

# 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:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input checked="" type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> 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:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
--	---------------------------------------	--

Election on M M / D D / Y Y Y Y Y Y in the State of  

5. Covering Period 05 / 01 / 2015 through 05 / 31 / 2015

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 06 / 18 / 2015

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="2015"/>		125175.54
(b) Cash on Hand at Beginning of Reporting Period.....	185966.22	
(c) Total Receipts (from Line 19) .....	52577.18	219058.16
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	238543.40	344233.70
7. Total Disbursements (from Line 31).....	18080.64	123770.94
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	220462.76	220462.76
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**FEDERATION OF AMERICAN HOSPITALS PAC**

Report Covering the Period: From:  /  /  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).....	41977.18	191019.14
(ii) Unitemized .....	600.00	2579.78
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	42577.18	193598.92
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	10000.00	25000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	52577.18	218598.92
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.).....	0.00	459.24
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))..... ▶	52577.18	219058.16
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	52577.18	219058.16

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	1080.64	4642.81
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1080.64	4642.81
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17000.00	111000.00
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	8128.13
(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	8128.13
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)) ..	18080.64	123770.94
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18080.64	123770.94

**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	52577.18	218598.92
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	8128.13
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	52577.18	210470.79
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1080.64	4642.81
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1080.64	4642.81

**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 27
<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. Tim Adams**

Mailing Address 808 Pyrenees Dr

City Southlake	State TX	Zip Code 76092-1319
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FEC ID number of contributing federal political committee. **C**

Name of Employer Tenet Healthcare Corporation	Occupation Healthcare Executive
--	------------------------------------

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  
 05 / 22 / 2015  
**Transaction ID : 369C5D65-68E8-4BB6-**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**B. Jason Alexander**

Mailing Address 22 Isle of Hope

City Mt Pleasant	State SC	Zip Code 29464-6634
---------------------	-------------	------------------------

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

Name of Employer East Cooper Medical Center	Occupation 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  
 05 / 27 / 2015  
**Transaction ID : 14D5F7D27FD34E1C9CA1**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 1445 Ross Ave

City Dallas	State TX	Zip Code 75202-2711
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FEC ID number of contributing federal political committee. **C**

Name of Employer Tenet Healthcare Corporation	Occupation Attorney
--	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 28 / 2015  
**Transaction ID : D5B89139-4388-4F7B-**

Amount of Each Receipt this Period  
2500.00

<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 7 OF 27
	<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. Craig Armin</b>		Date of Receipt MM / DD / YYYY 05 / 29 / 2015 <b>Transaction ID : C81659E5-1C56-4E84-</b>
Mailing Address 23510 Berdon St		Amount of Each Receipt this Period 500.00
City Woodland Hills	State CA	Zip Code 91367-3004
FEC ID number of contributing federal political committee. C		
Name of Employer Tenet Healthcare Corporation	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Carol Bailey</b>		Date of Receipt MM / DD / YYYY 05 / 22 / 2015 <b>Transaction ID : E29B019E-838E-4CC8-</b>
Mailing Address 20 burton hills drive, St 200		Amount of Each Receipt this Period 1500.00
City Nashville	State TN	Zip Code 37215
FEC ID number of contributing federal political committee. C		
Name of Employer Tenet Healthcare Corporation	Occupation VP of Operation Reimbursement	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>C. Vanessa Benavides</b>		Date of Receipt MM / DD / YYYY 05 / 27 / 2015 <b>Transaction ID : 939B12F0-7E44-4937-</b>
Mailing Address 1445 Ross Ave Suite 1400		Amount of Each Receipt this Period 500.00
City Dallas	State TX	Zip Code 75202-2703
FEC ID number of contributing federal political committee. C		
Name of Employer Tenet Healthcare Corporation	Occupation Chief Compliance Officer	
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).....▶	2500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 8 OF 27
(check only one)	
<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. Carolyn Caldwell**

Mailing Address 2005 S Camino Monte

City	State	Zip Code
Palm Springs	CA	92264-2606

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

Name of Employer	Occupation
Desert Regional Medical Center	CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 24 / 2015

**Transaction ID : 47A7B669-4029-4BAD-**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 1256 Kensington Rd

City	State	Zip Code
McLean	VA	22101-2920

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

Name of Employer	Occupation
FAH	Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
830.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 06 / 2015

