Federation of American Health Systems

RECEIVED
COMMISSION
MAIL ROOM

APR 24 12 04 PM '95

FedPac
Political Action Committee

1111 19th Street N.W.
Suite 402
Washington, DC 20036
202-833-3090

Public Records Office
Federal Election Commission
999 "E" Street, N.W.
Washington, D.C. 20463

Re: Federation of American Health Systems Political Action Committee Report of Receipts and Disbursements

Dear Sir or Madam:

Enclosed please find the Report of Receipts and Disbursements for the period March 1, 1995 to and including March 31, 1995. These reports have been duly executed by the treasurer of our committee.

Copies of these reports have been sent to the appropriate offices of the states in which our committee supported candidates.

Kindly acknowledge receipt of this report on the attached copy of this letter, and return same in the envelope provided.

Very truly yours,

Sylvia Urlich
Treasurer

Enclosures
RECVLTRS\120115.1

cc: Secretary of State of IA, MI NV and VA

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

APR 24 12 04 PM '95

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Federation of American Health Systems
Political Action Committee

ADDRESS (number and street) ☐ Check if different than previously reported
1111 19th Street, N.W., Suite 403

CITY, STATE and ZIP CODE
Washington, D.C. 20036

2. FEC IDENTIFICATION NUMBER
C00002251

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

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due On:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☒ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

☐ Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period _____ through _____		
6. (a) Cash on Hand January 1, 19____		$112,610.62
(b) Cash on Hand at Beginning of Reporting Period	$ 85,958.57	
(c) Total Receipts (from Line 19)	$ 15,910.22	$ 17,466.99
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 101,868.79	$130,077.61
7. Total Disbursements (from Line 30)	$ 3,448.67	$ 31,637.49
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 98,420.12	$ 98,420.12
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	$ -0-	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	$ -0-	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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
Sylvia Urlich

Signature of Treasurer [signature] Date 4/19/95

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

FEC FORM 3X
(revised 5/93)

9 5 0 3 9 7 4 5 0 0 5

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(rev. 3/92)

NAME OF COMMITTEE: Federation of American Health Systems Political Action Committee

REPORT COVERING PERIOD FROM 03/01/95 TO 03/31/95

	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual Persons Other Than Political Committees		
Itemized (use Schedule A)	12925.00	13300.00
Unitemized	2912.09	3955.94
i. Total (add i and ii) ➤	15837.09	17255.94
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ➤	15837.09	17255.94
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)	73.13	211.05
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	15910.22	17466.99
20. Total Federal Receipts (subtract line 18 from line 19) ➤	15910.22	17466.99
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures	948.67	957.49
c. Total Operating Expenditures (add a i, a ii, and b) ➤	948.67	957.49
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	2500.00	30700.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) ➤		
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	3448.67	31657.49
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	3448.67	31657.49
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from line 11d)	15837.09	17255.94
33. Total Contribution Refunds (from line 28d)	-0-	-0-
34. Net Contributions (other than loans) (subtract line 33 from 32)	15837.09	17255.94
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	948.67	957.49
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-
37. Net Operating Expenditures (subtract line 36 from 35) ➤	948.67	957.49

95039745006

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 5

FOR LINE NUMBER 11(a)(i)

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 Health Systems Political Action Committee

C00002261

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Ernie Libman, Trustee 1709 Glenview Drive Las Vegas NV Receipt For: [ ] Primary [X] General [ ] Other (specify):	Employer: ORNDA Health Corp. Occupation: Executive Director Aggregate Year-to-Date > $	4/7/95	$400
B. Marc A. Furstman 1205 Bayview Drive Manhatten Beach CA 90266 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Employer: ORNDA Health Corp. Occupation: Hospital CEO Aggregate Year-to-Date > $	4/7/95	$500
C. Thomas Salerno 2595 Edgeview Lane Arroyo Grande CA 93420 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Employer: ORNDA Health Corp. Occupation: Hospital CEO Aggregate Year-to-Date > $	4/7/95	$500
D. Raymond Grenier 1651 Bastlake Way Fort Lauderdale FL 33326 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Employer: ORNDA Health Corp. Occupation: Hospital CEO Aggregate Year-to-Date > $	4/7/95	$300
E. Richard Butler 28902 Aloma Avenue Laguna Niguel CA 92677 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Employer: ORNDA Health Corp. Occupation: Hospital CEO Aggregate Year-to-Date > $	4/7/95	$300
F. Michael Sussman 13 Canyon Island Drive Newport Beach CA 92660 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Employer: ORNDA Health Corp. Occupation: Hospital CEO Aggregate Year-to-Date > $	4/7/95	$400
G. Tim Moran 13376 Peters Road Lake Oswego OR 97035 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Employer: ORNDA Health Corp. Occupation: Administrator Aggregate Year-to-Date > $	4/7/95	$400

SUBTOTAL of Receipts This Page (optional) . . . . . > 2800.00

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

95039745007

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 2 OF 5

FOR LINE NUMBER 11(a)(i)

