

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 WASHINGTON DC 20001 Check if different than previously reported. (ACC)

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

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 M M / D D / Y Y Y Y Y Y in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 11 / 01 / 2013 through 11 / 30 / 2013

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 Ms. Karen Conwell Smith

Signature of Treasurer Ms. Karen Conwell Smith [Electronically Filed] Date 12 / 17 / 2013

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

**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="2013"/>	<input type="text" value="21731.24"/>	<input type="text" value="21731.24"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="141025.72"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="8855.82"/>	<input type="text" value="336036.75"/>
(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="149881.54"/>	<input type="text" value="357767.99"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="36554.99"/>	<input type="text" value="244779.66"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="113326.55"/>	<input type="text" value="112988.33"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

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).....	6426.44	239112.06
(ii) Unitemized	400.00	51743.78
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	6826.44	290855.84
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	40000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	6826.44	330855.84
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.).....	2029.38	5180.91
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))..... ▶	8855.82	336036.75
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	8855.82	336036.75

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	54.99	5779.66
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	54.99	5779.66
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	36500.00	239000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	36554.99	244779.66
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	36554.99	244779.66

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)	6826.44	330855.84
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6826.44	330855.84
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	54.99	5779.66
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	54.99	5779.66

**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 20
<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

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

Mailing Address 1256 Kensington Rd

City McLean	State VA	Zip Code 22101-2920
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FEC ID number of contributing federal political committee. **C**

Name of Employer FAH	Occupation Senior Vice President
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1680.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2013

Transaction ID : 54101900

Amount of Each Receipt this Period

80.00

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

Mailing Address 4927 15th Street, North

City Arlington	State VA	Zip Code 22205-2616
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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 ▼ **882.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2013

Transaction ID : 54101901

Amount of Each Receipt this Period

42.00

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

Mailing Address 4545 N Glebe Road

City Arlington	State VA	Zip Code 22207-4848
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FEC ID number of contributing federal political committee. **C**

Name of Employer FAH	Occupation President
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **875.07**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2013

Transaction ID : 54101902

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional).....▶	163.67
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 7 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <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

Full Name (Last, First, Middle Initial) A. Jeffrey G. Micklos		Date of Receipt M M / D D / Y Y Y Y Y 11 / 06 / 2013 Transaction ID : 54101903
Mailing Address 3130 Tennyson St., N.W.		Amount of Each Receipt this Period 55.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1155.00	

Full Name (Last, First, Middle Initial) B. Bonnie Money Penny		Date of Receipt M M / D D / Y Y Y Y Y 11 / 06 / 2013 Transaction ID : 54101904
Mailing Address 14128 Burlingame Road		Amount of Each Receipt this Period 35.00
City Little Rock	State AR	Zip Code 72211
FEC ID number of contributing federal political committee. C		
Name of Employer FAH	Occupation SVP Administrative Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 735.00	

Full Name (Last, First, Middle Initial) C. Mr. Steve Speil		Date of Receipt M M / D D / Y Y Y Y Y 11 / 06 / 2013 Transaction ID : 54101905
Mailing Address 1948 Rockingham Street		Amount of Each Receipt this Period 84.55
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1775.55	

SUBTOTAL of Receipts This Page (optional).....▶	174.55
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 8 OF 20
<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 Graue

Mailing Address 1850 Barrett Lakes Blvd, #1112

City Kennesaw	State GA	Zip Code 30144
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FEC ID number of contributing federal political committee. **C**

Name of Employer Tenet Healthcare Corporation	Occupation Regional CEO
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2013

Transaction ID : 54378789

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Mr. Paul Castanon

Mailing Address 6307 Preston Pkwy

City Dallas	State TX	Zip Code 75205-1650
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FEC ID number of contributing federal political committee. **C**

Name of Employer Tenet Healthcare Corporation	Occupation VP and Assistant General 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
11	/	15	/	2013

Transaction ID : 54378791

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Ms. Cathy Fraser

Mailing Address 272 Enclaves Court

City Coppell	State TX	Zip Code 75019-2125
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FEC ID number of contributing federal political committee. **C**

Name of Employer Tenet Healthcare Corporation	Occupation SVP HR
--	----------------------

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
11	/	15	/	2013

Transaction ID : 54378793

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
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 9 OF 20
(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. Daniel R. Waldmann

Mailing Address 1111 North Montclair Ave

City State Zip Code
Dallas TX 75208-3520

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

Name of Employer Occupation
Tenet Healthcare Corporation SVP, Public Affairs

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
 11 / 15 / 2013
Transaction ID : 54378794

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
B. Vanessa Benavides

Mailing Address 3824 Cedar Springs Road #101-322

City State Zip Code
Dallas TX 75219-4136

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

Name of Employer Occupation
Tenet Healthcare Corporation Chief Compliance Officer

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
 11 / 15 / 2013
Transaction ID : 54378796

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Marita Covarrubias

Mailing Address 7115 Wildgrove Ave.