**Transaction ID : B8391B8D56E3B27B02A**

Amount of Each Receipt this Period  
85.00

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

Mailing Address 1256 Kensington Rd

City	State	Zip Code
McLean	VA	22101-2920

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

Name of Employer	Occupation
FAH	Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
830.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 19 / 2015

**Transaction ID : 31C88A531CEABA69C3E**

Amount of Each Receipt this Period  
85.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	670.00
<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 27
	<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. Jeremy Clark**

Mailing Address 25 Hospital Center Blvd

City Hilton Head State SC Zip Code 29926-2738

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

Name of Employer Tenet Healthcare Corporation Occupation Market 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  
 05 / 27 / 2015

Transaction ID : **DDF5C9C6-26C4-40FC-**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 4927 15th St N North

City Arlington State VA Zip Code 22205-2616

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

Name of Employer FAH Occupation Lobbyist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 06 / 2015

Transaction ID : **A1338234DE5253A0CC1**

Amount of Each Receipt this Period  
42.00

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

Mailing Address 4927 15th St N North

City Arlington State VA Zip Code 22205-2616

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

Name of Employer FAH Occupation Lobbyist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 19 / 2015

Transaction ID : **865285D738F1CC399A9**

Amount of Each Receipt this Period  
42.00

**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: (check only one)	PAGE 10 OF 27
	<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. Michael Cuffe</b>		Date of Receipt MM / DD / YYYY 05 / 05 / 2015 <b>Transaction ID : 9CB75764-7EB9-465D-</b>
Mailing Address 1 Maryland Farms Suite 300		Amount of Each Receipt this Period 1500.00
City Brentwood	State TN	Zip Code 37027-5006
FEC ID number of contributing federal political committee. C		
Name of Employer HCA	Occupation physician executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>B. Adam M. Darvish</b>		Date of Receipt MM / DD / YYYY 05 / 18 / 2015 <b>Transaction ID : AA07DD64381E05FC548</b>
Mailing Address PO Box 46899		Amount of Each Receipt this Period 250.00
City Los Angeles	State CA	Zip Code 90046-0899
FEC ID number of contributing federal political committee. C		
Name of Employer Westminster	Occupation VP	
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>c. John Doyle</b>		Date of Receipt MM / DD / YYYY 05 / 28 / 2015 <b>Transaction ID : 6864BAF1-8325-48C4-</b>
Mailing Address 117 Seaboard Ln Bldg E		Amount of Each Receipt this Period 1250.00
City Franklin	State TN	Zip Code 37067-2855
FEC ID number of contributing federal political committee. C		
Name of Employer IASIS Healthcare Corporation	Occupation CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3000.00
<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 11 OF 27
<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. Dina Dunn**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3717 Cherry Ridge Dr  
City Frisco State TX Zip Code 75033-1328  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Tenet Healthcare Corporation Occupation VP, HR Services  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 05 / 23 / 2015  
Transaction ID : **BEB0C06F-A743-4CC9-**  
Amount of Each Receipt this Period 1000.00

**B. Cathy Fraser**  
Full Name (Last, First, Middle Initial)  
Mailing Address 272 Enclaves Ct  
City Coppell State TX Zip Code 75019-2125  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Tenet Healthcare Corporation Occupation Executive  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 3000.00

Date of Receipt 05 / 22 / 2015  
Transaction ID : **0E6D30AE-077B-4494-**  
Amount of Each Receipt this Period 3000.00

**C. Richard Glancey**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1445 Ross Ave  
City Dallas State TX Zip Code 75202-2711  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Tenet Healthcare Corporation Occupation Dir. Govt. Relations  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt 05 / 22 / 2015  
Transaction ID : **CB337B77-7E08-43B1-**  
Amount of Each Receipt this Period 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4300.00
<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 12 OF 27
	<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. 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 M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2015

**Transaction ID : C89DE424FCD4BB529AC**

Amount of Each Receipt this Period  
3000.00

Full Name (Last, First, Middle Initial)  
**B. Thomas Hinton**

Mailing Address 1002 Neal Crest Cir

City Spring Hill	State TN	Zip Code 37174-2689
---------------------	-------------	------------------------

