

**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="2016"/>	<input type="text" value="146274.02"/>	<input type="text" value="146274.02"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="171578.35"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="43212.28"/>	<input type="text" value="187081.69"/>
(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="214790.63"/>	<input type="text" value="333355.71"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="15845.40"/>	<input type="text" value="134410.48"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="198945.23"/>	<input type="text" value="198945.23"/>
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

FEDERATION OF AMERICAN HOSPITALS PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	40142.18	154947.30
(ii) Unitemized	1260.40	3854.35
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	41402.58	158801.65
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	25000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	41402.58	183801.65
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.).....	1809.70	3280.04
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))..... ▶	43212.28	187081.69
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	43212.28	187081.69

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	845.40	3910.48
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	845.40	3910.48
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	130500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	15845.40	134410.48
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15845.40	134410.48

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)	41402.58	183801.65
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	41402.58	183801.65
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	845.40	3910.48
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	845.40	3910.48

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

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

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

Full Name (Last, First, Middle Initial)
A. Clint Adams

Mailing Address One Burton Hills Blvd
Suite 250

City Nashville State TN Zip Code 37215

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

Name of Employer Ardent Health Services Occupation Healthcare

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
05 / 31 / 2016
Transaction ID : C08D1744-83DD-4AA2-

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 23 Newton Woods Road

City Newtown Square State PA Zip Code 19073-3916

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

Name of Employer Universal Health Services, Inc Occupation VP - Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
05 / 27 / 2016
Transaction ID : 89BC94AF8D2C8A8920A

Amount of Each Receipt this Period
500.00

Memo Item

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

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 Federation of American Hospitals Occupation Vice President, Communications

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
05 / 23 / 2016
Transaction ID : BC7B8F3D81F73FA637D

Amount of Each Receipt this Period
21.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1021.00

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 28
	<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. Carolyn Caldwell
Full Name (Last, First, Middle Initial)
Mailing Address 2005 S Camino Monte
City Palm Springs State CA Zip Code 92264-2606
FEC ID number of contributing federal political committee. **C**
Name of Employer Desert Regional Medical Center Occupation CEO
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 05 / 27 / 2016
Transaction ID : **DB242CDA55E168D290F**
Amount of Each Receipt this Period 250.00
 Memo Item

B. Jayne Chambers
Full Name (Last, First, Middle Initial)
Mailing Address 1256 Kensington Rd
City McLean State VA Zip Code 22101-2920
FEC ID number of contributing federal political committee. **C**
Name of Employer FAH Occupation Senior Vice President
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 850.00

Date of Receipt 05 / 03 / 2016
Transaction ID : **B5F0670B56CAD82427F**
Amount of Each Receipt this Period 85.00
 Memo Item

C. Jayne Chambers
Full Name (Last, First, Middle Initial)
Mailing Address 1256 Kensington Rd
City McLean State VA Zip Code 22101-2920
FEC ID number of contributing federal political committee. **C**
Name of Employer FAH Occupation Senior Vice President
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 850.00

Date of Receipt 05 / 23 / 2016
Transaction ID : **8B2C493708242493520**
Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 420.00
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 28
(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

Full Name (Last, First, Middle Initial)
A. Jeff Cohen

Mailing Address 1955 Massachusetts Ave

City McLean	State VA	Zip Code 22101-4908
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FEC ID number of contributing federal political committee. **C**

Name of Employer Federation of American Hospitals	Occupation EVP
--	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
421.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 03 / 2016

Transaction ID : D2CA350E84468EB90F3

Amount of Each Receipt this Period
42.00

Memo Item

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

Mailing Address 1955 Massachusetts Ave

City McLean	State VA	Zip Code 22101-4908
----------------	-------------	------------------------

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

Name of Employer Federation of American Hospitals	Occupation EVP
--	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
421.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2016

Transaction ID : BF0F7470505092BAB2E

Amount of Each Receipt this Period
42.00

Memo Item

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

Mailing Address 367 South Gulph Road

City King of Prussia	State PA	Zip Code 19406
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FEC ID number of contributing federal political committee. **C**

Name of Employer Universal Health Services Inc.	Occupation Vice President, Payer Strategies
--	--