City State Zip Code
Dallas TX 75214-3841

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

Name of Employer Occupation
Tenet Healthcare Corporation Attorney

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
 11 / 15 / 2013
Transaction ID : 54378797

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 20
<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. Mr. Kent H. Wallace
Full Name (Last, First, Middle Initial)
Mailing Address 2447 Hidden Rive Lane
City Franklin State TN Zip Code 37069-6933
FEC ID number of contributing federal political committee. **C**
Name of Employer RegionalCare Hospital Partners Inc. Occupation Hospital Executive
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00

Date of Receipt 11 / 21 / 2013
Transaction ID : 56704589
Amount of Each Receipt this Period 750.00

B. Mr. Jeff Atwood
Full Name (Last, First, Middle Initial)
Mailing Address 9415 Gentlewind Drive
City Brentwood State TN Zip Code 37027-8653
FEC ID number of contributing federal political committee. **C**
Name of Employer RegionalCare Hospital Partners Inc. Occupation Vice President, Communications
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 21 / 2013
Transaction ID : 56704590
Amount of Each Receipt this Period 250.00

C. Mr. Mark Dooley
Full Name (Last, First, Middle Initial)
Mailing Address 594 Hiatt Road
City Clarksville State OH Zip Code 45113-8250
FEC ID number of contributing federal political committee. **C**
Name of Employer Clinton Memorial Hospital Occupation CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 21 / 2013
Transaction ID : 56704591
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 20
<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. Mrs. Janet Montel		Date of Receipt
Mailing Address 3447 Miller Place		<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City	State	Zip Code
Paris	TX	75462-5355
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 56704592
Name of Employer	Occupation	Amount of Each Receipt this Period
RegionalCare Hospital Partners Inc.	CFO	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) B. Mr. Kevin Gross		Date of Receipt
Mailing Address 4815 E. 99th Street		<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City	State	Zip Code
Tulsa	OK	74137-4841
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 56704818
Name of Employer	Occupation	Amount of Each Receipt this Period
Ardent Health Services	Division President	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) C. Jayne Chambers		Date of Receipt
Mailing Address 1256 Kensington Rd		<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City	State	Zip Code
McLean	VA	22101-2920
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 56705394
Name of Employer	Occupation	Amount of Each Receipt this Period
FAH	Senior Vice President	<input type="text" value="80.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1760.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="830.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 20
	<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"/>	<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. 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 Occupation
FAH Lobbyist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
924.00

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 21 / 2013
Transaction ID : 56705395

Amount of Each Receipt this Period
42.00

Full Name (Last, First, Middle Initial)
B. 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 Occupation
FAH President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
916.74

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 21 / 2013
Transaction ID : 56705396

Amount of Each Receipt this Period
41.67

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

Mailing Address 3130 Tennyson St., N.W.

City State Zip Code
Washington DC 20015

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

Name of Employer Occupation
FAH General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1210.00

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 21 / 2013
Transaction ID : 56705397

Amount of Each Receipt this Period
55.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 138.67

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 13 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <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

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

Mailing Address 14128 Burlingame Road

City Little Rock State AR Zip Code 72211

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

Name of Employer FAH Occupation SVP Administrative Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **770.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 21 / 2013

Transaction ID : 56705398

Amount of Each Receipt this Period
35.00

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

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 ▼ **1860.10**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 21 / 2013

Transaction ID : 56705399

Amount of Each Receipt this Period
84.55

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	119.55
TOTAL This Period (last page this line number only).....▶	6426.44

**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 20
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

A. Federation of American Hospitals - FEE REIMBURSEME
 Full Name (Last, First, Middle Initial)
 Mailing Address 750 9th Street, N.W.
 Suite 600
 City Washington State DC Zip Code 20001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 3781.11

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 06 / 2013
Transaction ID : 54101913
 Amount of Each Receipt this Period
 1974.39
 Bank Fee Reimbursement