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

Name of Employer HCA	Occupation Network sevices
-------------------------	-------------------------------

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  
 05 / 18 / 2015

**Transaction ID : CF2230E803E6AA7BC48**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 513 Trotters Pl

City Franklin	State TN	Zip Code 37067-5048
------------------	-------------	------------------------

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

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

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  
 05 / 16 / 2015

**Transaction ID : 0AF2C809-FEC0-4916-**

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 13 OF 27
	<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. A. Jan Howell**  
Full Name (Last, First, Middle Initial)

Mailing Address 16101 Crowne Brook Cir

City Franklin State TN Zip Code 37067-1671

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

Name of Employer HCA Occupation AVP Medicaid Programs

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  
 05 / 08 / 2015

**Transaction ID : 65501C99BEE6EB1882B**

Amount of Each Receipt this Period  
 250.00

**B. Susan Ibanez**  
Full Name (Last, First, Middle Initial)

Mailing Address 104 Cape Breton Ct

City Franklin State TN Zip Code 37067-1325

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

Name of Employer HCA Occupation 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  
 05 / 15 / 2015

**Transaction ID : A07939BF-AC95-4048-**

Amount of Each Receipt this Period  
 250.00

**c. 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 ▼ 416.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 06 / 2015

**Transaction ID : FD61EC848F8BE58C02E**

Amount of Each Receipt this Period  
 416.70

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 541.67

**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 14 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Charles N. Kahn III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4545 N Glebe Road  
 City Arlington State VA Zip Code 22207-4848  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FAH Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 19 / 2015  
**Transaction ID : 4C787D3E752A93F928D**  
 Amount of Each Receipt this Period  
 41.67

**B. Neil W. Kunkel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 300 Jackson Blvd.  
 City Nashville State TN Zip Code 37205-3335  
 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 M / D D D / Y Y Y Y Y Y  
 05 / 18 / 2015  
**Transaction ID : 293978BD622DD81C8A0**  
 Amount of Each Receipt this Period  
 400.00

**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  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 08 / 2015  
**Transaction ID : 2ACC5A223CBF4E73C98**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	941.67
<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 16 OF 27  
(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. Mark Montoney**

Mailing Address 1445 Ross Ave

City State Zip Code  
Dallas TX 75202-2711

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

Name of Employer Occupation  
Tenet Healthcare Corporation Chief Medical Officer

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  
 05 / 29 / 2015  
**Transaction ID : 69AE73C2-D10C-4B9D-**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**B. Bruce Moore**

Mailing Address 2105 Golf Club Ln

City State Zip Code  
Nashville TN 37215-1223

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

Name of Employer Occupation  
HCA Senior Executive

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  
 05 / 11 / 2015  
**Transaction ID : EF613183-6C0C-4B8F-**

Amount of Each Receipt this Period  
3000.00

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

Mailing Address 1 Park Plz

City State Zip Code  
Nashville TN 37203-6527

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

Name of Employer Occupation  
HCA Corporate Affairs

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  
 05 / 13 / 2015  
**Transaction ID : 47C4DCD5-30E5-41EA-**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 4500.00

**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 27
<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. Doug Rabe**  
Full Name (Last, First, Middle Initial)

Mailing Address 1445 Ross Ave

City Dallas State TX Zip Code 75202-2711

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

Name of Employer Tenet Healthcare Corporation Occupation VP Tax

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  
 05 / 28 / 2015

**Transaction ID : 304A50B7-A497-405F-**

Amount of Each Receipt this Period  
 500.00

**B. Bill Rutherford**  
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 CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 14 / 2015

**Transaction ID : 18F71FE4-2F2E-49DA-**

Amount of Each Receipt this Period  
 4000.00

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

Mailing Address 1701 Wilson Pk

City Brentwood State TN Zip Code 37027

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

Name of Employer HCA, Inc. Occupation 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  
 05 / 05 / 2015