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 / 18 / 2016

Transaction ID : 5C8F512A-95D3-4F5E-

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	334.00
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 28
	<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. Charles DeBusk
 Full Name (Last, First, Middle Initial)
 Mailing Address 295 E. Swedesford Rd # 271
 City Wayne State PA Zip Code 19087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Universal Health Services Inc. Occupation Engineer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **05 / 24 / 2016**
Transaction ID : FBE4CDC3-C5AE-42B5-
 Amount of Each Receipt this Period **300.00**
 Memo Item

B. Megan Drake
 Full Name (Last, First, Middle Initial)
 Mailing Address 4602 Daytona Circle
 City Harlingen State TX Zip Code 78552
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Valley Baptist Health System Occupation DBD/ AA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 23 / 2016**
Transaction ID : 0B70B178-E216-41CD-
 Amount of Each Receipt this Period **250.00**
 Memo Item

C. Gail Garrett
 Full Name (Last, First, Middle Initial)
 Mailing Address One Park Plaza
 City Nashville State TN Zip Code 37062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCA Occupation VP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 04 / 2016**
Transaction ID : 08F9BB41-D316-4765-
 Amount of Each Receipt this Period **250.00**
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 28
	<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. kevin hawk
Full Name (Last, First, Middle Initial)

Mailing Address 1104 E. 8th street

City cushing State OK Zip Code 74023

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

Name of Employer Hillcrest Hospital Cushing Occupation Hospital CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
05 / 20 / 2016
Transaction ID : 52A98CC9-1118-4AB3-

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 200 Harton Rd

City Fayette State AL Zip Code 35555-5624

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

Name of Employer Walker Baptist Occupation Chief Nursing Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
05 / 12 / 2016
Transaction ID : 992EE45E0A703BB2826

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 104 Cape Breton Court

City Franklin State TN Zip Code 37067

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

Name of Employer HCA Occupation AVP Project Svc

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
05 / 05 / 2016
Transaction ID : 1A274B2B-803C-496B-

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00

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 28
	<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. Gregory Johnston
Full Name (Last, First, Middle Initial)

Mailing Address 1130 22nd Street South
Suite 1000

City Birmingham State AL Zip Code 35205

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

Name of Employer Birmingham Market Occupation Administration

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
05 / 30 / 2016
Transaction ID : 98B41027-E177-4798-

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 155 Franklin Road
Suite 400

City Brentwood State TN Zip Code 37027

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

Name of Employer HCA Occupation President of HealthTrust/ Supply Chain

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
05 / 04 / 2016
Transaction ID : 1B5BA199-CA65-4107-

Amount of Each Receipt this Period
2500.00

Memo Item

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

Mailing Address 450 East Lost Olas Blvd.

City Fort Lauderdale State FL Zip Code 33301

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

Name of Employer HCA Occupation President, East Florida Division

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
05 / 12 / 2016
Transaction ID : C705D536827B503DF63

Amount of Each Receipt this Period
1500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	4250.00
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 28
	<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. Charles N. Kahn III
 Full Name (Last, First, Middle Initial)
 Mailing Address 4545 N Glebe Rd
 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 **416.70**

Date of Receipt **05 / 03 / 2016**
Transaction ID : 0F01FC0BC8D57F26197
 Amount of Each Receipt this Period **41.67**
 Memo Item

B. Charles N. Kahn III
 Full Name (Last, First, Middle Initial)
 Mailing Address 4545 N Glebe Rd
 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 **416.70**

Date of Receipt **05 / 23 / 2016**
Transaction ID : 5716F651ADDC8F6C9C4
 Amount of Each Receipt this Period **41.67**
 Memo Item

C. Paul Kidwell
 Full Name (Last, First, Middle Initial)
 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 Federation of American Hospitals Occupation Vice President, Policy
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **239.00**

Date of Receipt **05 / 03 / 2016**
Transaction ID : 16D00418E29FBA7C4E4
 Amount of Each Receipt this Period **21.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **104.34**
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 14 OF 28
<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. Paul Kidwell
Full Name (Last, First, Middle Initial)

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 Occupation
Federation of American Hospitals Vice President, Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
239.00

Date of Receipt
05 / 23 / 2016
Transaction ID : 47C126D5D48C2016548

Amount of Each Receipt this Period
21.00

Memo Item

B. William M Kimbrough
Full Name (Last, First, Middle Initial)

Mailing Address 6520 Edinburgh Dr

City Nashville State TN Zip Code 37221-3700

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

Name of Employer Occupation
HCA, Inc. VP Investor Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
05 / 12 / 2016
Transaction ID : ABEFD56BD5B47A9AC31

