

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 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, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special, Runoff (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 03 01 2011 through 03 31 2011

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 04 20 2011

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

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

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
FEDERATION OF AMERICAN HOSPITALS PAC

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		13504.68
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period .....	16674.46									
(c) Total Receipts (from Line 19) .....	61516.44	82766.22								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	78190.90	96270.90								
7. Total Disbursements (from Line 31) .....	69040.00	87120.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	9150.90	9150.90								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
FEDERATION OF AMERICAN HOSPITALS PAC

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	1

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) .....	50317.44	50486.54
(ii) Unitemized .....	1159.00	2159.68
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	51476.44	52646.22
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	10000.00	30000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	61476.44	82646.22
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.) .....	40.00	120.00
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)) .....	61516.44	82766.22
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	61516.44	82766.22

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.....	69000.00	87000.00
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.....	40.00	120.00
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))..	69040.00	87120.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	69040.00	87120.00

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) .....	61476.44	82646.22
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	61476.44	82646.22
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 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	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mrs. Carolyn Jackson	Date of Receipt MM / DD / YYYY 03 / 11 / 2011
	Mailing Address 1390 Whitney Lakes Drive	<b>Transaction ID:</b> 39249653
	City State Zip Code Rockwall TX 75087-2473	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Lake Pointe Medical Center	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Jeff Eller	Date of Receipt MM / DD / YYYY 03 / 11 / 2011
	Mailing Address 98 San Jacinto NO 900	<b>Transaction ID:</b> 39249654
	City State Zip Code Austin TX 78701	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Tenet Healthcare Corporation	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Rachel A Seifert	Date of Receipt MM / DD / YYYY 03 / 11 / 2011
	Mailing Address 3624 Rainbow Place	<b>Transaction ID:</b> 39249655
	City State Zip Code Nashville TN 37204-3821	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Community Health Systems, Inc	Occupation Senior Vice President & General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1750.00
<b>TOTAL</b> 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 / 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Kelvin A. Baggett	Date of Receipt MM / DD / YYYY 03 / 16 / 2011
	Mailing Address 5721 Edmondson Pike Apt. 205	<b>Transaction ID:</b> 39249672
	City Nashville State TN Zip Code 37211-6486	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Tenet Healthcare Corporation Occupation SVP and Chief Medical Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Daniel R. Waldmann	Date of Receipt MM / DD / YYYY 03 / 16 / 2011
	Mailing Address 2001 19th St., NW #5	<b>Transaction ID:</b> 39249673
	City Washington State DC Zip Code 20009-1343	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Tenet Healthcare Corporation Occupation Vice President, Government Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Trevor Fetter	Date of Receipt MM / DD / YYYY 03 / 16 / 2011
	Mailing Address 3821 Beverly Drive	<b>Transaction ID:</b> 39249674
	City Highland Park State TX Zip Code 75205	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Tenet Healthcare Corporation Occupation President and CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	6500.00
<b>TOTAL</b> 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 / 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**

**A.** 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 ▼ **215.00**

Date of Receipt MM / DD / YYYY  
**03 / 15 / 2011**

**Transaction ID: 39418317**

Amount of Each Receipt this Period **43.00**

**B.** 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 ▼ **210.00**

Date of Receipt MM / DD / YYYY  
**03 / 15 / 2011**

**Transaction ID: 39418318**

Amount of Each Receipt this Period **42.00**

**C.** Full Name (Last, First, Middle Initial)  
Charles N. Kahn, III

Mailing Address 4545 N Glebe Road

City State Zip Code  
**Arlington VA 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 ▼ **208.35**

