

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00002261 3. IS THIS REPORT NEW (N) OR AMENDED (A)

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

5. Covering Period 08 / 01 / 2017 through 08 / 31 / 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Evangelista, Leah, Ann, Mrs.,
Type or Print Name of Treasurer

Signature of Treasurer *Evangelista, Leah, Ann, Mrs.,* [Electronically Filed] Date 09 / 20 / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

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="2017"/>	<input type="text" value="148838.56"/>	<input type="text" value="148838.56"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="217934.35"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="14612.99"/>	<input type="text" value="255797.50"/>
(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="232547.34"/>	<input type="text" value="404636.06"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="15129.15"/>	<input type="text" value="187217.87"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="217418.19"/>	<input type="text" value="217418.19"/>
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).....	9192.18	204055.09
(ii) Unitemized	291.74	7191.56
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	9483.92	211246.65
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	40000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	14483.92	251246.65
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.).....	129.07	4550.85
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)).....▶	14612.99	255797.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	14612.99	255797.50

DETAILED SUMMARY PAGE
of Disbursements

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	129.15	4717.87
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	129.15	4717.87
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	182500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	15129.15	187217.87
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15129.15	187217.87

DETAILED SUMMARY PAGE
of Disbursements

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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)	14483.92	251246.65
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14483.92	251246.65
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	129.15	4717.87
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	129.15	4717.87

**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 19
<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. Adams, Tim, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1445 Ross Ave, Suite 1400

City Dallas	State TX	Zip Code 75202
----------------	-------------	-------------------

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

Name of Employer (for Individual) Tenet Healthcare Corporation	Occupation (for Individual) Healthcare Exec
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
08 / 22 / 2017
Transaction ID : 10463E4A-80C1-42A8-

Amount of Each Receipt this Period
500.00

Memo Item

B. Brown, Sean, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 750 9th St NW Suite 600

City Washington	State DC	Zip Code 20001-4595
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Federation of American Hospitals	Occupation (for Individual) Vice President, Communications
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
336.00

Date of Receipt
08 / 02 / 2017
Transaction ID : A1FE5531EFE0C085905

Amount of Each Receipt this Period
21.00

Memo Item

C. Brown, Sean, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 750 9th St NW Suite 600

City Washington	State DC	Zip Code 20001-4595
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Federation of American Hospitals	Occupation (for Individual) Vice President, Communications
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
336.00

Date of Receipt
08 / 25 / 2017
Transaction ID : 89DA0FB394C22C5ED05

Amount of Each Receipt this Period
21.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	542.00
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 19
	<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. Chambers, Jayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) FAH Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1360.00

Date of Receipt 08 / 02 / 2017
Transaction ID : 3FB8627485AF48D349D
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Chambers, Jayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) FAH Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1360.00

Date of Receipt 08 / 25 / 2017
Transaction ID : E00E1A4958DA1D293CE
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Cohen, Jeff, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1955 Massachusetts Ave
 City McLean State VA Zip Code 22101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Federation of American Hospitals Occupation (for Individual) EVP, FAH
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 02 / 2017
Transaction ID : FF78FFED4F6D9B6BBE3
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	212.00
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 19
	<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. Cohen, Jeff, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1955 Massachusetts Ave

City McLean	State VA	Zip Code 22101
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Federation of American Hospitals	Occupation (for Individual) EVP, FAH
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
672.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	25	/	2017

Transaction ID : 226895E0CCE63A8A5F3

Amount of Each Receipt this Period
42.00

Memo Item

B. Corcoran, Mark, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1309 Hatton Walk

City Marietta	State GA	Zip Code 30068
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Tenet Healthcare Corporation	Occupation (for Individual) HR
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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
08	/	11	/	2017

Transaction ID : 24B3D644-7EF1-43DE-

Amount of Each Receipt this Period
500.00

Memo Item

C. Covarrubias, Marita, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1440 Ross Ave

City Dallas	State TX	Zip Code 75202
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Tenet Healthcare Corporation	Occupation (for Individual) attorney
---	---

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
08	/	11	/	2017

Transaction ID : 1B2785CF-FB23-493C-

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	792.00
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 19
<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. Dill, David, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 605 Westview Ave
 City Nashville State TN Zip Code 37205-3825
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LifePoint Hospitals, Inc Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 08 / 09 / 2017
Transaction ID : 24EFED293F9F8D70D25
 Amount of Each Receipt this Period 5000.00
 Memo Item

