

**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="2012"/>	<input type="text" value="6840.78"/>	<input type="text" value="6840.78"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="79820.54"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="39919.59"/>	<input type="text" value="192617.19"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="119740.13"/>	<input type="text" value="199457.97"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="56021.37"/>	<input type="text" value="135739.21"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="63718.76"/>	<input type="text" value="63718.76"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

FEDERATION OF AMERICAN HOSPITALS PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	32663.22	154237.20
(ii) Unitemized	5735.00	8140.78
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	38398.22	162377.98
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	20000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	38398.22	182377.98
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	7500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	1521.37	2739.21
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))..... ▶	39919.59	192617.19
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	39919.59	192617.19

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	1521.37	1521.37
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1521.37	1521.37
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	54500.00	133000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	1217.84
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)) ..	56021.37	135739.21
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	56021.37	135739.21

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)	38398.22	182377.98
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	38398.22	182377.98
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1521.37	1521.37
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1521.37	1521.37

**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 27
	<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. Richard Shallcross
Full Name (Last, First, Middle Initial)

Mailing Address 1513 Kimberleigh Court

City Franklin State TN Zip Code 37069

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 05 / 04 / 2012
Transaction ID : 45373921

Amount of Each Receipt this Period 2000.00

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

Mailing Address 404 N. Church St.

City McKinney State TX Zip Code 75069

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

Name of Employer Tenet Healthcare Corporation Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 07 / 2012
Transaction ID : 45380559

Amount of Each Receipt this Period 500.00

C. Mr. L. Allen Wright
Full Name (Last, First, Middle Initial)

Mailing Address 909 Joel Cheek Blvd.

City Franklin State TN Zip Code 37064-4220

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

Name of Employer HCA, Inc. Occupation Healthtrust Purchasing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 07 / 2012
Transaction ID : 45380562

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 27
	<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. Rodney A Reasoner
 Full Name (Last, First, Middle Initial)
 Mailing Address 1960 Mary Lee Lane
 City State Zip Code
 Allen TX 75002-8528
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Tenet Healthcare Corporation VP Finance
 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
 05 / 02 / 2012
Transaction ID : 45404780
 Amount of Each Receipt this Period
 500.00

B. Marc D Miller
 Full Name (Last, First, Middle Initial)
 Mailing Address 838 Summit Road
 City State Zip Code
 Penn Valley PA 19072-1323
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Universal Health Services, Inc VP, Acute Care-Eastern Region
 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
 05 / 02 / 2012
Transaction ID : 45404782
 Amount of Each Receipt this Period
 1000.00

C. R. Milton Johnson
 Full Name (Last, First, Middle Initial)
 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 M / D D D / Y Y Y Y Y Y
 05 / 02 / 2012
Transaction ID : 45404785
 Amount of Each Receipt this Period
 5000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 OF 27
(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. Carlos A Milanes

Mailing Address 184 Branchwater Lane

City Aiken State SC Zip Code 29803-5853

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

Name of Employer Aiken Regional Medical Center Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
05 / 02 / 2012

Transaction ID : 45404787

Amount of Each Receipt this Period
300.00

Full Name (Last, First, Middle Initial)
B. Mr. Scott Ansele

Mailing Address 614 Lakeside Drive

City Aiken State SC Zip Code 29803-7530

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

Name of Employer Auburn Regional Medical Center Occupation COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt
05 / 02 / 2012

Transaction ID : 45404788

Amount of Each Receipt this Period
275.00

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

Mailing Address 9427 Weatherly Drive

City Brentwood State TN Zip Code 37027-2612

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

Name of Employer HCA, Inc. Occupation Healthcare Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1500.00**

Date of Receipt
05 / 10 / 2012

Transaction ID : 45404794

Amount of Each Receipt this Period
1500.00

SUBTOTAL of Receipts This Page (optional)..... ► **2075.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 27
	(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. Sajit Pullankat

Mailing Address 9227 Bronze River Avenue

City	State	Zip Code
Las Vegas	NV	89149-1685

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

Name of Employer	Occupation
Centennial Hills Hospital	CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	10	/	2012

Transaction ID : 45413068

Amount of Each Receipt this Period
850.00

Full Name (Last, First, Middle Initial)
B. Richard C Wright

Mailing Address 104 Crosscreek Drive

City	State	Zip Code
Chapel Hill	NC	27514-1497

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

Name of Employer	Occupation
Universal Health Services, Inc	Vice President

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
05	/	10	/	2012

Transaction ID : 45413070

Amount of Each Receipt this Period
1000.00

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

Mailing Address P.O. Box 36689

City	State	Zip Code
Albuquerque	NM	87176-6689

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

Name of Employer	Occupation
Lovelace Sandia Health Systems	CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	10	/	2012

