

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 12 01 2009 through 12 31 2009

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

Type or Print Name of Treasurer Mrs. Karen Conwell Smith

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

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

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

A. Form/Schedule : **F3XA**

Transaction ID :

This amended report reflects a material change to our original report filed on January 29th. The change reflected is the result of legal guidance FedPAC received that the contribution from Keith Pitts for \$5,000 should be reported in the report covering January 2010 instead of the December 2009 report.

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
FEDERATION OF AMERICAN HOSPITALS PAC

Report Covering the Period: From:

M	M
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		16586.60
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	27478.34									
(c) Total Receipts (from Line 19)	27623.34	364220.10								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	55101.68	380806.70								
7. Total Disbursements (from Line 31)	21706.24	347411.26								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	33395.44	33395.44								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
FEDERATION OF AMERICAN HOSPITALS PAC

Report Covering the Period: From:

M	M
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	16958.34	249563.40
(ii) Unitemized	625.00	59416.68
(iii) TOTAL (add Lines 11(a)(i) and (ii)	17583.34	308980.08
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	4000.00	35500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	21583.34	344480.08
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	6000.00	8000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	40.00	11740.02
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	27623.34	364220.10
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	27623.34	364220.10

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20000.00	333963.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	1706.24	13448.26
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	21706.24	347411.26
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21706.24	347411.26

DETAILED SUMMARY PAGE
of Disbursements

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)	21583.34	344480.08
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	21583.34	344480.08
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 29
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Mr. Michael J. Bierman, Jr.

Mailing Address 18 Center Court

City State Zip Code
Rockwall TX 75032-5999

FEC ID number of contributing federal political committee. C

Name of Employer Tenet Healthcare Corporation
Occupation VP - Managed Care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 08 / 2009

Transaction ID: 32640774

Amount of Each Receipt this Period
500.00

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

Mailing Address 3603 Tekoa Cove

City State Zip Code
Austin TX 78746-1648

FEC ID number of contributing federal political committee. C

Name of Employer Tenet Healthcare Corporation
Occupation VP, Clinical Operations & Nursing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 08 / 2009

Transaction ID: 32640775

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr. Doug Rabe

Mailing Address 9923 Capridge Drive

City State Zip Code
Dallas TX 75238

FEC ID number of contributing federal political committee. C

Name of Employer Tenet Healthcare Corporation
Occupation VP - Taxation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 08 / 2009

Transaction ID: 32640776

Amount of Each Receipt this Period
500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 29
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Mr. Michael P. Halter

Mailing Address 111 Righters Mill Road

City Narberth State PA Zip Code 19072-1312

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

Name of Employer Tenet Healthcare Corporation Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
12 / 08 / 2009

Transaction ID: 32640778

Amount of Each Receipt this Period 500.00

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

Mailing Address 15126 Ferdinand Drive

City Dallas State TX Zip Code 75248-6437

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

Name of Employer Tenet Healthcare Corporation Occupation Healthcare Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
12 / 08 / 2009

Transaction ID: 32640860

Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Mr. Ken Mullins

Mailing Address 10101 French Springs Road

City Lakeland State TN Zip Code 38002-8425

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

Name of Employer Saint Francis Hospital Bartlett Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
12 / 08 / 2009

Transaction ID: 32640861

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 29
	<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.	Full Name (Last, First, Middle Initial) Mr. Manuel Linares		Date of Receipt	
	Mailing Address 7710 Center Bay Drive		M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: 32640862
	Miami	FL	33150	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer North Shore Medical Center		Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

B.	Full Name (Last, First, Middle Initial) Ricky Johnston		Date of Receipt	
	Mailing Address 404 N. Church St.		M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: 32641140
	McKinney	TX	75069	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer Tenet Healthcare Corporation		Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

C.	Full Name (Last, First, Middle Initial) Candace L Markwith		Date of Receipt	
	Mailing Address 980 Isabella Way		M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: 32641141
	San Luis Obispo	CA	93405-6186	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer Sierra Vista Regional Medical Center		Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 29

(check only one)

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

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

A.