B. Kahn, Charles, N., , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4545 N. Glebe Road
 City Arlington State VA Zip Code 22207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Federation of American Hospitals Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 666.72

Date of Receipt 08 / 02 / 2017
Transaction ID : 9B2F1B28E8BF11D67F6
 Amount of Each Receipt this Period 41.67
 Memo Item

C. Kahn, Charles, N., , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4545 N. Glebe Road
 City Arlington State VA Zip Code 22207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Federation of American Hospitals Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 666.72

Date of Receipt 08 / 25 / 2017
Transaction ID : FD153E1EDACCE5ED9F7
 Amount of Each Receipt this Period 41.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	5083.34
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 10 OF 19
	<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. Kidwell, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 18th St SE
 City Washington State DC Zip Code 20003-1605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Federation of American Hospitals Occupation (for Individual) Vice President, Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 08 / 02 / 2017
Transaction ID : 21C3691AD73BAF25CD0
 Amount of Each Receipt this Period 21.00
 Memo Item

B. Kidwell, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 18th St SE
 City Washington State DC Zip Code 20003-1605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Federation of American Hospitals Occupation (for Individual) Vice President, Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 08 / 25 / 2017
Transaction ID : 26F80E927E88CEE6F1B
 Amount of Each Receipt this Period 21.00
 Memo Item

C. Nosacka, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3327 Embassy Dr.
 City West Palm Beach State FL Zip Code 33401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Good Samaritan Medical Center Occupation (for Individual) Hospital CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 24 / 2017
Transaction ID : 4E9D61FE-B6DB-454F-
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	542.00
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 19
<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. Patterson, Janie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3560 Dallas Parkway
 City Frisco State TX Zip Code 75034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Corporation Occupation (for Individual) SVP Payer Strategy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 14 / 2017
Transaction ID : 4604FACC-5280-4A1A-
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Speil, Steve, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) FAH Occupation (for Individual) Executive Vice President, Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1666.72

Date of Receipt 08 / 02 / 2017
Transaction ID : 49E2F94D71AC43B9DF1
 Amount of Each Receipt this Period 104.17
 Memo Item

C. Speil, Steve, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) FAH Occupation (for Individual) Executive Vice President, Policy
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1666.72

Date of Receipt 08 / 25 / 2017
Transaction ID : 3363347F63F8D56F2B8
 Amount of Each Receipt this Period 104.17
 Memo Item

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 12 OF 19
	<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. Tedeschi, Anthony, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3990 John R, 8 Brush Center
 City Detroit State MI Zip Code 48201-2018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Corporation Occupation (for Individual) Healthcare
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 14 / 2017
Transaction ID : 9EB9BAB6-8B26-42C4-
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Tenoever, Kathleen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1210 Massachusetts Ave NW Apt. 1206
 City Washington State DC Zip Code 20005-4531
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FAH Occupation (for Individual) VP, Legal and Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 02 / 2017
Transaction ID : 05FF90B7A5F46CC685C
 Amount of Each Receipt this Period 31.25
 Memo Item

C. Tenoever, Kathleen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1210 Massachusetts Ave NW Apt. 1206
 City Washington State DC Zip Code 20005-4531
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FAH Occupation (for Individual) VP, Legal and Policy
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 02 / 2017
Transaction ID : B4E41D454BA52867AA5
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 1281.25
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 13 OF 19
(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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Tenoever, Kathleen, , ,

Mailing Address 1210 Massachusetts Ave NW
Apt. 1206

City Washington State DC Zip Code 20005-4531

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

Name of Employer (for Individual) FAH Occupation (for Individual) VP, Legal and Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
MM / DD / YYYY
08 / 25 / 2017

Transaction ID : 9D57F1394DCC51473F5

Amount of Each Receipt this Period
31.25

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	31.25
TOTAL This Period (last page this line number only).....	9192.18

**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 19
<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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Quorum Health Corporation Political Action Committee

Mailing Address 1573 Mallory Lane
Suite 100

City Brentwood State TN Zip Code 37027

FEC ID number of contributing federal political committee. **C** C00622654

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
08 / 09 / 2017

Transaction ID : 91A21EDA20DB466AA18A

Amount of Each Receipt this Period
5000.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 19
<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 of Individual (Last, First, Middle Initial) or Full Organization Name
Wells Fargo

