

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

FEDERATION OF AMERICAN HOSPITALS PAC

ADDRESS (number and street)

750 9th Street NW

Suite 600

Check if different than previously reported. (ACC)

Washington

DC

20001

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00002261

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

- (b) Monthly Report Due On:  Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)
- Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)
- Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:  Primary (12P)  General (12G)  Runoff (12R)
- Convention (12C)  Special (12S)

Election on [ ] / [ ] / [ ] in the State of [ ]

- (d) 30-Day POST-Election Report for the:  General (30G)  Runoff (30R)  Special (30S)

Election on [ ] / [ ] / [ ] in the State of [ ]

5. Covering Period

[06] / [01] / [2014] through [06] / [30] / [2014]

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 Karen Conwell Smith

Signature of Treasurer

Karen Conwell Smith

[Electronically Filed]

Date

[07] / [14] / [2014]

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**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**FEDERATION OF AMERICAN HOSPITALS PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="96437.24"/>	<input type="text" value="96437.24"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="199744.96"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="55825.17"/>	<input type="text" value="260273.96"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="255570.13"/>	<input type="text" value="356711.20"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="79889.77"/>	<input type="text" value="181030.84"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="175680.36"/>	<input type="text" value="175680.36"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**FEDERATION OF AMERICAN HOSPITALS PAC**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	54106.44	213829.86
(ii) Unitemized .....	1026.00	4816.78
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	55132.44	218646.64
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	38000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	55132.44	256646.64
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.).....	692.73	3627.32
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	55825.17	260273.96
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	55825.17	260273.96

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	389.77	5530.84
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	389.77	5530.84
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	79500.00	171500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	4000.00
(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	4000.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	79889.77	181030.84
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	79889.77	181030.84

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	55132.44	256646.64
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	4000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	55132.44	252646.64
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	389.77	5530.84
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	389.77	5530.84

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 34
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

**A. Frederick Lee Adams**  
Full Name (Last, First, Middle Initial)

Mailing Address 3600 Bellwood

City Nashville State TN Zip Code 37205-2516

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

Name of Employer HCA, Inc. Occupation VP - Field Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
06 / 16 / 2014  
Transaction ID : **80E6EE416D7972DE919**

Amount of Each Receipt this Period  
500.00

**B. David G Anderson**  
Full Name (Last, First, Middle Initial)

Mailing Address 1057 Vaughn Crest Drive

City Franklin State TN Zip Code 37069

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

Name of Employer HCA, Inc. Occupation SVP Finance & Treasurer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
06 / 16 / 2014  
Transaction ID : **C372EDFDA76BDEF0387**

Amount of Each Receipt this Period  
2500.00

**C. Michael Berryhill**  
Full Name (Last, First, Middle Initial)

Mailing Address 9305 Exton Ln

City Brentwood State TN Zip Code 37027-1403

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

Name of Employer HCA Occupation Supply Chain

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
06 / 02 / 2014  
Transaction ID : **4E0F05B5-393D-486B-**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3500.00
<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 OF 34
	<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. John P. Bumpus**  
Full Name (Last, First, Middle Initial)

Mailing Address 6118 Paddock Place

City Brentwood State TN Zip Code 37027-4939

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

Name of Employer LifePoint Hospitals, Inc Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 09 / 2014

**Transaction ID : 8452FCA4BCF9C072A0C**

Amount of Each Receipt this Period  
 3500.00

**B. Chigger Bynum**  
Full Name (Last, First, Middle Initial)

Mailing Address 561 Grand Oaks Dr

City Brentwood State TN Zip Code 37027-5649

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

Name of Employer HCA Occupation VP - Accountant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2014

**Transaction ID : 1FB5C40B-611C-480E-**

Amount of Each Receipt this Period  
 500.00

**C. Daniel Cabrera**  
Full Name (Last, First, Middle Initial)

Mailing Address 5211 Feria Dr

City Laredo State TX Zip Code 78043-4853

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

Name of Employer Doctors Hospital of Laredo Occupation RN-CNO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 04 / 2014