Transaction ID : 45413072

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	2100.00
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 27
	<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. Ms. Nancy G. Meadows
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 Augusta
 City Boerne State TX Zip Code 78006-6120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Methodist Healthcare System 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
 05 / 10 / 2012
Transaction ID : 45413073
 Amount of Each Receipt this Period
 500.00

B. Kevin Vaughn
 Full Name (Last, First, Middle Initial)
 Mailing Address 1012 Mohawk Trail
 City Springfield State TN Zip Code 37172
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ardent Health Services Occupation Vice President of Reimbursement
 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
 05 / 10 / 2012
Transaction ID : 45413075
 Amount of Each Receipt this Period
 300.00

C. David T Vandewater
 Full Name (Last, First, Middle Initial)
 Mailing Address 4405 Iroquois Avenue
 City Nashville State TN Zip Code 37205-3831
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ardent Health Services Occupation President and 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
 05 / 10 / 2012
Transaction ID : 45413077
 Amount of Each Receipt this Period
 2500.00

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 11 OF 27
	<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. Kyle Sanders
 Full Name (Last, First, Middle Initial)
 Mailing Address 7903 New England Pkwy
 City Amarillo State TX Zip Code 79119-4976
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northwest Texas Healthcare System Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 10 / 2012
Transaction ID : 45413081
 Amount of Each Receipt this Period
 475.00

B. Ms. Frances Charlene Arnett
 Full Name (Last, First, Middle Initial)
 Mailing Address 14655 Champion Forest Drive Apt. 1003
 City Houston State TX Zip Code 77069-1415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pavilion Behavioral Health Hospital Occupation Hospital Administrator
 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
 05 / 10 / 2012
Transaction ID : 45413083
 Amount of Each Receipt this Period
 250.00

C. Mr. James M. Schnuck
 Full Name (Last, First, Middle Initial)
 Mailing Address 9447 Foothills Dr.
 City Brentwood State TN Zip Code 37027-8631
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ardent Health Services Occupation Senior Vice President, Financial Opera
 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
 05 / 10 / 2012
Transaction ID : 45413088
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1725.00
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 27
	<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"/>	<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 A Marks

Mailing Address 6115 Hillsboro Pike

City Nashville State TN Zip Code 37215-5005

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

Name of Employer HCA, Inc. Occupation Chief Financial Officer

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
 05 / 10 / 2012
Transaction ID : 45413090

Amount of Each Receipt this Period
 2500.00

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

Mailing Address 5082 Alfigo Street

City Las Vegas State NV Zip Code 89135-3213

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

Name of Employer Universal Health Services, Inc. Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 16 / 2012
Transaction ID : 45550482

Amount of Each Receipt this Period
 325.00

Full Name (Last, First, Middle Initial)
C. Mr. William Mason Van Houweling

Mailing Address 11760 Feinberg Place

City Las Vegas State NV Zip Code 89138-1561

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

Name of Employer Universal Health Services, Inc. Occupation Hospital Administrator

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
 05 / 16 / 2012
Transaction ID : 45550483

Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3125.00

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 27
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	<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. Margaret Covelli

Mailing Address 672 Hitchen Post Drive

City Henderson State NV Zip Code 89011-1899

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

Name of Employer Universal Health Services, Inc Occupation Chief Nurse Officer

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
05 / 16 / 2012

Transaction ID : 45550485

Amount of Each Receipt this Period
250.00

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

Mailing Address 1256 Kensington Rd

City McLean State VA Zip Code 22101

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

Name of Employer FAH Occupation Vice President Legislation & Public Af

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **646.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2012

Transaction ID : 45550644

Amount of Each Receipt this Period
80.00

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

Mailing Address 4927 15th Street, North

City Arlington State VA Zip Code 22205-2616

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

Name of Employer FAH Occupation Lobbyist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **378.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2012

Transaction ID : 45550645

Amount of Each Receipt this Period
42.00

SUBTOTAL of Receipts This Page (optional).....▶	372.00
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 27
<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 ▼ 375.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2012
Transaction ID : 45550646
 Amount of Each Receipt this Period
 41.67

B. Jeffrey G. Micklos
 Full Name (Last, First, Middle Initial)
 Mailing Address 3130 Tennyson St., N.W.
 City Washington State DC Zip Code 20015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FAH Occupation General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 495.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2012
Transaction ID : 45550647
 Amount of Each Receipt this Period
 55.00