Date of Receipt MM / DD / YYYY  
**03 / 15 / 2011**

**Transaction ID: 39418319**

Amount of Each Receipt this Period **41.67**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **126.67**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Jeffrey G. Micklos	Date of Receipt MM / DD / YYYY 03 / 15 / 2011
	Mailing Address 3130 Tennyson St., N.W.	<b>Transaction ID:</b> 39418320
	City State Zip Code Washington DC 20015	Amount of Each Receipt this Period 55.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer FAH Occupation General Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 245.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Steve Speil	Date of Receipt MM / DD / YYYY 03 / 15 / 2011
	Mailing Address 1948 Rockingham Street	<b>Transaction ID:</b> 39418323
	City State Zip Code McLean VA 22101-4922	Amount of Each Receipt this Period 84.55
	FEC ID number of contributing federal political committee. C	
	Name of Employer FAH Occupation Chief Financial Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 393.65	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Stephen L. Newman	Date of Receipt MM / DD / YYYY 03 / 25 / 2011
	Mailing Address 11034 Tibbs Street	<b>Transaction ID:</b> 39418330
	City State Zip Code Dallas TX 75230-3450	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Tenet Healthcare Corporation Occupation COO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>5139.55</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 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.**

Full Name (Last, First, Middle Initial)  
Juan Vallarino

Mailing Address 513 Sandpiper Circle

City Nashville State TN Zip Code 37221

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

Name of Employer HCA, Inc. Occupation VP Managed Care

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 03 / 25 / 2011

Transaction ID: 39418332

Amount of Each Receipt this Period 2500.00

**B.**

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

Mailing Address 1100 Las Tablas Road

City Templeton State CA Zip Code 93465

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

Name of Employer Twin Cities Community Hospital Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 25 / 2011

Transaction ID: 39418333

Amount of Each Receipt this Period 500.00

**C.**

Full Name (Last, First, Middle Initial)  
Vic Campbell

Mailing Address 1307 Chickering Road

City Nashville State TN Zip Code 37215

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

Name of Employer HCA, Inc. Occupation Senior Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 25 / 2011

Transaction ID: 39418334

Amount of Each Receipt this Period 5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 8000.00

**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 / 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

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Richard M. Bracken

Mailing Address 920 Tyne Blvd.

City State Zip Code  
Nashville TN 37220

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

Name of Employer Occupation  
HCA, Inc. President & Chief Operating Officer

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 25 / 2011

Transaction ID: 39418335

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Justin Riley Hunter

Mailing Address 5221 42nd Street NW

City State Zip Code  
Washington DC 20015-1931

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

Name of Employer Occupation  
HEALTHSOUTH Corporation Government Relations

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 23 / 2011

Transaction ID: 39418383

Amount of Each Receipt this Period

750.00

**C.**

Full Name (Last, First, Middle Initial)  
Jay Grinney

Mailing Address 3179 Overhill Road

City State Zip Code  
Mountain Brook AL 35223

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

Name of Employer Occupation  
HEALTHSOUTH Corporation CEO

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 2500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 23 / 2011

Transaction ID: 39418384

Amount of Each Receipt this Period

2500.00

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

8250.00

**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 / 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

**A.**

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

Mailing Address P.O. Box 36689

City State Zip Code  
Albuquerque NM 87176-6689

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

Name of Employer Lovelace Sandia Health Systems  
Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2011

**Transaction ID:** 39418385

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mark J Tarr

Mailing Address 1039 Williams Terrace

City State Zip Code  
Birmingham AL 35242

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

Name of Employer HEALTHSOUTH Corporation  
Occupation Hospital Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2011

**Transaction ID:** 39418387

Amount of Each Receipt this Period  
750.00

**C.**

Full Name (Last, First, Middle Initial)  
William Paul Rutledge

Mailing Address 9156 Saddlebow Drive

City State Zip Code  
Brentwood TN 37027

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

Name of Employer HCA, Inc.  
Occupation Group President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2011

**Transaction ID:** 39418388

Amount of Each Receipt this Period  
3000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4000.00**

**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 13 / 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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Douglas E. Coltharp

Mailing Address 2736 Abingdon Road

City State Zip Code  
Mountain Brk AL 35243-1704

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

Name of Employer Occupation  
HEALTHSOUTH Corporation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2011

**Transaction ID:** 39418389

Amount of Each Receipt this Period  
750.00

**B.** Full Name (Last, First, Middle Initial)  
Russell K Harms

Mailing Address 1130 Frenchtown Lane

City State Zip Code  
Franklin TN 37067

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

Name of Employer Occupation  
HCA, Inc. Healthcare Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2011