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 Health Systems
Political Action Committee

C00002261

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Jeffrey Ashin 1117 W. Peninsula Drive Gilbert AZ 85233 Receipt For: [ ] Primary [X] General [ ] Other (specify):	ORNDA Health Corp. Occupation: Hospital CEO Aggregate Year-to-Date > $	4/7/95	$400
B. K. Steven Rowley 4306 97th Street Lubbock TX 79423 Receipt For: [ ] Primary [X] General [ ] Other (specify):	ORNDA Health Corp. Occupation: Hospital CEO Aggregate Year-to-Date > $	4/7/95	$500
C. Mark A. Meyers 11785 NW 5th Street Plantation FL 33325 Receipt For: [ ] Primary [X] General [ ] Other (specify):	ORNDA Health Corp. Occupation: Hospital CEO Aggregate Year-to-Date > $	4/7/95	$500
D. Kenneth Teel 1945 Hidden Valley Rockwell TX 75087 Receipt For: [ ] Primary [X] General [ ] Other (specify):	ORNDA Health Corp. Occupation: Hospital CEO Aggregate Year-to-Date > $	4/7/95	$500
E. Daniel McLean 7335 Rindge Avenue Playa del Rey CA 90293 Receipt For: [ ] Primary [X] General [ ] Other (specify):	ORNDA Health Corp. Occupation: Hospital CEO Aggregate Year-to-Date > $	4/7/95	$500
F. Robert S. Freymuller 2344 Conle Way La Canada CA 91011 Receipt For: [ ] Primary [X] General [ ] Other (specify):	ORNDA Health Corp. Occupation: Hospital CEO Aggregate Year-to-Date > $	4/7/95	$500
G. Clifford A. Yeager 303 Washington Kennett MO 63857 Receipt For: [ ] Primary [X] General [ ] Other (specify)	ORNDA Health Corp. Occupation: Hospital CEO Aggregate Year-to-Date > $	4/7/95	$400

SUBTOTAL of Receipts This Page (optional)	$3300.00
TOTAL This Period (last page this line number only)	

9 5 0 3 9 7 4 5 0 0 8

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 3 OF 5

FOR LINE NUMBER 11(a)(i)

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 Health Systems
Political Action Committee

C00002261

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Keith King 3530 Hawthorne Drive West Carmel IN 46033 Receipt For: [ ] Primary [X] General [ ] Other (specify):	ORNDA Health Corp. Occupation: Hospital CEO Aggregate Year-to-Date > $	4/7/95	$325
B. Howard Levine 309 Bay Hill Drive Newport Beach CA 92660 Receipt For: [ ] Primary [X] General [ ] Other (specify):	ORNDA Health Corp. Occupation: Executive Director Aggregate Year-to-Date > $	4/7/95	$500
C. Gary L. Stokes 802 Lochness Lane Garland TX 75044 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer Occupation: Hospital CEO Aggregate Year-to-Date > $	4/7/95	$400
D. George E. French, III 1106 Broadway Minden LA 71055 Receipt For: [ ] Primary [X] General [ ] Other (specify):	ORNDA Health Corp. Occupation: Administrator Aggregate Year-to-Date > $	4/7/95	$300
E. J.O. Lewis 2907 Skyline Missouri City TX 77459 Receipt For: [ ] Primary [X] General [ ] Other (specify):	ORNDA Health Corp. Occupation: Administrator Aggregate Year-to-Date > $	4/7/95	$300
F. William C. Rasmussen 878 Melinda Court Santa Maria CA 93455 Receipt For: [ ] Primary [X] General [ ] Other (specify):	ORNDA Health Corp. Occupation: Hospital CEO Aggregate Year-to-Date > $	4/7/95	$300
G. Larry E. Hood 279 N. Hayden Bay Road Portland OR 97217 Receipt For: [ ] Primary [X] General [ ] Other (specify):	ORNDA Health Corp. Occupation: Administrator Aggregate Year-to-Date > $	4/7/95	$300

SUBTOTAL of Receipts This Page (optional)	$2425.00
TOTAL This Period (last page this line number only)	

9 5 0 3 9 7 4 5 0 0 9

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 4 OF 5

FOR LINE NUMBER 11(a)(i)

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 Health Systems Political Action Committee C00002261

