

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 801 PENNSYLVANIA AVENUE
SUITE 245
 Check if different than previously reported. (ACC)
WASHINGTON DC 20004-2604

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

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 07 01 2009 through 07 31 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mrs. Karen Conwell Smith

Signature of Treasurer Electronically Filed by Mrs. Karen Conwell Smith Date 02 18 2010

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
FEDERATION OF AMERICAN HOSPITALS PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		16586.60
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	91810.39									
(c) Total Receipts (from Line 19)	9914.86	283360.37								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	101725.25	299946.97								
7. Total Disbursements (from Line 31)	27450.27	225671.99								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	74274.98	74274.98								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
FEDERATION OF AMERICAN HOSPITALS PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	6723.34	190261.70
(ii) Unitemized	1650.00	57391.68
(iii) TOTAL (add Lines 11(a)(i) and (ii)	8373.34	247653.38
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	22500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	8373.34	270153.38
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	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	1541.52	11206.99
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	9914.86	283360.37
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	9914.86	283360.37

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	25963.00	214463.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	1487.27	11208.99
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	27450.27	225671.99
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	27450.27	225671.99

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	8373.34	270153.38
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8373.34	270153.38
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 18
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Mr. Earl Denning		Date of Receipt	
	Mailing Address 2166 E. 26th Place		M M / D D / Y Y Y Y Y 07 / 06 / 2009	
	City	State	Zip Code	Transaction ID: 30681786
	Tulsa	OK	74114-4217	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer Hillcrest Medical Center		Occupation Division President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

B.	Full Name (Last, First, Middle Initial) Mr. Dennis Litos		Date of Receipt	
	Mailing Address 3204 Greengate Drive		M M / D D / Y Y Y Y Y 07 / 06 / 2009	
	City	State	Zip Code	Transaction ID: 30681791
	Modesto	CA	95355-8446	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer Doctors Medical Center		Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

C.	Full Name (Last, First, Middle Initial) Steve Dobbs		Date of Receipt	
	Mailing Address 9945 South 87th East Avenue		M M / D D / Y Y Y Y Y 07 / 08 / 2009	
	City	State	Zip Code	Transaction ID: 30682177
	Tulsa	OK	74133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer Hillcrest Medical Center		Occupation Hospital CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 18

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Donald Baker

Mailing Address 12304 S. 16th Street

City State Zip Code
Jenks OK 74037

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

Name of Employer Occupation
Arden Health Services Chief Financial Officer

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 16 / 2009

Transaction ID: 30684580

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Mr. Lawrence H. Kloess, III

Mailing Address 917 Jones Parkway

City State Zip Code
Brentwood TN 37027-8545

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

Name of Employer Occupation
HCA TriStar Health System Healthcare Executive

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 16 / 2009

Transaction ID: 30684582

Amount of Each Receipt this Period

1500.00

C.

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

Mailing Address 3013 Golf Crest Lane

City State Zip Code
Woodstock GA 30189-8197

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

Name of Employer Occupation
South Fulton Medical Center CEO

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 16 / 2009

Transaction ID: 30684584

Amount of Each Receipt this Period

500.00

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: PAGE 8 / 18

(check only one)

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

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

A.

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

Mailing Address 154 Washington Street

City State Zip Code
Saint Augustine FL 32084-5125

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

Name of Employer Occupation
Northwest Medical Center Executive

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 23 / 2009

Transaction ID: 30839156

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Ms. Kimberly Russo

Mailing Address 1816 Macarthur Drive

City State Zip Code
McLean VA 22101-5333

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

Name of Employer Occupation
George Washington University Hospital COO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 23 / 2009

Transaction ID: 30839157

Amount of Each Receipt this Period
240.00

C.