**Transaction ID:** 39460800

Amount of Each Receipt this Period  
2500.00

**C.** 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 ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2011

**Transaction ID:** 39460801

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3500.00**

**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 / 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

**A.** Full Name (Last, First, Middle Initial)  
Donald W Stinnett

Mailing Address 2520 Waterstone Drive

City State Zip Code  
Franklin TN 37069

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

Name of Employer Occupation  
HCA, Inc. Division CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2011

**Transaction ID:** 39460802

Amount of Each Receipt this Period  
2500.00

**B.** 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 Occupation  
Tenet Healthcare Corporat- VP Finance  
ion

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2011

**Transaction ID:** 39460804

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
D. Strawn Steele

Mailing Address 4201 Loma Alto Drive  
#114

City State Zip Code  
Dallas TX 75219-1511

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

Name of Employer Occupation  
Tenet Healthcare Corporat- VP  
ion

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2011

**Transaction ID:** 39460809

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3500.00

**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 / 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

**A.** Full Name (Last, First, Middle Initial)  
Joe N Steakley  
Mailing Address 1012 Tyne Blvd.  
City Nashville State TN Zip Code 37220-1027  
FEC ID number of contributing federal political committee. **C**  
Name of Employer HCA, Inc. Occupation SVP-Internal Audit Services  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2500.00  
Date of Receipt 03 / 31 / 2011  
Transaction ID: 39460812  
Amount of Each Receipt this Period 2500.00

**B.** Full Name (Last, First, Middle Initial)  
R. Milton Johnson  
Mailing Address 5012 Hill Place Drive  
City Nashville State TN Zip Code 37205  
FEC ID number of contributing federal political committee. **C**  
Name of Employer HCA, Inc. Occupation EVP & Chief Financial Officer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00  
Date of Receipt 03 / 31 / 2011  
Transaction ID: 39460813  
Amount of Each Receipt this Period 5000.00

**C.** Full Name (Last, First, Middle Initial)  
Ralph A. Aleman  
Mailing Address 7588 NW 51st Place  
City Coral Springs State FL Zip Code 33067  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Tenet Healthcare Corporation Occupation Market Vice President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 03 / 31 / 2011  
Transaction ID: 39460814  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 7750.00  
**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 / 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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Stephen C Petrovich

Mailing Address 222 Winburn Lane

City State Zip Code  
Franklin TN 37069

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

Name of Employer Occupation  
Ardent Health Services SVP & General Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2011

**Transaction ID:** 39460815

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Leonard H. Rosenfeld

Mailing Address 12213 Park Bend Drive

City State Zip Code  
Dallas TX 75240

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

Name of Employer Occupation  
Tenet Healthcare Corporation VP Quality Management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2011

**Transaction ID:** 39460816

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. John D. Short

Mailing Address 3108 Clymer Drive

City State Zip Code  
Plano TX 75025-5325

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

Name of Employer Occupation  
Tenet Healthcare Corporation VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2011

**Transaction ID:** 39460817

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 17 / 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

**A.**

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 ▼ 258.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2011

Transaction ID: 39640194

Amount of Each Receipt this Period 43.00

**B.**

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 ▼ 252.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2011

Transaction ID: 39640195

Amount of Each Receipt this Period 42.00

**C.**

Full Name (Last, First, Middle Initial)  
Charles N. Kahn, III

Mailing Address 4545 N Glebe Road

City State Zip Code  
Arlington VA 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 ▼ 250.02