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

Mailing Address 1001 Saranac Park

City State Zip Code
Peachtree City GA 30269-1274

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

Name of Employer Occupation
Atlanta Medical Center COO

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

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 8 / 2 0 0 9

Transaction ID: 32641142

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Mr. Rick Lyons

Mailing Address 1100 Las Tablas Road

City State Zip Code
Templeton CA 93465

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

Name of Employer Occupation
Twin Cities Community Hospital 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
1 2 / 0 8 / 2 0 0 9

Transaction ID: 32641143

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Mr. Larry Coomes

Mailing Address 7464 NW 114th Terrace

City State Zip Code
Parkland FL 33076-4244

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

Name of Employer Occupation
West Boca Medical Center COO

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

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 8 / 2 0 0 9

Transaction ID: 32641144

Amount of Each Receipt this Period

250.00

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: PAGE 11 / 29
(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 (Last, First, Middle Initial)
Mr. Lloyd Mencinger

Mailing Address 1445 Ross Avenue, Suite 1400

City State Zip Code
Dallas TX 75202-2703

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

Name of Employer Tenet Healthcare Corporation
Occupation SVP, Business Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
12 / 08 / 2009

Transaction ID: 32641148

Amount of Each Receipt this Period
1000.00

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

Mailing Address 1256 Kensington Rd

City State Zip Code
McLean VA 22101

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

Name of Employer FAH
Occupation Vice President Legislation & Public Af

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 989.00

Date of Receipt
MM / DD / YYYY
12 / 18 / 2009

Transaction ID: 32812002

Amount of Each Receipt this Period
43.00

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

Mailing Address 4927 15th Street, North

City State Zip Code
Arlington VA 22205-2616

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

Name of Employer FAH
Occupation Lobbyist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 966.00

Date of Receipt
MM / DD / YYYY
12 / 18 / 2009

Transaction ID: 32812004

Amount of Each Receipt this Period
42.00

SUBTOTAL of Receipts This Page (optional) ► **1085.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 29
(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)
Charles N. Kahn, III

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 ▼ 958.41

Date of Receipt 12 / 18 / 2009

Transaction ID: 32812005

Amount of Each Receipt this Period 41.67

B.

Full Name (Last, First, Middle Initial)
Bonnie Money Penny

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 ▼ 805.00

Date of Receipt 12 / 18 / 2009

Transaction ID: 32812006

Amount of Each Receipt this Period 35.00

C.

Full Name (Last, First, Middle Initial)
Jeffrey G. Micklos

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 ▼ 690.00

Date of Receipt 12 / 18 / 2009

Transaction ID: 32812007

Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional) ► 106.67

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 29
(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)
Frank J Battafarano

Mailing Address 2700 Little Hills Lane

City State Zip Code
Anchorage KY 40223

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

Name of Employer Kindred Healthcare Inc Occupation President Hospital Division

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: 32812694

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Ms. Debbie Walsh

Mailing Address 516 Galleon Way

City State Zip Code
Seal Beach CA 90740-5939

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

Name of Employer Fountain Valley Regional Hospital 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
1 2 / 1 6 / 2 0 0 9

Transaction ID: 32812695

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Ms. Janie Sinacore-Jaberg

Mailing Address 4137 Colonel Vanderhorst Circle

City State Zip Code
Mount Pleasant SC 29466-8037

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

Name of Employer East Cooper Regional Medical Center Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: 32812696

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **1800.00**

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 14 / 29

(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)
Ms. Gwen Bonner

Mailing Address 2176 Coathbridge

City State Zip Code
Germantown TN 38139-5432

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

Name of Employer Occupation
Saint Francis Hospital Bartlett COO

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

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: 32812697

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Crystal L. Haynes

Mailing Address 3924 Flora Place

City State Zip Code
St. Louis MO 63110

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

Name of Employer Occupation
St. Louis University Hospital Chief Executive Officer

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

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: 32812698

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Gary Sloan

Mailing Address 3246 Banff Drive

City State Zip Code
Fairfield CA 94534

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

Name of Employer Occupation
Tenet Healthcare Corporation CEO

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

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: 32812699

Amount of Each Receipt this Period

500.00

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: PAGE 15 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Rodney A Reasoner

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 Tenet Healthcare Corporation
Occupation VP Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	6	/	2	0	0	9

Transaction ID: 32812700

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. Mark T. Oneil, Jr.

Mailing Address 20 Sea Lane

City State Zip Code
Hilton Head SC 29928-5268

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

Name of Employer Hilton Head Regional Health Care
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
1	2	/	1	5	/	2	0	0	9

Transaction ID: 32812705

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr. Joe Gage

Mailing Address 3679 Corkwood Drive

City State Zip Code
Frisco TX 75034-1386

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

Name of Employer Tenet Healthcare Corporation
Occupation VP Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	8	/	2	0	0	9

