Initial)
A. Robert Wisner

Mailing Address 3660 Grandview Pkwy
Suite 200

City Birmingham State AL Zip Code 35243-3332

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

Name of Employer HealthSouth Corporation Occupation Accountant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 17 / 2015

Transaction ID : **DD2CE36E-45D2-430A-**

Amount of Each Receipt this Period
250.00

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).....▶	250.00
TOTAL This Period (last page this line number only).....▶	72955.68

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

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

FOR LINE NUMBER: PAGE 40 OF 49
(check only one)

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

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

Full Name (Last, First, Middle Initial)
A. Tenet Healthcare Corporation Political Action Committee

Mailing Address 1445 Ross Avenue
Suite 1400

City Dallas State TX Zip Code 75202-2703

FEC ID number of contributing federal political committee. **C** C00119354

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
03 / 20 / 2015
Transaction ID : B677DC14D019458684A4

Amount of Each Receipt this Period
5000.00

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

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

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 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

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

Full Name (Last, First, Middle Initial)

A. DC Treasurer

Mailing Address PO Box 96166

City Washington State DC Zip Code 20090-6166

Purpose of Disbursement
2014 DC Taxes

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VCC851FEEB66589101FA

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Wells Fargo

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 : 9090F993DEEF9E1DCD8

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Wells Fargo

Mailing Address 801 Pennsylvania Ave. NW

City Washington State DC Zip Code 20004

Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 240260C452B1E1849CB

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 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

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

Full Name (Last, First, Middle Initial)

A. Wells Fargo

Mailing Address 801 Pennsylvania Ave. NW

City Washington State DC Zip Code 20004

Purpose of Disbursement
Paypal Fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : BDDA2461FAF40F88248

Amount of Each Disbursement this Period

1431.80

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

1431.80

1774.74

**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

Full Name (Last, First, Middle Initial)

A. Alamo PAC

Mailing Address 919 Congress Avenue
Suite 1400

City Austin State TX Zip Code 78701

Purpose of Disbursement
2015 Contribution

011

Category/
Type

Candidate Name
Alamo PAC

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 16 / 2015

Transaction ID : **9AA0C9D0195749F058C**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Bluegrass Committee

Mailing Address 220 1/2 E St., NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
2015 Contribution

011

Category/
Type

Candidate Name
Bluegrass Committee

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 16 / 2015

Transaction ID : **34F47D03AAD29168F63**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Brady for Congress

Mailing Address PO Box 8277

City the Woodlands State TX Zip Code 77387-8277

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name
Kevin Patrick Brady

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) **Contribution**

State: TX District: 08

Date of Disbursement

MM / DD / YYYY
03 / 16 / 2015

Transaction ID : **403D31A7B4BD1E1FE28**

Amount of Each Disbursement this Period

2500.00

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

7500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<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

Full Name (Last, First, Middle Initial)

A. Common Sense Colorado

Mailing Address PO Box 1978

City State Zip Code
Denver CO 80201

Purpose of Disbursement
2015 Contribution

011

Candidate Name

Common Sense Colorado

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 25 / 2015

Transaction ID : 0285FFDBA81477D9B43

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Democratic Congressional Campaign Committee

Mailing Address 430 South Capitol Street, SE
2nd Floor

City State Zip Code
Washington DC 20003

Purpose of Disbursement
2015 Contribution

011

Candidate Name

Democratic Congressional Campaign Committee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 16 / 2015

Transaction ID : 580F07706B9716A6F7C

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Friends of John Boehner

Mailing Address 7908 Cincinnati Dayton Road
Suite I

City State Zip Code
West Chester OH 45069-6628

Purpose of Disbursement
2016 Primary

011

Candidate Name

John Andrew Boehner

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) **Contribution**

State: OH District: 08

Date of Disbursement

MM / DD / YYYY
03 / 16 / 2015

Transaction ID : 11515916C5036AF537F

Amount of Each Disbursement this Period

5000.00

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

15000.00

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

Full Name (Last, First, Middle Initial)

A. Friends of John Boehner

Mailing Address 7908 Cincinnati Dayton Road
Suite I

City West Chester State OH Zip Code 45069-6628

Purpose of Disbursement
2016 General

011

Category/
Type

Candidate Name

John Andrew Boehner

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 08

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 16 / 2015

Transaction ID : E3250847DDCECAE6321

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Friends of Roy Blunt

Mailing Address PO Box 10178

City Columbia State MO Zip Code 65205-4002

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

Roy Dean Blunt

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MO District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 16 / 2015

Transaction ID : D03B58D0BF631B0832E

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Friends of Schumer

Mailing Address 192 Lexington Avenue Suite 1001

City New York State NY Zip Code 10016

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

Charles E. Schumer

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 16 / 2015

Transaction ID : 1837A17DCDD1CBB328C

Amount of Each Disbursement this Period

2500.00

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

12500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<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

Full Name (Last, First, Middle Initial)

A. Graham for Congress

Mailing Address PO Box 310

City Tallahassee State FL Zip Code 32302

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

Gwenendolyn Graham

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: FL District: 02

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 25 / 2015

Transaction ID : A5E6F35439107261B63

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Grassley Committee Inc

Mailing Address PO Box 1000

City Des Moines State IA Zip Code 50304

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

Charles E. Grassley

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IA District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 17 / 2015

Transaction ID : E17533240BBA254F3CC

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. Heller for Senate

Mailing Address PO Box 371907

City Las Vegas State NV Zip Code 89137

Purpose of Disbursement
2018 Primary

011

Category/
Type

Candidate Name

Dean Arthur Heller

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NV District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 17 / 2015

Transaction ID : 98F5BD9C817770D5418

Amount of Each Disbursement this Period

2500.00

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

7500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<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. Jim Renacci for Congress

Mailing Address 150 Smokerise Drive

City Wadsworth State OH Zip Code 44281-8701

Purpose of Disbursement
2016 Primary

011
Category/
Type

Candidate Name

James B. Renacci

Office Sought: House
 Senate
 President
State: OH District: 16

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : CDC0CECB7B9A9AA4963

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Julia Brownley for Congress

Mailing Address PO Box 2018

City Thousand Oaks State CA Zip Code 91358

Purpose of Disbursement
2016 Primary

011
Category/
Type

Candidate Name

Julia Brownley

Office Sought: House
 Senate
 President
State: CA District: 26

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 52B14070B5A9226A573

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Majority Committee PAC--Mc PAC

Mailing Address PO Box 10134

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement
2015 Contribution

011
Category/
Type

Candidate Name

Majority Committee PAC--Mc PAC

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2015
 Primary General
 Other (specify) ▼ Contribution

Date of Disbursement

/ /

Transaction ID : 0FFC53B64793031CE95

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

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

Full Name (Last, First, Middle Initial)

A. Mike Thompson for Congress

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement
2016 Primary

011

Candidate Name

Michael C. Thompson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 05

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 16 / 2015

Transaction ID : 946AE5AFB7F181E4277

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Reclaim America PAC

Mailing Address 228 S Washington St Ste 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2015 Contribution

011

Candidate Name

Reclaim America PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼ Contribution

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 16 / 2015

Transaction ID : AAB048FE8A888BD1969

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Ryan for Congress, Inc.

Mailing Address PO Box 1488

City Janesville State WI Zip Code 53547-1488

Purpose of Disbursement
2016 Primary

011

Candidate Name

Paul Davis Ryan Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WI District: 01

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 16 / 2015

Transaction ID : DC996944FB78988350D

Amount of Each Disbursement this Period

1000.00

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

7500.00

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