**Transaction ID : D4222A75-5112-4BD7-**

Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4250.00
<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 8 OF 34
	<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. William F Carpenter III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4005 Newman Place  
 City Nashville State TN Zip Code 37204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LifePoint Hospitals, Inc Occupation Chairman, President & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 09 / 2014  
**Transaction ID : 8839D97DFFCF561E8A4**  
 Amount of Each Receipt this Period  
 5000.00

**B. Jayne Chambers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1256 Kensington Rd  
 City McLean State VA Zip Code 22101-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FAH Occupation Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 04 / 2014  
**Transaction ID : CB925C6A8F9768981EF**  
 Amount of Each Receipt this Period  
 80.00

**C. Jayne Chambers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1256 Kensington Rd  
 City McLean State VA Zip Code 22101-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FAH Occupation Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2014  
**Transaction ID : 7774B6D2E8A4DAD7DD7**  
 Amount of Each Receipt this Period  
 80.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5160.00
<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 9 OF 34
	<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. Jeffrey E. Cohen**  
Full Name (Last, First, Middle Initial)

Mailing Address 4927 15th Street  
North

City State Zip Code  
VA VA222-0526

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

Name of Employer Occupation  
FAH Lobbyist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
504.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 04 / 2014

**Transaction ID : B75665052D9DB9B97D0**

Amount of Each Receipt this Period  
42.00

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

Mailing Address 4927 15th Street  
North

City State Zip Code  
VA VA222-0526

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

Name of Employer Occupation  
FAH Lobbyist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
504.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 16 / 2014

**Transaction ID : 57CFEB3DB696C8E6D9F**

Amount of Each Receipt this Period  
42.00

**C. Samuel J Coulter**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 Governors Way

City State Zip Code  
Brentwood TN 37027-8926

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

Name of Employer Occupation  
HCA, Inc. Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 04 / 2014

**Transaction ID : 4C2329B21980735FEAA**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 584.00

**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 OF 34
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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**

Full Name (Last, First, Middle Initial)  
**A. Michael Cuffe**

Mailing Address 1 Maryland Farms  
Suite 300

City Brentwood State TN Zip Code 37027-5006

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

Name of Employer HCA Occupation executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
06 / 02 / 2014  
**Transaction ID : 8973C46E-E607-4923-**

Amount of Each Receipt this Period  
1500.00

Full Name (Last, First, Middle Initial)  
**B. Greg D'Argonne**

Mailing Address 28 Lark Bunting Lane

City Littleton State CO Zip Code 80127-5778

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

Name of Employer HCA, Inc. Occupation CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
06 / 09 / 2014  
**Transaction ID : 79A3F0960200ED9DAFA**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. David D. Dill**

Mailing Address 605 Westview Ave

City Nashville State TN Zip Code 37205-3825

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

Name of Employer LifePoint Hospitals, Inc Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
06 / 09 / 2014  
**Transaction ID : 54F6678D9DD3CE9A694**

Amount of Each Receipt this Period  
5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	7000.00
<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 11 OF 34  
(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. Lisa Doyle**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5204 Colfax Ct  
 City State Zip Code  
 Brentwood TN 37027-3012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HCA HR  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2014  
**Transaction ID : 978FF31B-4A03-4F1C-**  
 Amount of Each Receipt this Period  
 500.00

**B. Jill Fainter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5224 Ravens Glen  
 City State Zip Code  
 Nashville TN 37211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HCA, Inc. VP-Quality Standards  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2014  
**Transaction ID : 8FB0BA279A6583F5E6C**  
 Amount of Each Receipt this Period  
 750.00

**C. Jake Fisher**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6001 Webb Rd  
 City State Zip Code  
 Tampa FL 33615-3241  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Town and Country Hospital CEO  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 03 / 2014  
**Transaction ID : 12BBA4D9-9E38-47FE-**  
 Amount of Each Receipt this Period  
 250.00

**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: (check only one)	PAGE 12 OF 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Jon M Foster**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 202 Deer Park Drive  
 City Nashville State TN Zip Code 37205-3319  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HCA, Inc. Occupation Healthcare Exec  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 09 / 2014  
**Transaction ID : C466D4FBC19EF139530**  
 Amount of Each Receipt this Period  
 3000.00

