Federation of American Health Systems

RECEIVED
COMMISSION
MAIL ROOM

MAR 22 1 37 PM '96

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 February 1, 1996 to and including February 29, 1996. 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
RBCULTRB153604.1

cc: Secretary of State of AR, CA, CO, FL, IL, LA, MA, MN, ND, NH, OH and OK.

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

MAR 22 1 37 PM '96

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
C00002261

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 02/01/96 through 02/29/96		
6. (a) Cash on Hand January 1, 19 96		$144,257.45
(b) Cash on Hand at Beginning of Reporting Period	$ 150,012.85	
(c) Total Receipts (from Line 19)	$ 18,175.94	$ 30,432.65
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 168,188.79	$174,690.10
7. Total Disbursements (from Line 30)	$ 12,120.45	$ 18,621.76
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 156,068.34	$156,068.34
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 3/18/96

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 9/93)

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

(revised 1 1 91)

NAME OF COMMITTEE Federation of American Health Systems Political Action Committee

REPORT COVERING PERIOD FROM 02/01/96 TO 02/29/96

	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	10,750.00	20,350.00
ii. Unitemized	1,562.50	4,083.00
iii. Total (add i and ii) ➤	12,312.50	24,433.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)	5,690.44	5,690.44
d. Total Contributions (add a iii, b and c) ➤	18,003.44	30,123.44
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.)	172.50	308.71
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	18,175.94	30,432.65
20. Total Federal Receipts (subtract line 18 from line 19) ➤	18,175.94	30,432.65
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share	1,120.45	1,121.76
b. Other Federal Operating Expenditures		
c. Total Operating Expenditures (add a i, a ii, and b) ➤	1,120.45	1,121.76
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	11,000.00	17,500.00
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) ➤	12,120.45	18,621.76
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	11,000.00	17,500.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	18,003.44	30,123.44
33. Total Contribution Refunds (from line 28d)	-0-	-0-
34. Net Contributions (other than loans)(subtract line 33 from 32)	18,003.44	30,123.44
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	-0-	-0-
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-
37. Net Operating Expenditures (subtract line 36 from 35) ➤	-0-	-0-

9 6 0 3 0 3 6 1 1 5 3

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1

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. JOHN A. NESTNEY 2210 Troy Road Niskayuna NY 12309 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Employer: BELLEVUE - The Women's Hospital Occupation: VP - Brd of Directors Aggregate Year-to-Date > $	02/01/96	$ 200.00
B. GRACE G. JURGENSEN, M.D. 2210 Troy Road Niskayuna NY 12309 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Employer: BELLEVUE - The Woman's Hospital Occupation: Physician Aggregate Year-to-Date > $	02/01/96	$ 300.00
C. DR. THOMAS F. FRIST, JR. 508 Belle Meade Boulevard Nashville TN 37205 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Employer: Columbia HCA Occupation: Vice Chair, Board Aggregate Year-to-Date > $	02/26/96	$5000.00
D. RICHARD L. SCOTT 1214 Chickering Road Nashville TN 37215 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Employer: Columbia HCA Occupation: CEO Aggregate Year-to-Date > $	02/26/96	$5000.00
E. THOMAS E. JOHNSON 1706 Castleman Drive Nashville TN 37215 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Employer: Columbia HCA Occupation: VP - Reimbursement Aggregate Year-to-Date > $	02/26/96	$ 250.00
F. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Employer: Occupation: Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Employer: Occupation: Aggregate Year-to-Date > $		

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

TOTAL This Period (last page this line number only) $10,750.00

96030614 4

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 11(c)

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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. NMEPAC 2700 Colorado Avenue Santa Monica CA 90404 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer: Tenet Healthcare Corp. Occupation: PAC to PAC Aggregate Year-to-Date > $	02/21/96	$5,000.00
B. OrNda PAC P.O. Box 1200 Nashville TN 37202-1200 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Name of Employer: OrNda Healthcare Corp. Occupation: PAC to PAC Aggregate Year-to-Date > $	02/01/96	$ 690.94
C. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