Transaction ID: 32812929

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 29

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mr. Evan Ray

Mailing Address 1823 Hall Point Road

City State Zip Code
Mount Pleasant SC 29466-9342

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

Name of Employer Occupation
East Cooper Regional Medical Center COO

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

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 9

Transaction ID: 32812930

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 1805 Longwood Court

City State Zip Code
Allen TX 75013-3074

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

Name of Employer Occupation
Tenet Healthcare Corporation Executive

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

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 9

Transaction ID: 32812931

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 50 Biscayne Drive NW
#6109

City State Zip Code
Atlanta GA 30309-1070

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

Name of Employer Occupation
Coastal Carolina Hospital CEO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 275.00

Date of Receipt

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

Transaction ID: 32827643

Amount of Each Receipt this Period
275.00

SUBTOTAL of Receipts This Page (optional) ▶

1275.00

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 / 29
(check only one)

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

A. Full Name (Last, First, Middle Initial)
Mr. William T. Moore

Mailing Address 3014 Castle Pines Drive

City State Zip Code
Duluth GA 30097

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

Name of Employer Occupation
Atlanta Medical Center Hospital 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
1 2 / 2 2 / 2 0 0 9

Transaction ID: 32827644

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mrs. Karolee Sowle

Mailing Address 17 Mission Court

City State Zip Code
Rancho Mirage CA 92270-1309

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

Name of Employer Occupation
Desert Regional Medical Center CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 32827645

Amount of Each Receipt this Period
500.00

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

Mailing Address 1948 Rockingham Street

City State Zip Code
McLean VA 22101-4922

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

Name of Employer Occupation
FAH Chief Financial Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 32827650

Amount of Each Receipt this Period
1500.00

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 29
(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)
Samantha Burch

Mailing Address 437 New York Avenue NW
#304

City Washington State DC Zip Code 20001-4628

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

Name of Employer FAH Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
12 / 22 / 2009

Transaction ID: 32830327

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Alexander Mullineaux

Mailing Address 5726 5th Street NW

City Washington State DC Zip Code 20011-2135

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

Name of Employer FAH Occupation Director, Public Affairs and Political

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
12 / 22 / 2009

Transaction ID: 32830328

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Karen Conwell Smith

Mailing Address 155 Barrett Place

City Alexandria State VA Zip Code 22304-7763

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

Name of Employer FAH Occupation VP, Legislation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
12 / 22 / 2009

Transaction ID: 32830329

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 29
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mr. G. Scott Manis

Mailing Address 3305 Stone Brook Drive

City Richardson State TX Zip Code 75082-3667

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

Name of Employer Doctors Hospital at White Rock Lake Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 22 / 2009

Transaction ID: 32830330

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
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 ▼ 1032.00

Date of Receipt 12 / 30 / 2009

Transaction ID: 32988456

Amount of Each Receipt this Period 43.00

C.

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

Mailing Address 4927 15th Street, North

City 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 ▼ 1008.00

Date of Receipt 12 / 30 / 2009

Transaction ID: 32988457

Amount of Each Receipt this Period 42.00

SUBTOTAL of Receipts This Page (optional) ▶ **335.00**

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 / 29
(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)
Charles N. Kahn, III

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 ▼ 1000.08

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 32988458

Amount of Each Receipt this Period
41.67

B.

Full Name (Last, First, Middle Initial)
Bonnie Money Penny

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 ▼ 840.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 32988459

Amount of Each Receipt this Period
35.00

C.

Full Name (Last, First, Middle Initial)
Jeffrey G. Micklos

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 ▼ 720.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: 32988460

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional)	106.67
TOTAL This Period (last page this line number only)	16958.34

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 21 / 29	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Federation of American Hospitals - FEE REIMBURSEME		Date of Receipt
	Mailing Address 801 Pennsylvania Ave., NW Suite 245		<input type="text" value="12"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Washington	DC	20004
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="11740.02"/>	Transaction ID: 32640779
			Amount of Each Receipt this Period <input type="text" value="40.00"/>
			Bank Fee Reimbursement

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="40.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="40.00"/>

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

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

FOR LINE NUMBER: PAGE 22 / 29

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Committee for the Preservation of Capitalism (CPC)

Mailing Address PO Box 65314

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00328468

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

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

Transaction ID: 32812760

Amount of Each Receipt this Period

5000.00

Refund of Contribution Made on 9/16/2009

B.