Amount of Each Receipt this Period
500.00

Memo Item

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

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 Occupation
HCA, Inc. Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
05 / 03 / 2016
Transaction ID : 90241E0A873F2DE005D

Amount of Each Receipt this Period
2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 3021.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 28
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Peter Marmorstein		Date of Receipt
Mailing Address 640 Ponce De Leon Blvd		<input type="text" value="05"/> / <input type="text" value="12"/> / <input type="text" value="2016"/>
City	State	Zip Code
Belleair	FL	33756-1086
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : BF5C9C26AB98D0157F8
Name of Employer	Occupation	Amount of Each Receipt this Period
HCA, Inc.	President -- West Florida Div.	<input type="text" value="1500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	<input type="checkbox"/> Memo Item
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dennis McGuffie		Date of Receipt
Mailing Address 3504 Caleche Court		<input type="text" value="05"/> / <input type="text" value="03"/> / <input type="text" value="2016"/>
City	State	Zip Code
Plano	TX	75023-5820
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C14C2C6A458932BDD53
Name of Employer	Occupation	Amount of Each Receipt this Period
Tenet Healthcare Corporation	VP Audit Services	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	<input type="checkbox"/> Memo Item
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Lynn Mergen		Date of Receipt
Mailing Address 8801 South 101st East Ave		<input type="text" value="05"/> / <input type="text" value="24"/> / <input type="text" value="2016"/>
City	State	Zip Code
Tulsa	OK	74133
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 705C05CB-DA5E-4936-
Name of Employer	Occupation	Amount of Each Receipt this Period
Hillcrest Hospital South	Hospital Administrator	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	<input type="checkbox"/> Memo Item
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2500.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 28
	<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. marc miller
Full Name (Last, First, Middle Initial)

Mailing Address 838 summit rd

City penn valley State PA Zip Code 19072

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

Name of Employer Universal Health Services Inc. Occupation healthcare

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 / 26 / 2016

Transaction ID : 5FEFFFC7-2B43-49C1-

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 3818 Winrock Dr

City Laredo State TX Zip Code 78045

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 ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 25 / 2016

Transaction ID : CBBBA6D1-6B97-4DA0-

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 5413 E 110th St

City Tulsa State OK Zip Code 74137

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

Name of Employer AHS Oklahoma Physician Group, LLC 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 / 23 / 2016

Transaction ID : DD136166-CF00-400D-

Amount of Each Receipt this Period
500.00

Memo Item

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

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

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

FOR LINE NUMBER: PAGE 17 OF 28
(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

Full Name (Last, First, Middle Initial)
A. Kevin Nowak

Mailing Address 2640 S Trenton Avenue

City State Zip Code
Tulsa OK 74114

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

Name of Employer Occupation
Oklahoma Heart Institute Hospital Health Care Administration

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
05 / 25 / 2016

Transaction ID : **DD577C23-0D38-42F6-**

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address 3209 Woodlawn Drive

City State Zip Code
Nashville TN 37215

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

Name of Employer Occupation
HCA Chief Information Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
MM / DD / YYYY
05 / 03 / 2016

Transaction ID : **A89023BA-BB7B-4DC5-**

Amount of Each Receipt this Period
2500.00

Memo Item

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

Mailing Address 701 Princeton Ave SW

City State Zip Code
Birmingham AL 35211

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

Name of Employer Occupation
Princeton Baptist Medical Center Healthcare CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2016

Transaction ID : **66259EB1-5F78-40B7-**

Amount of Each Receipt this Period
500.00

Memo Item

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: PAGE 18 OF 28
(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. Tim Puthoff

Mailing Address 710 Cypress Creek Parkway

City Houston State TX Zip Code 77090-3496

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

Name of Employer Houston Northwest Medical Center Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 24 / 2016
Transaction ID : B3335D46-FB59-4AFE-

Amount of Each Receipt this Period 500.00

Memo Item

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

Mailing Address 16772 Rio Red

City Harlingen State TX Zip Code 78552

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

Name of Employer Valley Baptist Medical Center - Harlin Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 15 / 2016
Transaction ID : 0E62DB93-E6C5-47AC-