**B. John Franck**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2513 Shadow Cv  
 City Franklin State TN Zip Code 37069-7236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HCA Occupation management  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2014  
**Transaction ID : 05D67CA8-5E3E-495B-**  
 Amount of Each Receipt this Period  
 250.00

**C. Kelly Furbee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Park Plz  
 City Nashville State TN Zip Code 37203-6527  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HCA Occupation VP HR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2014  
**Transaction ID : 78FF0839-6D73-484A-**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3750.00
<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 13 OF 34  
(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**

Full Name (Last, First, Middle Initial)  
**A. Gail Garrett**

Mailing Address 7219 Knottingham Dr

City Fairview	State TN	Zip Code 37062-9183
------------------	-------------	------------------------

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

Name of Employer HCA	Occupation Healthcare
-------------------------	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06	/	02	/	2014

**Transaction ID : 88E489E4-95F8-4E98-**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Charles J Hall**

Mailing Address 2658 Millstone Plantation Road

City Tallahassee	State FL	Zip Code 32312
---------------------	-------------	-------------------

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

Name of Employer HCA, Inc.	Occupation Division President
-------------------------------	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06	/	04	/	2014

**Transaction ID : FD21C17F43B0CB3E9D6**

Amount of Each Receipt this Period  
3000.00

Full Name (Last, First, Middle Initial)  
**C. John Hennessey**

Mailing Address 14204 Woodward St

City Overland Park	State KS	Zip Code 66223-2562
-----------------------	-------------	------------------------

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

Name of Employer HCA	Occupation Vice President
-------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06	/	03	/	2014

**Transaction ID : 8631E6B6-4801-42D5-**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3750.00
<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 14 OF 34
	<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. David Jamin**  
Full Name (Last, First, Middle Initial)

Mailing Address 12171 S 417th West Ave

City Bristow State OK Zip Code 74010-8697

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

Name of Employer Universal Health Services Inc. Occupation CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 08 / 2014

**Transaction ID : 2849D54D-81A6-4F57-**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 2239 Avery Valley Drive

City Franklin State TN Zip Code 37067

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

Name of Employer HCA, Inc. Occupation VP of Supply Chain

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 09 / 2014

**Transaction ID : 95A22612EA02F341D3B**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 152 Isla Dorada Blvd.

City Coral Gables State FL Zip Code 33143-6549

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

Name of Employer HCA, Inc. Occupation Division President, East Florida

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 04 / 2014

**Transaction ID : DD3DF9BCE5F3ECFE272**

Amount of Each Receipt this Period  
 1000.00

**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 15 OF 34
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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 ▼ 500.04

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 04 / 2014  
**Transaction ID : 3D9C19FDC22B1A7B243**  
 Amount of Each Receipt this Period  
 41.67

**B. 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 ▼ 500.04

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 16 / 2014  
**Transaction ID : F2A1A1CED074AA4F6CC**  
 Amount of Each Receipt this Period  
 41.67

**C. William M Kimbrough**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6520 Edinburgh Drive  
 City Nashville State TN Zip Code 37221-3700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HCA, Inc. Occupation VP Investor Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 04 / 2014  
**Transaction ID : 6E55F4C6B0456954D85**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	583.34
<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 16 OF 34
	<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. Christopher E Lawson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 434 Wild Elm St  
 City Franklin State TN Zip Code 37064-8649  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HCA Occupation CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 04 / 2014  
**Transaction ID : 808ACD2E-E8A9-478D-**  
 Amount of Each Receipt this Period 500.00

**B. Don Liedtke**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2501 Park Plz  
 City Nashville State TN Zip Code 37203-1512  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HCA Occupation ASD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 23 / 2014  
**Transaction ID : 7F82A84C-3508-497D-**  
 Amount of Each Receipt this Period 500.00

**C. William Margraf**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6646 Hyde Road  
 City College Grove State TN Zip Code 37046-9143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HCA, Inc. Occupation HR Professional  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 16 / 2014  
**Transaction ID : CD7F0729C8D6AB081B1**  
 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: (check only one)	PAGE 17 OF 34
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 6115 Hillsboro Pike

City Nashville State TN Zip Code 37215-5005

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

Name of Employer HCA, Inc. Occupation Chief Financial Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 04 / 2014