Full Name (Last, First, Middle Initial)
Mary Bono Mack Committee

Mailing Address PO Box 3370

City State Zip Code
Palm Springs CA 92263

FEC ID number of contributing federal political committee. **C** C00332890

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

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

Transaction ID: 32823603

Amount of Each Receipt this Period

1000.00

Refund of Contribution Made on 9/16/2009

SUBTOTAL of Receipts This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 / 29
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Kindred Healthcare, Inc. PAC		Date of Receipt
	Mailing Address 680 S. 4th Street		<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Louisville	KY	40202-2407
	FEC ID number of contributing federal political committee.		<input type="text" value="C00242271"/>
Name of Employer		Occupation	Transaction ID: 32988545
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="4000.00"/>	<input type="text" value="4000.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="4000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="4000.00"/>

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

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

A.	Full Name (Last, First, Middle Initial) Making Business Excel PAC	Transaction ID: 32691595 Date of Disbursement
	Mailing Address PO Box 3241	<input type="text" value="12"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Cheyenne State WY Zip Code 82003	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Denali PAC	Transaction ID: 32691596 Date of Disbursement
	Mailing Address 900 19th Street NW 8th Floor	<input type="text" value="12"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Washington State DC Zip Code 20006	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Denali PAC	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Citizens For Altmire	Transaction ID: 32691597 Date of Disbursement
	Mailing Address P.O. Box 1776	<input type="text" value="12"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Freedom State PA Zip Code 15042	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Mr. Jason Altmire	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Mike Ross For Congress Committee	Transaction ID: 32691649 Date of Disbursement
	Mailing Address PO Box 360	<input type="text" value="12"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Prescott State AR Zip Code 71857	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2000.00"/>
	Candidate Name Rep. Michael Avery Ross	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Bennett Election Committee Inc	Transaction ID: 32691651 Date of Disbursement
	Mailing Address 175 South West Temple Suite 650	<input type="text" value="12"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Salt Lake City State UT Zip Code 84101	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1500.00"/>
	Candidate Name Sen. Robert F. Bennett	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends Of Dan Maffei	Transaction ID: 32691711 Date of Disbursement
	Mailing Address PO Box 74	<input type="text" value="12"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Syracuse State NY Zip Code 13214	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Mr. Daniel Maffei	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Adler For Congress	Transaction ID: 32691712 Date of Disbursement 12 / 16 / 2009
	Mailing Address 14 Knightswood Drive	Amount of Each Disbursement this Period 500.00
	City Marlton State NJ Zip Code 08053	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. John Adler	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends Of John Boehner	Transaction ID: 32827622 Date of Disbursement 12 / 22 / 2009
	Mailing Address 7908 Cincinnati Dayton Road Suite I	Amount of Each Disbursement this Period 2500.00
	City West Chester State OH Zip Code 45069	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. John A. Boehner	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Hawkeye PAC	Transaction ID: 32827623 Date of Disbursement 12 / 22 / 2009
	Mailing Address PO Box 7255	Amount of Each Disbursement this Period 1500.00
	City Des Moines State IA Zip Code 50309	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	4500.00
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

A.	Full Name (Last, First, Middle Initial) New Pioneers PAC	Transaction ID: 32827625 Date of Disbursement
	Mailing Address 228 S Washington Street Ste 115	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/>
	City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) TRUST PAC	Transaction ID: 32827628 Date of Disbursement
	Mailing Address 104 Hume Ave.	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/>
	City Alexandria State VA Zip Code 22301	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Geoff Davis For Congress	Transaction ID: 32827630 Date of Disbursement
	Mailing Address 3161 Dixie Highway Suite F	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/>
	City Erlanger State KY Zip Code 41018	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1500.00"/>
	Candidate Name Rep. Geoffrey Davis	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Richard Burr Committee; The Mailing Address Post Office Box 5928 City Winston-Salem State NC Zip Code 27113 Purpose of Disbursement Candidate Name Sen. Richard M. Burr Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2007 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District:	Transaction ID: 32827635 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) National Republican Senatorial Committee Mailing Address The Ronald Reagan Republican Cente 425 Second Street NE City Washington State DC Zip Code 20002 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 32851812 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 9	Amount of Each Disbursement this Period 5000.00
C.	Full Name (Last, First, Middle Initial) Michael Burgess For Congress Mailing Address PO Box 2334 City Denton State TX Zip Code 76202 Purpose of Disbursement Void - Michael Burgess For Congress Candidate Name Rep. Michael C. Burgess, M.D. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 26	Transaction ID: 33182081 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 9	Amount of Each Disbursement this Period -1500.00 Void - Michael Burgess For Congress

SUBTOTAL of Disbursements This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	2000.00

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

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

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

A.

Full Name (Last, First, Middle Initial)

Wachovia Bank

Mailing Address 801 Pennsylvania Ave, NW

City Washington State DC Zip Code 20004

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 32811413

Date of Disbursement

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

Amount of Each Disbursement this Period

1706.24

001
Category/ Type

SUBTOTAL of Disbursements This Page (optional)

1706.24

TOTAL This Period (last page this line number only)

1706.24