Amount of Each Receipt this Period 500.00

Memo Item

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

Mailing Address One Park Plaza

City Nashville State TN Zip Code 37203

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

Name of Employer HCA Occupation Controller

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 22 / 2016
Transaction ID : CD0D7372-AEC5-4F04-

Amount of Each Receipt this Period 500.00

Memo Item

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 19 OF 28
(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. Dee Renshaw

Mailing Address 1507 S Woodland Dr

City Okmulgee State OK Zip Code 74447

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

Name of Employer Hillcrest Hospital Henryetta Occupation 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 / 2016
Transaction ID : EEC9B020-9EB8-462F-

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address 1880 Massachusetts Ave

City Mclean State VA Zip Code 22101

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

Name of Employer George Washington University Hospital Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2016
Transaction ID : 471EDCD9-A741-421F-

Amount of Each Receipt this Period
1250.00

Memo Item

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

Mailing Address 9427 Weatherly Dr

City Brentwood State TN Zip Code 37027

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

Name of Employer HCA Occupation CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 04 / 2016
Transaction ID : 8D6BB337-ED86-4EFA-

Amount of Each Receipt this Period
5000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 6550.00

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 20 OF 28
(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

Full Name (Last, First, Middle Initial)
A. Richard Shallcross

Mailing Address 2614 Hemingway Dr

City Nashville State TN Zip Code 37215

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

Name of Employer Occupation
HCA CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
05 / 25 / 2016
Transaction ID : BEA6D646-7992-4F1C-

Amount of Each Receipt this Period
2000.00

Memo Item

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

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 Occupation
Federation of American Hospitals Vice President, Legislation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
05 / 23 / 2016
Transaction ID : 3373E7341229A110470

Amount of Each Receipt this Period
21.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Joe A. Sowell III

Mailing Address 2501 Belmont Blvd

City Nashville State TN Zip Code 37212-5505

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

Name of Employer Occupation
HCA, Inc. Chief of Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
05 / 12 / 2016
Transaction ID : 6908887F4BBE4931131

Amount of Each Receipt this Period
2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 4521.00

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

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

A. Steve Speil
Full Name (Last, First, Middle Initial)
Mailing Address 1948 Rockingham St
City McLean State VA Zip Code 22101-4922
FEC ID number of contributing federal political committee. **C**
Name of Employer FAH Occupation Executive Vice President, Policy
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1041.70

Date of Receipt 05 / 03 / 2016
Transaction ID : **2816F87AA5D4A4ED131**
Amount of Each Receipt this Period 104.17
 Memo Item

B. Steve Speil
Full Name (Last, First, Middle Initial)
Mailing Address 1948 Rockingham St
City McLean State VA Zip Code 22101-4922
FEC ID number of contributing federal political committee. **C**
Name of Employer FAH Occupation Executive Vice President, Policy
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1041.70

Date of Receipt 05 / 23 / 2016
Transaction ID : **3BBD5F4366E7A438744**
Amount of Each Receipt this Period 104.17
 Memo Item

C. George Sprinkel
Full Name (Last, First, Middle Initial)
Mailing Address George Washington University Hospi
900 23rd Street NW
City Washington State DC Zip Code 20037
FEC ID number of contributing federal political committee. **C**
Name of Employer George Washington University Hospital Occupation Chief Financial Officer
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 05 / 25 / 2016
Transaction ID : **BF85B632-4FF5-4BA9-**
Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 458.34
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 23 OF 28
	<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. robert waterman
Full Name (Last, First, Middle Initial)

Mailing Address 1 Park Plz

City Nashville State TN Zip Code 37203-6527

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

Name of Employer HCA Occupation attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 03 / 2016

Transaction ID : 12BCAF149F2AC494B52

Amount of Each Receipt this Period
 3000.00

Memo Item

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

Mailing Address 821 Forest Hills Drive

City Nashville State TN Zip Code 37220

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

Name of Employer HCA Occupation 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 / 16 / 2016

Transaction ID : C1F32457-A33D-4FD2-

Amount of Each Receipt this Period
 500.00

Memo Item

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

Mailing Address 4604 Ashville

City Amarillo State TX Zip Code 79119

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

Name of Employer Ardent Health Services Occupation President/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 / 14 / 2016