Full Name (Last, First, Middle Initial)
Roy Orr

Mailing Address 11434 52nd Court East

City State Zip Code
Parrish FL 34219-5827

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

Name of Employer Occupation
Manatee Memorial Hospital Administrator

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 16 / 2009

Transaction ID: 30839166

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)

990.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 18
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Charles R DuBois

Mailing Address 5134 E. 107th Place

City State Zip Code
Tulsa OK 74137

FEC ID number of contributing federal political committee. C

Name of Employer Hillcrest Healthcare System Occupation CEO

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 16 / 2009
Transaction ID: 30839170

Amount of Each Receipt this Period 1000.00

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

Mailing Address 1256 Kensington Rd

City State Zip Code
McLean VA 22101

FEC ID number of contributing federal political committee. C

Name of Employer FAH Occupation Vice President Legislation & Public Af

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 559.00

Date of Receipt 07 / 15 / 2009
Transaction ID: 30839218

Amount of Each Receipt this Period 43.00

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

Mailing Address 4927 15th Street, North

City State Zip Code
Arlington VA 22205-2616

FEC ID number of contributing federal political committee. C

Name of Employer FAH Occupation Lobbyist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 546.00

Date of Receipt 07 / 15 / 2009
Transaction ID: 30839219

Amount of Each Receipt this Period 42.00

SUBTOTAL of Receipts This Page (optional) 1085.00

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 / 18
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Charles N. Kahn, III	Date of Receipt MM / DD / YYYY 07 / 15 / 2009
	Mailing Address 4545 N Glebe Road	Transaction ID: 30839220
	City State Zip Code Arlington VA 22207-4848	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	
	Name of Employer FAH Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 541.71	

B.	Full Name (Last, First, Middle Initial) Bonnie Money Penny	Date of Receipt MM / DD / YYYY 07 / 15 / 2009
	Mailing Address 14128 Burlingame Road	Transaction ID: 30839221
	City State Zip Code Little Rock AR 72211	Amount of Each Receipt this Period 35.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer FAH Occupation SVP Administrative Services Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 455.00	

C.	Full Name (Last, First, Middle Initial) Jeffrey G. Micklos	Date of Receipt MM / DD / YYYY 07 / 15 / 2009
	Mailing Address 3130 Tennyson St., N.W.	Transaction ID: 30839222
	City State Zip Code Washington DC 20015	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer FAH Occupation General Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00	

SUBTOTAL of Receipts This Page (optional)	106.67
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 11 / 18
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mr. Moody Chisholm, Jr.	Date of Receipt MM / DD / YYYY 07 / 24 / 2009
	Mailing Address 2002 154th Street	Transaction ID: 30839763
	City State Zip Code Bradenton FL 34212	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Manatee Memorial Hospital Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

B.	Full Name (Last, First, Middle Initial) Jayne Chambers	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 1256 Kensington Rd	Transaction ID: 31147023
	City State Zip Code McLean VA 22101	Amount of Each Receipt this Period 43.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer FAH Occupation Vice President Legislation & Public Af Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 602.00	

C.	Full Name (Last, First, Middle Initial) Jeffrey E. Cohen	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 4927 15th Street, North	Transaction ID: 31147024
	City State Zip Code Arlington VA 22205-2616	Amount of Each Receipt this Period 42.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer FAH Occupation Lobbyist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 588.00	

SUBTOTAL of Receipts This Page (optional)	435.00
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 / 18
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Charles N. Kahn, III		Date of Receipt MM / DD / YYYY 07 / 31 / 2009		
	Mailing Address 4545 N Glebe Road		Transaction ID: 31147025		
	City Arlington	State VA	Zip Code 22207-4848	Amount of Each Receipt this Period 41.67	
	FEC ID number of contributing federal political committee. C				
	Name of Employer FAH	Occupation President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 583.38			

B.	Full Name (Last, First, Middle Initial) Bonnie Money Penny		Date of Receipt MM / DD / YYYY 07 / 31 / 2009		
	Mailing Address 14128 Burlingame Road		Transaction ID: 31147026		
	City Little Rock	State AR	Zip Code 72211	Amount of Each Receipt this Period 35.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer FAH	Occupation SVP Administrative Services			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 490.00			

C.	Full Name (Last, First, Middle Initial) Jeffrey G. Micklos		Date of Receipt MM / DD / YYYY 07 / 31 / 2009		
	Mailing Address 3130 Tennyson St., N.W.		Transaction ID: 31147027		
	City Washington	State DC	Zip Code 20015	Amount of Each Receipt this Period 30.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer FAH	Occupation General Counsel			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 420.00			

SUBTOTAL of Receipts This Page (optional)	▶	106.67
TOTAL This Period (last page this line number only)	▶	6723.34

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 18
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial) Federation of American Hospitals - FEE REIMBURSEME		Date of Receipt MM / DD / YYYY 07 / 13 / 2009
Mailing Address 801 Pennsylvania Ave., NW Suite 245		Transaction ID: 30683410
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1536.52
Name of Employer	Occupation	Bank Fee Reimbursement
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 11201.99	

B.