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2011

Transaction ID: 39640196

Amount of Each Receipt this Period 41.67

**SUBTOTAL** of Receipts This Page (optional) ..... ► 126.67

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Jeffrey G. Micklos	Date of Receipt MM / DD / YYYY 03 / 31 / 2011
	Mailing Address 3130 Tennyson St., N.W.	<b>Transaction ID:</b> 39640197
	City State Zip Code Washington DC 20015	Amount of Each Receipt this Period 55.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer FAH	Occupation General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Bonnie Money Penny	Date of Receipt MM / DD / YYYY 03 / 31 / 2011
	Mailing Address 14128 Burlingame Road	<b>Transaction ID:</b> 39640198
	City State Zip Code Little Rock AR 72211	Amount of Each Receipt this Period 35.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer FAH	Occupation SVP Administrative Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Steve Speil	Date of Receipt MM / DD / YYYY 03 / 31 / 2011
	Mailing Address 1948 Rockingham Street	<b>Transaction ID:</b> 39640200
	City State Zip Code McLean VA 22101-4922	Amount of Each Receipt this Period 84.55
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer FAH	Occupation Chief Financial Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 478.20	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>174.55</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>50317.44</b>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 28
	(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)  
LifePoint Hospitals, Inc. Good Government Fund

Mailing Address 103 Powell Court  
Suite 200

City State Zip Code  
Brentwood TN 37027

FEC ID number of contributing federal political committee. **C** C00347955

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2011

**Transaction ID:** 39418393

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
Healthsouth Corporation PAC

Mailing Address One Healthsouth Parkway

City State Zip Code  
Birmingham AL 35243

FEC ID number of contributing federal political committee. **C** C00414649

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2011

**Transaction ID:** 39460811

Amount of Each Receipt this Period  
5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	10000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	10000.00

# 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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Stephen Fincher For Congress</p> <p>Mailing Address PO Box 11153</p> <p>City Jackson State TN Zip Code 38308</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Rep. Stephen Fincher</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TN District: 08</p>	<p><b>Transaction ID:</b> 39243253 <b>Date of Disbursement</b> 03 / 16 / 2011</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">1000.00</span></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Marsha Blackburn For Congress Inc.</p> <p>Mailing Address PO Box 682185</p> <p>City Franklin State TN Zip Code 37068</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Rep. Marsha Blackburn</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TN District: 07</p>	<p><b>Transaction ID:</b> 39244629 <b>Date of Disbursement</b> 03 / 16 / 2011</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">2000.00</span></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Nelson for U.S. Senate</p> <p>Mailing Address P O Box 8666</p> <p>City Omaha State NE Zip Code 68103</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Sen. E. Benjamin Nelson</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District:</p>	<p><b>Transaction ID:</b> 39250518 <b>Date of Disbursement</b> 03 / 17 / 2011</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">2000.00</span></p>

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

5000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Snowe For Senate</p> <p>Mailing Address P.O. Box 2006</p> <p>City Portland State ME Zip Code 04104</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Sen. Olympia J. Snowe</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ME District:</p>	<p><b>Transaction ID:</b> 39250520 <b>Date of Disbursement</b>  <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>2500.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	7		2	0	1	1	2500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	7		2	0	1	1													
2500.00																						
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Friends Of Sherrod Brown</p> <p>Mailing Address PO Box 76187 Suite 800</p> <p>City Washington State DC Zip Code 20013</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Sen. Sherrod Brown</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District:</p>	<p><b>Transaction ID:</b> 39250560 <b>Date of Disbursement</b>  <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>2500.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	7		2	0	1	1	2500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	7		2	0	1	1													
2500.00																						
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Rogers For Congress</p> <p>Mailing Address PO Box 581 Post Office Box 581</p> <p>City Brighton State MI Zip Code 48116</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Rep. Michael J. Rogers</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 08</p>	<p><b>Transaction ID:</b> 39250561 <b>Date of Disbursement</b>  <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	7		2	0	1	1	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	7		2	0	1	1													
1000.00																						