**Transaction ID : 4E51A19BC9B0341FF4E**

Amount of Each Receipt this Period  
 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4800.00
<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 27
	<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. Richard Shallcross</b>		Date of Receipt
Mailing Address 1809 Pace Hvn		<input type="text" value="05"/> / <input type="text" value="08"/> / <input type="text" value="2015"/>
City	State	Zip Code
Franklin	TN	37069-7249
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 208D8A20-7665-4145-</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
HCA	Hospital Management	<input type="text" value="2000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. David M. Siegel MD</b>		Date of Receipt
Mailing Address 46 Arnold Palmer		<input type="text" value="05"/> / <input type="text" value="28"/> / <input type="text" value="2015"/>
City	State	Zip Code
San Antonio	TX	78257-1723
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : DCD60C49A53848C95FE</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Vanguard Health Systems	Executive	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Daniel S. Slipkovich</b>		Date of Receipt
Mailing Address 133 Steeplechase Lane		<input type="text" value="05"/> / <input type="text" value="18"/> / <input type="text" value="2015"/>
City	State	Zip Code
Nashville	TN	37221-4311
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : D31C55A66668B66FEB9</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Capella Healthcare	Executive	<input type="text" value="400.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="400.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="3400.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 27
<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. Andrew Slusser**  
Full Name (Last, First, Middle Initial)

Mailing Address 9218 Concord Road

City Brentwood State TN Zip Code 37027-7407

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 M / D D D / Y Y Y Y Y Y  
 05 / 18 / 2015

**Transaction ID : 37B0B2CF2FDE4DC409E**

Amount of Each Receipt this Period  
 400.00

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

Mailing Address 1948 Rockingham St

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 ▼ 963.22

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 06 / 2015

**Transaction ID : 8E664CF040D5C379829**

Amount of Each Receipt this Period  
 104.17

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

Mailing Address 1948 Rockingham St

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 ▼ 963.22

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 19 / 2015

**Transaction ID : 24DD3469F73CCDAD245**

Amount of Each Receipt this Period  
 104.17

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 608.34

**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 20 OF 27
	<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. Gary Stokes</b>		Date of Receipt
Mailing Address 47 Waterford Court		<input type="text" value="05"/> / <input type="text" value="18"/> / <input type="text" value="2015"/>
City	State	Zip Code
Nacogdoches	TX	75965-8720
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 25AD801B927E2E7160D</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Nacogdoches Medical Center	Chief Executive Officer	<input type="text" value="400.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="400.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Warren Stowell</b>		Date of Receipt
Mailing Address 2215 Cedar Springs Rd Apt. 615		<input type="text" value="05"/> / <input type="text" value="28"/> / <input type="text" value="2015"/>
City	State	Zip Code
Dallas	TX	75201-1827
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : E44D26E2C7BCB2144DD</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Tenent Healthcare Corporation	Vice President, Operations	<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) <b>C. Scott Sundell</b>		Date of Receipt
Mailing Address 4704 N University Dr Apt. 421		<input type="text" value="05"/> / <input type="text" value="26"/> / <input type="text" value="2015"/>
City	State	Zip Code
Nacogdoches	TX	75965-2610
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 3D2A9406D3484F10A604</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Nacogdoches Medical Center	DBD/ AA	<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"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1150.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 27
	<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. Troy Sybert**  
Full Name (Last, First, Middle Initial)

Mailing Address 225 Rangewood Rd

City Piney Flats State TN Zip Code 37686-4530

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

Name of Employer Capella Healthcare Inc. Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 18 / 2015  
**Transaction ID : 80AE33F485C8498787F1**

Amount of Each Receipt this Period  
 400.00

**B. Manuel Vela**  
Full Name (Last, First, Middle Initial)

Mailing Address 437 Jennifer Ct

City Harlingen State TX Zip Code 78550-3992

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

Name of Employer Tenet Healthcare Corporation Occupation CEO/Valley Baptist Health System

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 27 / 2015  
**Transaction ID : DB0F1C3E-EFB2-4250-**

Amount of Each Receipt this Period  
 2500.00

**C. robert waterman**  
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 attorney

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  
 05 / 22 / 2015  
**Transaction ID : 17DE21D9-40A8-4208-**

Amount of Each Receipt this Period  
 3000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5900.00
<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 22 OF 27
	(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) <b>A. Lisa Wiechart</b>		Date of Receipt MM / DD / YYYY 05 / 18 / 2015
Mailing Address 2204 Grey Cliff Drive		Transaction ID : 544CF37CE2BCB3B656B
City Franklin	State TN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Capella Healthcare	Occupation Executive	Aggregate Year-to-Date ▼ 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Receipt MM / DD / YYYY
Mailing Address		Amount of Each Receipt this Period
City	State	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt MM / DD / YYYY
Mailing Address		Amount of Each Receipt this Period
City	State	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	41977.18