C. Bonnie Moneypenny
 Full Name (Last, First, Middle Initial)
 Mailing Address 14128 Burlingame Road
 City Little Rock State AR Zip Code 72211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FAH Occupation SVP Administrative Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2012
Transaction ID : 45550648
 Amount of Each Receipt this Period
 35.00

SUBTOTAL of Receipts This Page (optional).....▶	131.67
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 15 OF 27
<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. Mr. Steve Speil
Full Name (Last, First, Middle Initial)

Mailing Address 1948 Rockingham Street

City McLean State VA Zip Code 22101-4922

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

Name of Employer FAH Occupation Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **760.95**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 15 / 2012

Transaction ID : 45550649

Amount of Each Receipt this Period
84.55

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

Mailing Address 3067 Red Arrow Drive

City Las Vegas State NV Zip Code 89135-1625

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

Name of Employer Summerlin Hospital Medical Ctr. Occupation CEO/ Managing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 17 / 2012

Transaction ID : 45550747

Amount of Each Receipt this Period
300.00

C. Mr. Mark Crawford
Full Name (Last, First, Middle Initial)

Mailing Address 5972 Axis Drive

City Sparks State NV Zip Code 89436-7145

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

Name of Employer Northern Nevada Medical Center Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 23 / 2012

Transaction ID : 45597119

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	884.55
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 27
<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. Mr. Douglas A. Matney
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 E Cornell Ave
 City McAllen State TX Zip Code 78504-5624
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Universal Health Services, Inc Occupation Managment
 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
 05 / 25 / 2012
Transaction ID : 45605139
 Amount of Each Receipt this Period
 400.00

B. Alan B Miller
 Full Name (Last, First, Middle Initial)
 Mailing Address 57 Crosby Brown Road
 City Gladwyne State PA Zip Code 19035-1512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Universal Health Services, Inc Occupation CEO
 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
 05 / 25 / 2012
Transaction ID : 45605142
 Amount of Each Receipt this Period
 5000.00

C. Craig R Conti
 Full Name (Last, First, Middle Initial)
 Mailing Address 113 Doral Drive
 City Blue Bell State PA Zip Code 19422-3256
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Universal Health Services, Inc Occupation Director of Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 25 / 2012
Transaction ID : 45611781
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	5650.00
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 27
	<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. Ms. Geraldine J. Geckle
 Full Name (Last, First, Middle Initial)
 Mailing Address 425 Conestoga Rd.
 City Berwyn State PA Zip Code 19312-1622
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Universal Health Services, Inc Occupation VP, HR
 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
 05 / 25 / 2012
Transaction ID : 45611789
 Amount of Each Receipt this Period
 400.00

B. Troy Greer
 Full Name (Last, First, Middle Initial)
 Mailing Address 1603 Arbolera Loop SE
 City Rio Rancho State NM Zip Code 87124-8854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lovelace Westside Hospital Occupation CEO
 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
 05 / 25 / 2012
Transaction ID : 45611795
 Amount of Each Receipt this Period
 500.00

C. Mr. Reuben Murray
 Full Name (Last, First, Middle Initial)
 Mailing Address 5325 Bogart NW
 City Albuquerque State NM Zip Code 87120-4446
 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
 05 / 25 / 2012
Transaction ID : 45611796
 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 18 OF 27
	<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. Mr. Bradley M. Trom
Full Name (Last, First, Middle Initial)

Mailing Address 40 Raindance Road

City Sandia Park State NM Zip Code 87047-9611

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

Name of Employer Lovelace Retail Pharmacy Occupation CEO

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
 05 / 25 / 2012

Transaction ID : 45611798

Amount of Each Receipt this Period
 500.00

B. Ms. Sheri Milone
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 610

City Placitas State NM Zip Code 87043-0610

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

Name of Employer Lovelace Women's Hopsital Occupation Chief Executive Officer

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
 05 / 25 / 2012

Transaction ID : 45611799

Amount of Each Receipt this Period
 500.00

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

Mailing Address 4097 Howell Road

City Malvern State PA Zip Code 19355-8697

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

Name of Employer Universal Health Services, Inc Occupation VP, Finance Acute

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
 05 / 25 / 2012

Transaction ID : 45611801

Amount of Each Receipt this Period
 400.00

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: PAGE 19 OF 27
(check only one)

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

A. Full Name (Last, First, Middle Initial)
John Holland

Mailing Address 3610 Edgewater Street

City State Zip Code
Dallas TX 75205-4317

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

Name of Employer Occupation
Tenet Healthcare Corporation SVP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 25 / 2012

Transaction ID : 45611803

Amount of Each Receipt this Period
1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	32663.22

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 OF 27
(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. Federation of American Hospitals - FEE REIMBURSEME