**Transaction ID : A575CD141CABE6EA857**

Amount of Each Receipt this Period  
 2500.00

Full Name (Last, First, Middle Initial)  
**B. Cheryl W Mason**

Mailing Address 1714 Shackelford Road

City Nashville State TN Zip Code 37215

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

Name of Employer HCA, Inc. Occupation Vice President-Litigation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 09 / 2014

**Transaction ID : 034D382C5470CB42F0A**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**C. Douglas Matney**

Mailing Address 100 E Cornell Ave

City McAllen State TX Zip Code 78504-5624

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

Name of Employer Universal Health Services Inc. Occupation Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 09 / 2014

**Transaction ID : 9096C674-DD2E-48BF-**

Amount of Each Receipt this Period  
 400.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3400.00
<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 18 OF 34
	<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**

Full Name (Last, First, Middle Initial)  
**A. Sandra J Metzler**

Mailing Address 6573 Rolling Fork Drive

City Nashville	State TN	Zip Code 37205
-------------------	-------------	-------------------

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

Name of Employer HCA, Inc.	Occupation Vice President
-------------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06	/	16	/	2014

**Transaction ID : 73935F10D38C0C75F9B**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. 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 ▼  
660.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06	/	04	/	2014

**Transaction ID : 64AA1C9ED3594681414**

Amount of Each Receipt this Period  
55.00

Full Name (Last, First, Middle Initial)  
**C. 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 ▼  
660.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06	/	16	/	2014

**Transaction ID : E31EF7BAAA767D16A07**

Amount of Each Receipt this Period  
55.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	610.00
<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 19 OF 34
<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. Alan B Miller**  
Full Name (Last, First, Middle Initial)

Mailing Address 367 S Gulph Road

City King Of Prussia State PA Zip Code 19406-3121

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

Name of Employer Universal Health Services, Inc Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 23 / 2014  
**Transaction ID : 43FA5EAAA59F8DBF714**

Amount of Each Receipt this Period 5000.00

**B. Leif Murphy**  
Full Name (Last, First, Middle Initial)

Mailing Address 4909 Maymano Circle

City Nashville State TN Zip Code 37205-2708

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

Name of Employer LifePoint Hospitals, Inc Occupation Executive Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 09 / 2014  
**Transaction ID : AFF3608D3E986FBEC17**

Amount of Each Receipt this Period 5000.00

**C. Joanne F. Pulles**  
Full Name (Last, First, Middle Initial)

Mailing Address 209 Gillette Drive

City Franklin State TN Zip Code 37069-4115

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

Name of Employer HCA, Inc. Occupation AVP, Community Relations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 16 / 2014  
**Transaction ID : 98D3057B79FE9A7C7C3**

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 10500.00

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

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

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

FOR LINE NUMBER: PAGE 20 OF 34  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Michael Sarrett**

Mailing Address 812 Lynn Street

City State Zip Code  
Goodlettsville TN 37072-3560

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

Name of Employer Occupation  
HCA, Inc. AVP

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 04 / 2014  
**Transaction ID : 59F134F94F54E08A087**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Daniel C. Schunk**

Mailing Address 1701 Wilson Pk

City State Zip Code  
Brentwood TN 37027

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

Name of Employer Occupation  
HCA, Inc. VP

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2014  
**Transaction ID : 7EA542E75782BAA2CA9**

Amount of Each Receipt this Period  
300.00

Full Name (Last, First, Middle Initial)  
**C. Sharon Schweinhart**

Mailing Address 430 Prestwick CT

City State Zip Code  
Nashville TN 37205-5016

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

Name of Employer Occupation  
HCA, Inc. Managing Counsel

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 04 / 2014  
**Transaction ID : 52E0E3BAFB941D4A48B**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1050.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 1 Park Plz

City Nashville State TN Zip Code 37203-6527

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

Name of Employer HCA Occupation Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2014  
**Transaction ID : 00E62D67-AA5B-46B8-**

Amount of Each Receipt this Period  
 2000.00

**B. Steve Speil**  
Full Name (Last, First, Middle Initial)

Mailing Address 1948 Rockingham Street

City McLean State VA Zip Code 22101-4922

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

Name of Employer FAH Occupation Chief Financial Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1014.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 04 / 2014  
**Transaction ID : E6DCB4B17AE6D3BC694**