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

**6000.00**

**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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mike Thompson For Congress</p> <p>Mailing Address 5429 Madison Avenue</p> <p>City Sacramento State CA Zip Code 95841</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Rep. Michael Thompson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 01</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 39250562</p> <p>Date of Disbursement  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>1</td><td>7</td><td>/</td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <div style="border: 1px solid black; text-align: center; padding: 5px;">1500.00</div> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	1	7	/	2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3	/	1	7	/	2	0	1	1												
<p><b>B.</b> Full Name (Last, First, Middle Initial) Cantor For Congress</p> <p>Mailing Address P. O. Box 17813</p> <p>City Richmond State VA Zip Code 23226</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Rep. Eric I. Cantor</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 39250571</p> <p>Date of Disbursement  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>1</td><td>7</td><td>/</td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <div style="border: 1px solid black; text-align: center; padding: 5px;">2500.00</div> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	1	7	/	2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3	/	1	7	/	2	0	1	1												
<p><b>C.</b> Full Name (Last, First, Middle Initial) Whitfield For Congress Committee</p> <p>Mailing Address P.O. Box 391</p> <p>City Hopkinsville State KY Zip Code 42241</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Rep. Edward Whitfield</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 01</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 39250572</p> <p>Date of Disbursement  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>1</td><td>7</td><td>/</td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <div style="border: 1px solid black; text-align: center; padding: 5px;">2500.00</div> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	1	7	/	2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3	/	1	7	/	2	0	1	1												

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div style="border: 1px solid black; padding: 5px;">6500.00</div>
<b>TOTAL</b> This Period (last page this line number only) .....	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

# 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

<p><b>A.</b> Full Name (Last, First, Middle Initial) National Republican Congressional Committee</p> <p>Mailing Address 320 First Street, S.E.</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name National Republican Congressional Committee</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> 39433059 <b>Date of Disbursement</b>  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>3</td><td>0</td><td>/</td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <div style="border: 1px solid black; padding: 5px; text-align: center;">5000.00</div> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	3	0	/	2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3	/	3	0	/	2	0	1	1												
<p><b>B.</b> Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committee</p> <p>Mailing Address 120 Maryland Avenue NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> 39433235 <b>Date of Disbursement</b>  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>3</td><td>0</td><td>/</td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <div style="border: 1px solid black; padding: 5px; text-align: center;">5000.00</div> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	3	0	/	2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3	/	3	0	/	2	0	1	1												
<p><b>C.</b> Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 South Capitol Street, S.E.</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> 39433239 <b>Date of Disbursement</b>  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>3</td><td>0</td><td>/</td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <div style="border: 1px solid black; padding: 5px; text-align: center;">5000.00</div> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	3	0	/	2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3	/	3	0	/	2	0	1	1												

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div style="border: 1px solid black; padding: 5px;">15000.00</div>
<b>TOTAL</b> This Period (last page this line number only) .....	<div style="border: 1px solid black; padding: 5px; height: 20px;"></div>

# 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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Citizens For Altmire</p> <p>Mailing Address P.O. Box 1776</p> <p>City Freedom State PA Zip Code 15042</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Mr. Jason Altmire</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: PA District: 04</p>	<p><b>Transaction ID:</b> 39433240 <b>Date of Disbursement</b>  <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <p><b>Amount of Each Disbursement this Period</b>  <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">2000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	0		2	0	1	1	2000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		3	0		2	0	1	1													
2000.00																						
<p><b>B.</b> Full Name (Last, First, Middle Initial) Volunteers For Shimkus</p> <p>Mailing Address PO Box 5458</p> <p>City Springfield State IL Zip Code 62705</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Rep. John M. Shimkus</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: IL District: 19</p>	<p><b>Transaction ID:</b> 39433603 <b>Date of Disbursement</b>  <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <p><b>Amount of Each Disbursement this Period</b>  <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">2500.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	0		2	0	1	1	2500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		3	0		2	0	1	1													
2500.00																						
<p><b>C.</b> Full Name (Last, First, Middle Initial) Scalise For Congress</p> <p>Mailing Address PO Box 23219 Suite 301</p> <p>City Jefferson State LA Zip Code 70183</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Rep. Steve Scalise</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: LA District: 01</p>	<p><b>Transaction ID:</b> 39433604 <b>Date of Disbursement</b>  <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <p><b>Amount of Each Disbursement this Period</b>  <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	0		2	0	1	1	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		3	0		2	0	1	1													
1000.00																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1" style="width: 100%;"><tr><td style="text-align: center;">5500.00</td></tr></table>	5500.00
5500.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1" style="width: 100%;"><tr><td style="text-align: center;"> </td></tr></table>	