Full Name (Last, First, Middle Initial) Federation of American Hospitals - FEE REIMBURSEME		Date of Receipt MM / DD / YYYY 07 / 30 / 2009
Mailing Address 801 Pennsylvania Ave., NW Suite 245		Transaction ID: 31147123
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 11206.99	

SUBTOTAL of Receipts This Page (optional)	▶	1541.52
TOTAL This Period (last page this line number only)	▶	1541.52

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Wachovia Bank</p> <p>Mailing Address 801 Pennsylvania Ave, NW</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Transaction ID: 30498989</p> <p>Date of Disbursement 07 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 1482.27</p> <p>001 Category/ Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Wachovia Bank</p> <p>Mailing Address 801 Pennsylvania Ave, NW</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Transaction ID: 30633705</p> <p>Date of Disbursement 07 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 5.00</p> <p>001 Category/ Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>

SUBTOTAL of Disbursements This Page (optional) ►

1487.27

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

1487.27

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Larson For Congress	Transaction ID: 30839803 Date of Disbursement
	Mailing Address 29 Ruff Circle	<input type="text" value="07"/> <input type="text" value="24"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Glastonbury State CT Zip Code 06033	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2000.00"/>
	Candidate Name Rep. John B. Larson	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) The Tuesday Group PAC	Transaction ID: 30839804 Date of Disbursement
	Mailing Address c/o Carole Goetas and Associates, L 1707 Prince Street, #5	<input type="text" value="07"/> <input type="text" value="24"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1500.00"/>
	Candidate Name	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) We the People PAC	Transaction ID: 30839805 Date of Disbursement
	Mailing Address 38 Ivy Street SE	<input type="text" value="07"/> <input type="text" value="24"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="6000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Friends Of Schumer	Transaction ID: 30839806 Date of Disbursement
	Mailing Address 509 Madison Ave Suite 1902	<input type="text" value="07"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City New York State NY Zip Code 10022	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name Sen. Charles E. Schumer	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Cooper For Congress	Transaction ID: 30839807 Date of Disbursement
	Mailing Address C/O Davidson, Golden & Lundy P.O. Box 927	<input type="text" value="07"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City Brentwood State TN Zip Code 37024	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. Jim Cooper	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Richard Burr Committee; The	Transaction ID: 30839808 Date of Disbursement
	Mailing Address Post Office Box 5928	<input type="text" value="07"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City Winston-Salem State NC Zip Code 27113	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="5000.00"/>
	Candidate Name Sen. Richard M. Burr	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

<p>A. Full Name (Last, First, Middle Initial) NoDAK PAC</p> <p>Mailing Address 1902 E. Divide Avenue</p> <p>City Bismark State ND Zip Code 58501</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 30839847 Date of Disbursement: 07 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B. Full Name (Last, First, Middle Initial) PAC to the Future</p> <p>Mailing Address 607 14th Street NW Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name PAC to the Future</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 30840115 Date of Disbursement: 07 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Nancy Pelosi For Congress</p> <p>Mailing Address 607 14th Street, Nw Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name Rep. Nancy Pelosi</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CA District: 08</p>	<p>Transaction ID: 30840121 Date of Disbursement: 07 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>

SUBTOTAL of Disbursements This Page (optional) ►

10000.00

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

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

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

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

A.

Full Name (Last, First, Middle Initial)
HMS Promotions, Inc.

Transaction ID: 30965752

Date of Disbursement

Mailing Address PO Box 44298

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	7		2	0	0	9

City State Zip Code
Ft. Washington MD 20749

Amount of Each Disbursement this Period

1463.00

Purpose of Disbursement
In Kind Contribution of Golf Balls to Dave Camp for Congress 07/27/2009

011
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

In Kind Contribution of
Golf Balls to Dave Camp
for Congress 07/27/2009

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

1463.00

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

25963.00
