

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Charles N. Kahn III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4545 N Glebe 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 **833.40**

Date of Receipt **10 / 15 / 2015**  
**Transaction ID : 53C3D04264BE2258DFD**  
 Amount of Each Receipt this Period **41.67**

**B. David L Miller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 657 Goodsprings Road  
 City Brentwood State TN Zip Code 37027-3104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Community Health Systems, Inc Occupation Division President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 06 / 2015**  
**Transaction ID : F4E608FAF2864221D54**  
 Amount of Each Receipt this Period **1000.00**

**C. Wayne T Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 504 Westview Ave  
 City Nashville State TN Zip Code 37205-3824  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Community Health Systems, Inc Occupation Chairman, President & CEO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **5000.00**

Date of Receipt **10 / 06 / 2015**  
**Transaction ID : 5A2715504CD2BDA853D**  
 Amount of Each Receipt this Period **5000.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>6041.67</b>
<b>TOTAL</b> This Period (last page this line number only).....	