Amount of Each Receipt this Period  
 84.55

**c. Steve Speil**  
Full Name (Last, First, Middle Initial)

Mailing Address 1948 Rockingham Street

City McLean State VA Zip Code 22101-4922

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

Name of Employer FAH Occupation Chief Financial Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1014.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2014  
**Transaction ID : 7B7A57DE9469332BD5E**

Amount of Each Receipt this Period  
 84.55

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2169.10

**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 22 OF 34
	<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**

Full Name (Last, First, Middle Initial) <b>A. Ernie Stegall</b>		Date of Receipt MM / DD / YYYY 06 / 03 / 2014 <b>Transaction ID : 9546F439-86EF-4196-</b>
Mailing Address 620 Shadow Ln		Amount of Each Receipt this Period 250.00
City Las Vegas	State NV	Zip Code 89106-4119
FEC ID number of contributing federal political committee. C	Name of Employer Universal Health Services Inc.	Occupation Chief Nursing Officer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Donna Torsney</b>		Date of Receipt MM / DD / YYYY 06 / 04 / 2014 <b>Transaction ID : 6986A3CC4C913AA2660</b>
Mailing Address 1 Park Plz		Amount of Each Receipt this Period 500.00
City Nashville	State TN	Zip Code 37203-6527
FEC ID number of contributing federal political committee. C	Name of Employer HCA	Occupation Managing Counsel, Hospital Operations
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. James Turner</b>		Date of Receipt MM / DD / YYYY 06 / 16 / 2014 <b>Transaction ID : 14C0747ED4AE9363E33</b>
Mailing Address 127 Natchez Dr		Amount of Each Receipt this Period 500.00
City Hendersonville	State TN	Zip Code 37075-7700
FEC ID number of contributing federal political committee. C	Name of Employer HCA	Occupation CIO Physician Services
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<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 23 OF 34
<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. Denise Warren**  
Full Name (Last, First, Middle Initial)

Mailing Address 4943 Tyne Valley Blvd.

City Nashville	State TN	Zip Code 37220-1531
-------------------	-------------	------------------------

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

Name of Employer Capella Healthcare	Occupation Executive
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 04 / 2014  
**Transaction ID : 40E042504329D763AB5**

Amount of Each Receipt this Period  
 400.00

**B. Lisa Wiechart**  
Full Name (Last, First, Middle Initial)

Mailing Address 2204 Grey Cliff Drive

City Franklin	State TN	Zip Code 37064-5223
------------------	-------------	------------------------

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

Name of Employer Capella Healthcare	Occupation Executive
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 04 / 2014  
**Transaction ID : 8CBEBCE5AC4A665ED9E**

Amount of Each Receipt this Period  
 400.00

**C. Carla Worthey**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 158704

City Nashville	State TN	Zip Code 37215-8704
-------------------	-------------	------------------------

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

Name of Employer HCA	Occupation Healthcare Executive
-------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 03 / 2014  
**Transaction ID : F8E62D91-9A8A-444F-**

Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1050.00
<b>TOTAL</b> This Period (last page this line number only).....▶	54106.44

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 OF 34  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

Full Name (Last, First, Middle Initial)  
**A. Wells Fargo**

Mailing Address 801 Pennsylvania Ave. NW

City Washington State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3627.32

Date of Receipt  
06 / 04 / 2014  
**Transaction ID : 1BBA24AA84CE4E9DACC**

Amount of Each Receipt this Period  
602.79

Bank Fees Reimbursement

Full Name (Last, First, Middle Initial)  
**B. Wells Fargo**

Mailing Address 801 Pennsylvania Ave. NW

City Washington State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3627.32

Date of Receipt  
06 / 16 / 2014  
**Transaction ID : 713BC917D8F6484C8827**

Amount of Each Receipt this Period  
89.94

Reimbursement of Bank Fees

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	692.73
<b>TOTAL</b> This Period (last page this line number only).....▶	692.73