**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 27
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Capella Healthcare, Inc. Government Affairs Committee</b>		Date of Receipt
Mailing Address 501 Corporate Centre Drive Ste 200		<input type="text" value="05"/> / <input type="text" value="18"/> / <input type="text" value="2015"/>
City	State	Zip Code
Franklin	TN	37067
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00421420"/>	<b>Transaction ID : 5E06C76C45994B2B83C2</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="5000.00"/>
	<input type="text" value="5000.00"/>	

Full Name (Last, First, Middle Initial) <b>B. I-Vote Health of Iasis Healthcare Corp Aka I-Vote Health of Iasis Healthcare</b>		Date of Receipt
Mailing Address 117 Seaboard Lane Suite E		<input type="text" value="05"/> / <input type="text" value="08"/> / <input type="text" value="2015"/>
City	State	Zip Code
Franklin	TN	37067
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00540435"/>	<b>Transaction ID : 9FB962A0525141829534</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="5000.00"/>
	<input type="text" value="5000.00"/>	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text"/>	Amount of Each Receipt this Period
Name of Employer	Occupation	<input type="text"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text"/>
	<input type="text"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="10000.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="10000.00"/>

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

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

FOR LINE NUMBER:  
(check only one)

<input 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

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. Wells Fargo**

Mailing Address 801 Pennsylvania Ave. NW

City Washington State DC Zip Code 20004

Purpose of Disbursement  
credit card fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 8AF219EEB30BAB7110E**

Amount of Each Disbursement this Period

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

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 9B98E9E672667648422**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Wells Fargo**

Mailing Address 801 Pennsylvania Ave. NW

City Washington State DC Zip Code 20004

Purpose of Disbursement  
bank fee

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 3DDE723289C91F284AB**

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 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  
Paypal Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 117CF84B0A186EC7A0A**

Amount of Each Disbursement this Period

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  
Paypal Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : B86D75D939F88BF05CE**

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  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

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)  
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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. Bilirakis for Congress**

Mailing Address PO Box 606

City Tarpon Springs State FL Zip Code 34688-0606

Purpose of Disbursement  
2016 Primary

011  
Category/  
Type

Candidate Name

**Gus Michael Bilirakis**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: FL District: 12

Date of Disbursement

MM / DD / YYYY  
05 / 29 / 2015

**Transaction ID : 2C21686AD2CB243D47C**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Charles Boustany Jr. MD for Congress, Inc.**

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598-0126

Purpose of Disbursement  
2016 Primary

011  
Category/  
Type

Candidate Name

**Charles William Boustany Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: LA District: 03

Date of Disbursement

MM / DD / YYYY  
05 / 29 / 2015

**Transaction ID : 5801C01D4815770BB35**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Friends of John Thune**

Mailing Address PO Box 841

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement  
2016 Primary

011  
Category/  
Type

Candidate Name

**John Randolph Thune**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: SD District:

Date of Disbursement

MM / DD / YYYY  
05 / 29 / 2015

**Transaction ID : E41F6A61B5C74FED200**

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Kirk for Senate**

Mailing Address PO Box 2594

City Chicago State IL Zip Code 60690

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Mark Steven Kirk**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District:

Date of Disbursement

MM / DD / YYYY  
05 / 29 / 2015

**Transaction ID : 7E81957D8CD1703648E**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. NRSC**

Mailing Address 425 2nd Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
2015 Contribution

011

Candidate Name

**NRSC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼ Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 29 / 2015

**Transaction ID : 3B0800C8F5095B922F3**

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

**C. Ryan for Congress, Inc.**

Mailing Address PO Box 1488

City Janesville State WI Zip Code 53547-1488

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Paul Davis Ryan Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WI District: 01

Date of Disbursement

MM / DD / YYYY  
05 / 29 / 2015

**Transaction ID : 5FFE8DFD39011FCF2**

Amount of Each Disbursement this Period

1500.00

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

12500.00

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

17000.00