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

City Washington State DC Zip Code 20001

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2739.21

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 25 / 2012
Transaction ID : 45611808

Amount of Each Receipt this Period
1521.37

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

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1521.37
TOTAL This Period (last page this line number only).....▶	1521.37

**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. Wachovia Bank

Mailing Address 801 Pennsylvania Ave, NW

City Washington State DC Zip Code 20004

Purpose of Disbursement
Bank Fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 45782033

Amount of Each Disbursement this Period

Bank Fee

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

/ /

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

/ /

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. Congressman Waxman Campaign Committee

Mailing Address 6380 Wilshire Blvd. #1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Henry A. Waxman

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 30

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	1	2

Transaction ID : 45393639

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Montanans For Tester

Mailing Address PO Box 3171

City Billings State MT Zip Code 59103

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Jon Tester

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MT District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	1	2

Transaction ID : 45393682

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Bob Casey For Senate Inc

Mailing Address 607 14th Street Nw Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Robert Casey

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	1	2

Transaction ID : 45393799

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

1	2	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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. Alaskans For Begich 2014

Mailing Address PO Box 410

City Palmer State AK Zip Code 99645

Purpose of Disbursement

011

Candidate Name

Sen. Mark Begich

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AK District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 16 / 2012

Transaction ID : 45539133

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Devin Nunes Campaign Committee

Mailing Address PO Box 6545

City Visalia State CA Zip Code 93290

Purpose of Disbursement

011

Candidate Name

Rep. Devin G. Nunes

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 21

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 22 / 2012

Transaction ID : 45590318

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Charles Boustany Jr Md For Congress, Inc

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement

011

Candidate Name

Rep. Charles W. Boustany Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: LA District: 07

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 22 / 2012

Transaction ID : 45590323

Amount of Each Disbursement this Period

2500.00

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

5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. IMPACT

Mailing Address 60 East 42nd Street
Suite 437

City New York State NY Zip Code 10165

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		22		2012

Transaction ID : 45590332

Amount of Each Disbursement this Period

5,000.00

Full Name (Last, First, Middle Initial)

B. Matheson For Congress

Mailing Address P.O. Box 521048
Suite A

City Salt Lake City State UT Zip Code 84152

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. James D. Matheson

Office Sought: House
 Senate
 President
State: UT District: 02

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		22		2012

Transaction ID : 45590364

Amount of Each Disbursement this Period

2,500.00

Full Name (Last, First, Middle Initial)

C. Scalise For Congress

Mailing Address PO Box 23219
Suite 301

City Jefferson State LA Zip Code 70183

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Steve Scalise

Office Sought: House
 Senate
 President
State: LA District: 01

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		22		2012

Transaction ID : 45590375

Amount of Each Disbursement this Period

2,500.00

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

10000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Guthrie For Congress

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Steven Guthrie

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

MM / DD / YYYY
05 / 22 / 2012

Transaction ID : 45590378

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Tiberi For Congress

Mailing Address 2931 E Dublin Granville Road
Suite 190

City Columbus State OH Zip Code 43231

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Patrick J. Tiberi

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

MM / DD / YYYY
05 / 22 / 2012

Transaction ID : 45590392

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Kevin Mccarthy For Congress

Mailing Address P.O. Box 12667

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Kevin McCarthy

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 22

Date of Disbursement

MM / DD / YYYY
05 / 22 / 2012

Transaction ID : 45590405

Amount of Each Disbursement this Period

5000.00

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. Nebraskans For Kerrey

Mailing Address PO Box 45820

City Omaha State NE Zip Code 68145

Purpose of Disbursement

011

Candidate Name

Mr. J Robert Kerrey

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NE District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	2		2	0	1	2

Transaction ID : 45590417

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Cathy McMorris Rodgers For Congress

Mailing Address Box 137

City Spokane State WA Zip Code 99210

Purpose of Disbursement

011

Candidate Name

Rep. Cathy McMorris Rodgers

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: WA District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	2		2	0	1	2

Transaction ID : 45590426

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Crowley For Congress

Mailing Address 84-56 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement

011

Candidate Name

Rep. Joseph Crowley

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NY District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	4		2	0	1	2

Transaction ID : 45600768

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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

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

8	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

8	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

**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. Mark Pryor For Us Senate

Mailing Address PO Box 2720

City Little Rock State AR Zip Code 72203

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Mark L. Pryor

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AR District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 24 / 2012

Transaction ID : 45600771

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Avenue NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 24 / 2012

Transaction ID : 45600776

Amount of Each Disbursement this Period

5000.00

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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

7000.00

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

54500.00