Transaction ID : FE2BEB4D-FE14-4AF8-

Amount of Each Receipt this Period
 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	4000.00
TOTAL This Period (last page this line number only).....▶	40142.18

**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 24 OF 28
<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. Wells Fargo
Full Name (Last, First, Middle Initial)
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 Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3280.04

Date of Receipt 05 / 12 / 2016
Transaction ID : 593A446B8D0745439BBA
Amount of Each Receipt this Period 358.34
 Memo Item
Reimbursement of Bank Fees

B. Wells Fargo
Full Name (Last, First, Middle Initial)
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 Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3280.04

Date of Receipt 05 / 12 / 2016
Transaction ID : F9CC03670C9D4175B360
Amount of Each Receipt this Period 1162.45
 Memo Item
Reimbursement of Bank Fees

C. Wells Fargo
Full Name (Last, First, Middle Initial)
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 Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3280.04

Date of Receipt 05 / 27 / 2016
Transaction ID : DD6BFA83B6324D9EA669
Amount of Each Receipt this Period 288.91
 Memo Item
Reimbursement of Bank Fees

SUBTOTAL of Receipts This Page (optional).....	1809.70
TOTAL This Period (last page this line number only).....	1809.70

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Wells Fargo

Mailing Address 801 Pennsylvania Ave. NW

City Washington State DC Zip Code 20004

Purpose of Disbursement
PayPal Fee

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 01 / 2016

Transaction ID : A8CABED728902EC0098

Amount of Each Disbursement this Period

152.85

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
American Express Fee

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 20 / 2016

Transaction ID : 15B996780A27CDE7EA8

Amount of Each Disbursement this Period

288.91

Memo Item

Full Name (Last, First, Middle Initial)

C. Wells Fargo

Mailing Address 801 Pennsylvania Ave. NW

City Washington State DC Zip Code 20004

Purpose of Disbursement
PayPal Fee

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 31 / 2016

Transaction ID : 1A3D1002C603CA6F4A6

Amount of Each Disbursement this Period

403.64

Memo Item

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

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

845.40

845.40

**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. America Works PAC

Mailing Address PO Box 15293

City Washington State DC Zip Code 20003

Purpose of Disbursement
2016 Contribution

011

Category/
Type

Candidate Name

America Works PAC

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 13 / 2016

Transaction ID : **88FD31CA90CFE169283**

Amount of Each Disbursement this Period

3500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Debbie Wasserman Schultz for Congress

Mailing Address 1071 Twin Branch Ln

City Weston State FL Zip Code 33326

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

Debbie Wasserman Schultz

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) Contribution

State: FL District: 23

Date of Disbursement

MM / DD / YYYY
05 / 27 / 2016

Transaction ID : **4B9E2C45918278D16DB**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. George Holding for Congress Inc.

Mailing Address PO Box 97187

City Raleigh State NC Zip Code 27624

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

George Edward Bell Holding

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) Contribution

State: NC District: 02

Date of Disbursement

MM / DD / YYYY
05 / 27 / 2016

Transaction ID : **CEA0965845AB6E5FDB9**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

7000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Great Lakes PAC

Mailing Address 700 13th Street NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
2016 Contribution

011

Category/
Type

Candidate Name

Great Lakes PAC

Office Sought: House
 Senate
 President

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

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 13 / 2016

Transaction ID : 819B7BBDC83CB57D59D

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Julia Brownley for Congress

Mailing Address PO Box 2018

City Thousand Oaks State CA Zip Code 91358

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

Julia Brownley

Office Sought: House
 Senate
 President

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

State: CA District: 26

Date of Disbursement

MM / DD / YYYY
05 / 24 / 2016

Transaction ID : 2B8F001C993836148F6

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. McHenry for Congress

Mailing Address PO Box 2165

City Gastonia State NC Zip Code 28053-2165

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

Patrick Timothy McHenry

Office Sought: House
 Senate
 President

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

State: NC District: 10

Date of Disbursement

MM / DD / YYYY
05 / 13 / 2016

Transaction ID : 28DD22460D23219561A

Amount of Each Disbursement this Period

1000.00

Memo Item

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

7000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Rob Wittman for Congress

Mailing Address PO Box 999

City Montross State VA Zip Code 22520

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

Robert Joseph Wittman

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: VA District: 01

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 12 / 2016

Transaction ID : 99E9FFFAAEAB701CE0

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

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

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