B. Wachovia Bank
 Full Name (Last, First, Middle Initial)
 Mailing Address 801 Pennsylvania Ave, NW
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1399.80

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 21 / 2013
Transaction ID : 56704957
 Amount of Each Receipt this Period
 54.99
 Bank Fee Reimbursement

C.
 Full Name (Last, First, Middle Initial)
 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
 M M / D D / Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	2029.38
TOTAL This Period (last page this line number only).....▶	2029.38

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. Wachovia Bank

Mailing Address 801 Pennsylvania Ave, NW

City Washington State DC Zip Code 20004

Purpose of Disbursement
credit card fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 56707864

Amount of Each Disbursement this Period

credit card fees

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

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)

<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. Nancy Pelosi For Congress

Mailing Address 607 14th Street, Nw
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Nancy Pelosi

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			18			2013			

Transaction ID : 54727184

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
5	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Alaskans For Begich 2014

Mailing Address PO Box 410

City Palmer State AK Zip Code 99645

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Mark Begich

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AK District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			18			2013			

Transaction ID : 54727773

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Alaskans For Begich 2014

Mailing Address PO Box 410

City Palmer State AK Zip Code 99645

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Mark Begich

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AK District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			18			2013			

Transaction ID : 54743159

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
3	0	0	0	0	0	0	0	0	0

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

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

9	0	0	0	0	0	0	0	0	0
9	0	0	0	0	0	0	0	0	0

9	0	0	0	0	0	0	0	0	0
9	0	0	0	0	0	0	0	0	0

**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. Robert Hurt For Congress

Mailing Address PO Box 8

City Chatham State VA Zip Code 24531

Purpose of Disbursement

011

Candidate Name

Rep. Robert Hurt

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: VA District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	8		2	0	1	3

Transaction ID : 54744076

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Chuck Fleischmann For Congress Committee, Inc.

Mailing Address P.O. Box 11091
Suite 1000 James Building

City Chattanooga State TN Zip Code 37401

Purpose of Disbursement

011

Candidate Name

Mr. Charles Fleischmann

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	8		2	0	1	3

Transaction ID : 54746360

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Kevin Mccarthy For Congress

Mailing Address P.O. Box 12667

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement

011

Candidate Name

Rep. Kevin McCarthy

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 22

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	8		2	0	1	3

Transaction ID : 54747052

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

6	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

6	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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 Dan Maffei

Mailing Address PO Box 74

City State Zip Code
Syracuse NY 13214

Purpose of Disbursement

011

Candidate Name
Mr. Daniel Maffei

Office Sought: House
 Senate
 President
State: NY District: 25

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2013

Transaction ID : 54748143

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Schneider For Congress

Mailing Address PO Box 1318

City State Zip Code
Deerfield IL 60015

Purpose of Disbursement

011

Candidate Name
Rep. Brad Schneider

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2013

Transaction ID : 54749147

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. HOLDING ONTO OREGON'S PRIORITIES

Mailing Address PO BOX 3314

City State Zip Code
Portland OR 97208

Purpose of Disbursement

011

Candidate Name
HOLDING ONTO OREGON'S PRIORITIES

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2013

Transaction ID : 54751976

Amount of Each Disbursement this Period

1000.00

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

3000.00

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. New Pioneers PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		18		2013

Mailing Address 228 S Washington Street
Ste 115

Transaction ID : 54753199

City Alexandria State VA Zip Code 22314

Amount of Each Disbursement this Period

3000.00

Purpose of Disbursement

011
Category/ Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. Bridge PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		20		2013

Mailing Address 499 S. Capitol Street SW
Suite 412

Transaction ID : 55342516

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement

011
Category/ Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. Roskam For Congress Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		22		2013

Mailing Address P. O. Box 713

Transaction ID : 55492289

City Wheaton State IL Zip Code 60187

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement

011
Category/ Type

Candidate Name
Rep. Peter Roskam

Office Sought: House Senate President
State: IL District: 06

Disbursement For: 2014 Primary General Other (specify) ▼

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

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

13000.00

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**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. Walden For Congress

Mailing Address PO Box 1091

City Hood River State OR Zip Code 97031

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Gregory P. Walden

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OR District: 02

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 22 / 2013

Transaction ID : 55492291

Amount of Each Disbursement this Period

5000.00

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 / 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 / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

5000.00

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

36500.00