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Wells Fargo**

Mailing Address 801 Pennsylvania Ave. NW

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Credit Card Fees

001

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 02 / 2014

Transaction ID : A089AA90966CF5DB8A9

Amount of Each Disbursement this Period

89.94

Full Name (Last, First, Middle Initial)

**B. Wells Fargo**

Mailing Address 801 Pennsylvania Ave. NW

City Washington State DC Zip Code 20004

Purpose of Disbursement  
credit card fees

001

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2014

Transaction ID : D77D24613E531740D3A

Amount of Each Disbursement this Period

299.83

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

389.77

389.77

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Alexander for Senate 2014 Inc**

Mailing Address 228 S Washington Street Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
2014 General

011

Candidate Name

**Lamar Alexander**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TN District:

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2014

**Transaction ID : 88312BE1963A781EB99**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. America's Leadership PAC**

Mailing Address 700 13th Street, NW  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
2014 Contribution

011

Candidate Name

**America's Leadership PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2014

**Transaction ID : 6BDECBB6FF23ED8D7A4**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Bluegrass Committee**

Mailing Address 220 1/2 E St., NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
2014 Contribution

011

Candidate Name

**Bluegrass Committee**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2014

**Transaction ID : 74D2F6BBD35FA6E3BFB**

Amount of Each Disbursement this Period

5000.00

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

15000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Charles Boustany Jr. Md for Congress, Inc.**

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598-0126

Purpose of Disbursement  
2014 Primary

011

Candidate Name  
**Charles W. Boustany Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: LA District: 03

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2014

Transaction ID : E260799D86D107DB3F1

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Chuck Fleischmann for Congress Committee, Inc.**

Mailing Address PO Box 11091

City Chattanooga State TN Zip Code 37401

Purpose of Disbursement  
2014 General

011

Candidate Name  
**Charles J. Fleischmann**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: TN District: 03

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 27 / 2014

Transaction ID : 514AD313F6B6C2A3D7F

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Democratic Congressional Campaign Committee**

Mailing Address 430 South Capitol Street, SE  
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2014 Contribution

011

Candidate Name  
**Democratic Congressional Campaign Committee**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Contribution

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2014

Transaction ID : D137FE832608977A2B4

Amount of Each Disbursement this Period

5000.00

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

8500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Devin Nunes Campaign Committee**

Mailing Address PO Box 6545

City Visalia State CA Zip Code 93290-6545

Purpose of Disbursement  
2014 General

011

Candidate Name

**Devin G. Nunes**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 22

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2014

**Transaction ID : 01582A611E03328E29E**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Friends of Jim Clyburn**

Mailing Address Post Office Box 12567

City Columbia State SC Zip Code 29211

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**James E. Clyburn**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: SC District: 06

Date of Disbursement

MM / DD / YYYY  
06 / 10 / 2014

**Transaction ID : C89E3A82284E17B5B8A**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Friends of Mark Warner**

Mailing Address 2034 Eisenhower Avenue, Suite 222

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
2014 General

011

Candidate Name

**Mark Robert Warner**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: VA District:

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2014

**Transaction ID : 9A4F7972DE66F64F187**

Amount of Each Disbursement this Period

1000.00

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

8500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Friends of Mark Warner**

Mailing Address 2034 Eisenhower Avenue, Suite 222

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Mark Robert Warner**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: VA District:

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2014

**Transaction ID : 544BD3ADDC98059FC7C**

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

**B. Graves for Congress**

Mailing Address 2345 Grand, Suite 2400

City Kansas City State MO Zip Code 64108

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Samuel B. Graves Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MO District: 06

Date of Disbursement

MM / DD / YYYY  
06 / 27 / 2014

**Transaction ID : C7D69A1EEC295363EE7**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Hoyer for Congress**

Mailing Address 700 13th Street, NW  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Steny H. Hoyer**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MD District: 05

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2014

**Transaction ID : 76A7EF1FF0272CB33F1**

Amount of Each Disbursement this Period

2500.00

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

9000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Hoyer for Congress**

Mailing Address 700 13th Street, NW  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Steny H. Hoyer**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MD District: 05

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2014

**Transaction ID : DEF8535283E2F39CE08**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. Nancy Pelosi for Congress**

Mailing Address 700 13th Street, NW  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
2014 General