Mailing Address 801 Pennsylvania Ave. NW

City Washington	State DC	Zip Code 20004
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4550.85

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		25		2017

Transaction ID : BD06ABD64B36466CB06B

Amount of Each Receipt this Period
129.07

Memo Item
Reimbursement of Bank Fees

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	129.07
TOTAL This Period (last page this line number only).....	129.07

**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"/> 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
American Express Fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
08 / 07 / 2017

FEC Identification Number

Transaction ID : 2CD86EF1DC
Amount of Each Disbursement this Period

Memo Item

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
PayPal Fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
08 / 31 / 2017

FEC Identification Number

Transaction ID : 2593DD92BE!
Amount of Each Disbursement this Period

Memo Item

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
MM / DD / YYYY

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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"/> 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. Bera For Congress

Mailing Address PO Box 582496

City Elk Grove State CA Zip Code 95758

Purpose of Disbursement
2018 Primary

011
Category/
Type

Candidate Name
Bera, Amerish, B., ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: CA District: 07

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2017

FEC Identification Number

C C00461061
Transaction ID : FB1AE23C5D
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Bob Casey For Senate Inc

Mailing Address PO Box 58746

City Philadelphia State PA Zip Code 19102

Purpose of Disbursement
2018 Primary

011
Category/
Type

Candidate Name
Casey, Robert, P., , Jr

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify)
State: PA District:

Date of Disbursement

MM / DD / YYYY
08 / 10 / 2017

FEC Identification Number

C C00431056
Transaction ID : CD227E363D!
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of Sherrod Brown

Mailing Address PO Box 15293

City Washington State DC Zip Code 20003

Purpose of Disbursement
2018 Primary

011
Category/
Type

Candidate Name
Brown, Sherrod, Campbell, ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: OH District:

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2017

FEC Identification Number

C C00264697
Transaction ID : 330E2C133F
Amount of Each Disbursement this Period
1000.00

Memo Item

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Hoyer For Congress

Full Name (Last, First, Middle Initial)
Mailing Address 700 13Th Street NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement 2018 Primary

Candidate Name Hoyer, Steny, Hamilton, ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: MD District: 05

Date of Disbursement: 08 / 10 / 2017

FEC Identification Number: C00140715
Transaction ID : 8071077E19D
Amount of Each Disbursement this Period: 5000.00

Category/Type: 011

Memo Item

B. IMPACT

Full Name (Last, First, Middle Initial)
Mailing Address 192 Lexington Ave.
Suite 1001

City New York State NY Zip Code 10016

Purpose of Disbursement 2017 Contribution

Candidate Name IMPACT

Office Sought: House Senate President

Disbursement For: 2017 Primary General Other (specify) Contribution

State: District:

Date of Disbursement: 08 / 31 / 2017

FEC Identification Number: C00348607
Transaction ID : FE19F797EC7
Amount of Each Disbursement this Period: 5000.00

Category/Type: 011

Memo Item

C. Reclaim America PAC

Full Name (Last, First, Middle Initial)
Mailing Address 228 S Washington St Ste 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement 2017 Contribution

Candidate Name Reclaim America PAC

Office Sought: House Senate President

Disbursement For: 2017 Primary General Other (specify) Contribution

State: District:

Date of Disbursement: 08 / 10 / 2017

FEC Identification Number: C00500025
Transaction ID : 843931EED5
Amount of Each Disbursement this Period: 1000.00

Category/Type: 011

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 11000.00

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"/> 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. Scott Peters For Congress

Mailing Address PO Box 22074

City San Diego State CA Zip Code 92192

Purpose of Disbursement
2018 Primary

011
Category/
Type

Candidate Name
Peters, Scott, H., ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: CA District: 52

Date of Disbursement
M M / D D / Y Y Y Y Y Y
08 / 31 / 2017

FEC Identification Number
C C00503110
Transaction ID : B5DBE988DC
Amount of Each Disbursement this Period
1000.00

Memo Item

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
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement
M M / D D / Y Y Y Y Y Y

FEC Identification Number
C
Amount of Each Disbursement this Period

Memo Item

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 / D D / Y Y Y Y Y Y

FEC Identification Number
C
Amount of Each Disbursement this Period

Memo Item

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

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

1000.00
15000.00