# 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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Bill Cassidy For Congress</p> <p>Mailing Address 8550 United Plaza Blvd. Suite 1001</p> <p>City Baton Rouge State LA Zip Code 70809</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Rep. William Cassidy, MD</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: LA District: 06</p>	<p><b>Transaction ID:</b> 39433605 <b>Date of Disbursement:</b> <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">30</span> / <span style="border: 1px solid black; padding: 2px;">2011</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">1000.00</span></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Gardner For Congress</p> <p>Mailing Address PO Box 2408</p> <p>City Loveland State CO Zip Code 80539</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Cory Gardner</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CO District: 04</p>	<p><b>Transaction ID:</b> 39433611 <b>Date of Disbursement:</b> <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">30</span> / <span style="border: 1px solid black; padding: 2px;">2011</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">1000.00</span></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Mcconnell Senate Committee '14</p> <p>Mailing Address PO Box 1496</p> <p>City Louisville State KY Zip Code 40201</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Mr. Mitch McConnell</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: KY District:</p>	<p><b>Transaction ID:</b> 39434053 <b>Date of Disbursement:</b> <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">30</span> / <span style="border: 1px solid black; padding: 2px;">2011</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">2500.00</span></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">4500.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px; display: block; text-align: center;"> </span>

# 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)  
Scott Brown For Us Senate Committee

Mailing Address P.O. Box 395

City Wrentham State MA Zip Code 02903

Purpose of Disbursement

Category/  
Type

Candidate Name  
Sen. Scott Brown

Office Sought:  House  Senate  President  
State: MA District: Disbursement For: 2012  Primary  General  Other (specify) ▼

Transaction ID: 39434545  
Date of Disbursement

/  /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
Vern Buchanan For Congress

Mailing Address P. O. Box 48928

City Sarasota State FL Zip Code 34230

Purpose of Disbursement

Category/  
Type

Candidate Name  
Rep. Vern Buchanan

Office Sought:  House  Senate  President  
State: FL District: 13 Disbursement For: 2012  Primary  General  Other (specify) ▼

Transaction ID: 39434793  
Date of Disbursement

/  /

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
Kevin Mccarthy For Congress

Mailing Address P.O. Box 12667

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement

Category/  
Type

Candidate Name  
Rep. Kevin McCarthy

Office Sought:  House  Senate  President  
State: CA District: 22 Disbursement For: 2012  Primary  General  Other (specify) ▼

Transaction ID: 39435118  
Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 27 / 28

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) OrrinPAC</p> <p>Mailing Address P.O. Box 1480</p> <p>City Washington State DC Zip Code 20013-1480</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p><b>Transaction ID:</b> 39435120 <b>Date of Disbursement:</b> 03 / 30 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) ERICPAC</p> <p>Mailing Address 209 Pennsylvania Avenue SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p><b>Transaction ID:</b> 39435122 <b>Date of Disbursement:</b> 03 / 30 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Cantor For Congress</p> <p>Mailing Address P. O. Box 17813</p> <p>City Richmond State VA Zip Code 23226</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name Rep. Eric I. Cantor</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: VA District: 07</p>	<p><b>Transaction ID:</b> 39435124 <b>Date of Disbursement:</b> 03 / 30 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>10000.00</b>
<b>TOTAL</b> 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)  
Matsui For Congress

Mailing Address PO Box 1738

City Sacramento State CA Zip Code 95812

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Doris Matsui

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 05

Transaction ID: 39435127  
Date of Disbursement

03 / 30 / 2011

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)  
Majority Committee PAC

Mailing Address PO Box 10134

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement

011  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 39435129  
Date of Disbursement

03 / 30 / 2011

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)  
Ben Cardin for Senate

Mailing Address 711 W. 40th St.  
Suite 330

City Baltimore State MD Zip Code 21211

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Ben Cardin

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MD District:

Transaction ID: 39457181  
Date of Disbursement

03 / 31 / 2011

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ▶

8000.00

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

69000.00