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

TOTAL This Period (last page this line number only) . . . . . > $ 5,690.94

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SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) 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 First Union National Bank 740 15th Street NW Washington D.C. 20005 Receipt For: [ ] Primary [ ] General [X] Other (specify): Interest earned	Name of Employer Money Market Account Occupation Aggregate Year-to-Date > $	Date (month, day, year) 02/29/96	Amount of Each Receipt this Period $ 172.50
B. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	172.50

9 4 0 3 0 2 6 1 1 4 6

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)

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NAME OF COMMITTEE (in Full)

Federation of American Health Systems Political Action Committee C00002261

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code INTERNAL REVENUE SERVICE	1995 Taxes Disbursement for: [ ] Primary [ ] General [x] Other (specify)	02/19/96	$ 1120.45
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

TOTAL This Period (last page this line number only) ..... $ 1120.45

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SCHEDULE B ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)
Federation of American Health Systems
Political Action Committee C00002261

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Friends of Bob Livingston 5163 General de Gaulle Drive Suite 210 New Orleans LA 70131	Rep. Bob Livingston (R-1st-LA) Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1996	02/09/96	$ 1500.00
B. Judd Gregg Committee P.O. Box 1812 Concord NH 03302	Sen. Judd Gregg (R-NH) Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1998	02/09/96	$ 1000.00
C. Weld for Senate 90 Canal Street Boston MA 02114	William Weld (R-MA) Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1996	02/09/96	$ 1000.00
D. Hobson for Congress 82 West Columbia Street Springfield OH 45502	Rep. David Hobson (R-7th OH) Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1996	02/09/96	$ 1000.00
E. Porter for Congress P.O. Box 7126 Deerfield IL 60015	Rep. John Porter (R-10th-IL) Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1996	02/09/96	$ 500.00
F. Wes Watkins for Congress 1155 21st Street, NW, Suite 300 Washington D.C. 20036	Wes Watkins (R-3rd-OK) Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1996	02/09/96	$ 500.00
G. Wally Herger for Congress P.O. Box 1500 Chico CA 95927	Rep. Wally Herger (R-2nd-CA) Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1996	02/09/96	$ 500.00
H. Huckabee Election Committee 403 East 14th Street Little Rock AR 72202	Mike Huckabee (R-AR) Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1996	02/28/96	$1000.00
I. Richard E. Neal for Congress Comm. P.O. Box 2884 Washington D.C. 20013	Rep. Richard Neal (R-2nd-MA) Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1996	02/28/96	$ 500.00

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

TOTAL This Period (last page this line number only) ..... $ 7500.00

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2

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

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Friends of Tom Strickland P.O. Box 300279 Denver CO 80203	Tom Strickland (D-CO) Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1996	02/28/96	$ 500.00
B. Full Name, Mailing Address and ZIP Code People for Boschwitz '96 507 Capitol Court N.E., Ste 100 Washington D.C. 20002	Purpose of Disbursement Rudy Boschwitz (R-MN) Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1996	02/28/96	$ 1000.00
C. Full Name, Mailing Address and ZIP Code Ben Graber for Congress c/o Columbia ECA	Purpose of Disbursement Ben Graber (D-19-FL) Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1996	02/28/96	$ 1000.00
D. Full Name, Mailing Address and ZIP Code Friends of Kent Conrad 110 B East Broad Street Falls Church VA 22046	Purpose of Disbursement Sen. Kent Conrad (D-ND) Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	02/28/96	$ 1000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) $3500.00

TOTAL This Period (last page this line number only) $11,000.00

9 5 0 3 0 2 6 1 1 K 9

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 3-21-96
☐	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

SEJ — PREPARER

3-22-96 — DATE PREPARED

FEC FORM 70-2 (12/92)

9 6 0 3 0 3 6 1 1 7 0