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Mark L. Bernard 19222 Autumn Garden San Antonio TX 78258 Receipt For: [ ] Primary [X] General [ ] Other (specify):	ORNDA Health Corp. Occupation: Hospital CEO Aggregate Year-to-Date > $	4/7/95	$500
B. James E. Acevedo 245 Main Street, No 213 Venice CA 90291 Receipt For: [ ] Primary [X] General [ ] Other (specify):	ORNDA Health Corp. Occupation: Hospital CEO Aggregate Year-to-Date > $	4/7/95	$300
C. Dan F. Ausman 354 Shadyvale Lane Brea CA 92621 Receipt For: [ ] Primary [X] General [ ] Other (specify):	ORNDA Health Corp. Occupation: Administrator Aggregate Year-to-Date > $	4/7/95	$300
D. William C. Behnke, Jr. 6060 N. Via Tres Patos Tucson AZ 85715 Receipt For: [ ] Primary [X] General [ ] Other (specify):	ORNDA Health Corp. Occupation: Hospital CEO Aggregate Year-to-Date > $	4/7/95	$400
E. Robert Glass 5027 Lakewood Boulevard Lakewood CA 90712 Receipt For: [ ] Primary [X] General [ ] Other (specify):	ORNDA Health Corp. Occupation: Administrator Aggregate Year-to-Date > $	4/7/95	$400
F. Bruce Brandler 5307 66th Avenue, West Tacoma WA 98467 Receipt For: [ ] Primary [X] General [ ] Other (specify):	ORNDA Health Corp. Occupation: Administrator Aggregate Year-to-Date > $	4/7/95	$300
G. John Calderone 4321 Los Feliz Boulevard #306 Los Angeles CA 90027 Receipt For: [ ] Primary [X] General [ ] Other (specify):	ORNDA Health Corp. Occupation: Hospital CEO Aggregate Year-to-Date > $	4/7/95	$400

SUBTOTAL of Receipts This Page (optional) > $2600.00

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

95039145010

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 5

FOR LINE NUMBER 11(a)(i)

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 Health Systems Political Action Committee

C00002261

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Sari Weiner Lindley Avenue, No. 307 Tarzana CA 91356 Receipt For: [ ] Primary [X] General [ ] Other (specify):	ORNDA Health Corp. VP, Business Developmt Aggregate Year-to-Date $	4/7/95	$300
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Carol Murdock 3401 West End Avenue #700 Nashville TN 37203 Receipt For: [ ] Primary [X] General [ ] Other (specify):	ORNDA Health Corp. Sr. VP, Business Dev. Aggregate Year-to-Date $	4/7/95	$500
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Bryan Burklow 17330 NW 7th Avenue, #204 Miami FL 33169 Receipt For: [ ] Primary [X] General [ ] Other (specify):	ORNDA Health Corp. Sr. VP Operations Aggregate Year-to-Date $	4/7/95	$500
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Raymond Denson 2109 Hampton Avenue Nashville TN 37215 Receipt For: [ ] Primary [X] General [ ] Other (specify):	ORNDA Health Corp. Sr. VP Operations Aggregate Year-to-Date $	4/7/95	$500
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $		

SUBTOTAL of Receipts This Page (optional) . . . . . $ 1800.00

TOTAL This Period (last page this line number only) $12925.00

95039745011

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 1 OF 1

FOR LINE NUMBER 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 Health Systems Political Action Committee C00002261

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
First Union National Bank 15th and K Streets, N.W. Washington, D.C.	Money Market Account	3/31/95	$73.13
Receipt For: ☐ Primary ☐ General ☒ Other (specify). Interest earned	Occupation		
	Aggregate Year-to-Date > $		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation		
	Aggregate Year-to-Date > $		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation		
	Aggregate Year-to-Date > $		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation		
	Aggregate Year-to-Date > $		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation		
	Aggregate Year-to-Date > $		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation		
	Aggregate Year-to-Date > $		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation		
	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) . . . . . >

TOTAL This Period (last page this line number only) . . . . . > $73.13

95039145012

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 21(a)(ii)

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 Health Systems Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
First Union National Bank 15th and K Streets, N.W. Washington, D.C.	Money Mkt Account Disbursement for: [ ] Primary [ ] General [X] Other (specify) Fees	3/13/95	$ 5.47
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Internal Revenue Service Philadelphia PA	1994 Income Taxes Disbursement for: [ ] Primary [ ] General [X] Other (specify) Taxes	3/07/95	$943.20
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

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

TOTAL This Period (last page this line number only) $948.67

95039745013

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 23

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 Health Systems Political Action Committee C00002261

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of John Warner '96 Committee 425 Second Street, N.E. Washington D.C. 20002	Sen. John Warner (R-VA) Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1996	3/01/95	$1000.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Nussle For Congress Committee P.O. Box 324 Manchester IA 52057	Rep. Jim Nussle (R-2nd-IA) Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1996	3/01/95	$ 500.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Upton for All of Us P.O. Box 490 St. Joseph MI 49005	Rep. Fred Upton (R-6th-MI) Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1996	3/14/95	$ 500.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
John Ensign for Congress 8917 Stafford Springs Drive Las Vegas NV 89134	Rep. John Ensign (R-1st-NV) Disbursement for: [ ] Primary [ ] General [X] Other (specify) Debt Ret.	3/14/95	$ 500.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

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

TOTAL This Period (last page this line number only) $2500.00

95039145014

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	DATE OF RECEIPT
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☑	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

SHB.
PREPARER

4-24-95
DATE PREPARED

FEC FORM 70-2 (12/92)

9 5 0 3 9 7 4 5 0 1 5