011

Candidate Name

**Nancy Pelosi**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 12

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2014

**Transaction ID : 9F3106946996DFB587C**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. National Republican Congressional Committee**

Mailing Address 320 First Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2014 Contribution

011

Candidate Name

**National Republican Congressional Committee**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District: Contribution

Date of Disbursement

MM / DD / YYYY  
06 / 27 / 2014

**Transaction ID : D4275F9B97045C40B3B**

Amount of Each Disbursement this Period

5000.00

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

7500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Orrinpac**

Mailing Address PO Box 3986

City Washington State DC Zip Code 20027

Purpose of Disbursement  
2014 Contribution

011

Category/  
Type

Candidate Name

**Orrinpac**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2014

**Transaction ID : CE9AE1B79F07BECDFB6**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Peak PAC**

Mailing Address PO Box 48004

City Denver State CO Zip Code 80204

Purpose of Disbursement  
2014 Contribution

011

Category/  
Type

Candidate Name

**Peak PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 27 / 2014

**Transaction ID : 7A7B42C1BD1F05AA309**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Rothfus for Congress**

Mailing Address PO Box 435

City Sewickley State PA Zip Code 15143

Purpose of Disbursement  
2014 General

011

Category/  
Type

Candidate Name

**Keith J. Rothfus**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) **Contribution**

State: PA District: 12

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2014

**Transaction ID : 2D32D2AFB348F04E9B8**

Amount of Each Disbursement this Period

1500.00

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

11500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)  
**A. Ryan for Congress, Inc.**

Mailing Address PO Box 1488

City Janesville State WI Zip Code 53547-1488

Purpose of Disbursement  
2014 Primary

Candidate Name  
**Paul Ryan**

Office Sought:  House  Senate  President  
State: WI District: 01

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY  
06 / 11 / 2014

Transaction ID : **EF615A7F7E62DF5F58E**

Amount of Each Disbursement this Period  
2000.00

Category/Type  
011

Full Name (Last, First, Middle Initial)  
**B. Schneider for Congress**

Mailing Address PO Box 1318

City Deerfield State IL Zip Code 60015

Purpose of Disbursement  
2014 General

Candidate Name  
**Bradley Scott Schneider**

Office Sought:  House  Senate  President  
State: IL District: 10

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY  
06 / 27 / 2014

Transaction ID : **560AD8205E8BBBF860C**

Amount of Each Disbursement this Period  
1000.00

Category/Type  
011

Full Name (Last, First, Middle Initial)  
**C. Searchlight Leadership Fund**

Mailing Address 700 13th Street NW  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
2014 Contribution

Candidate Name  
**Searchlight Leadership Fund**

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼ Contribution

Date of Disbursement  
MM / DD / YYYY  
06 / 06 / 2014

Transaction ID : **4A95FC017D1608C4844**

Amount of Each Disbursement this Period  
5000.00

Category/Type  
011

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 8000.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Shore PAC**

Mailing Address PO Box 3157

City State Zip Code  
Long Branch NJ 07740

Purpose of Disbursement  
2014 Contribution

011

Candidate Name  
**Shore PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2014

Transaction ID : 459A5406534D6691FF4

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Team Graham Inc**

Mailing Address PO Box 1801

City State Zip Code  
Columbia SC 29202

Purpose of Disbursement  
2014 Primary

011

Candidate Name  
**Lindsey O. Graham**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) **Contribution**

State: SC District:

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2014

Transaction ID : CD12F1F109D4AC7A3BE

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Tim Scott for Senate**

Mailing Address 1405 Ashley River Road

City State Zip Code  
Charleston SC 29407

Purpose of Disbursement  
2014 Primary

011

Candidate Name  
**Timothy Eugene Scott**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) **Contribution**

State: SC District:

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2014

Transaction ID : B933767DB663A29A67A

Amount of Each Disbursement this Period

3000.00

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

9000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Udall for US All**

Mailing Address PO Box 25766

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement  
2014 General

011

Category/  
Type

Candidate Name  
**Tom Udall**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NM District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 27 / 2014

**Transaction ID : 9AA3756D7DB05AD5048**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

2500.00

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

79500.00