REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

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, NW Suite 402

CITY, STATE and ZIP CODE
Washington, DC 20036

FEDERAL ELECTION COMMISSION
Oct 21 4 20 PM '98

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

Pre-General 24 Hour Report

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 10/15/98 through 10/20/98		
6. (a) Cash on Hand January 1, 1998		$ 94,612.20
(b) Cash on Hand at Beginning of Reporting Period	$ 70,659.02	
(c) Total Receipts (from Line 19)	$ 200.00	$ 78,975.26
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 70,859.02	$ 173,587.46
7. Total Disbursements (from Line 30)	$ 11,000.00	$ 113,728.44
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 59,859.02	$ 59,859.02
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$	

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: Sylvia Urlich

Date: 10/20/98

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)

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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 10/15/98 TO: 10/20/98

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees	$200.00	$59020.00	11(a)(i)
i. Itemized (use Schedule A)		4,185.00	11(a)(ii)
ii. Unitemized			
iii. Total (add i and ii) ➤	200.00	63,205.00	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)		14,382.00	11(c)
d. Total Contributions (add a iii, b and c) ➤	200.00	77,587.00	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)		1,388.26	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	200.00	78,975.26	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	200.00	78,975.26	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures			21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤			21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	11,000.00	113,600.44	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees [2 U.S.C. 441a(d)] (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) ➤			28(d)
29. Other Disbursements		128.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	11,000.00	113,728.44	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	11,000.00	113,728.44	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	200.00	77,587.00	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	200.00	77,587.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	0	0	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	0	0	37

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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 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)

C00002261

Federation of American Health Systems Political Action Committee

A. Full Name, Mailing Address and ZIP Code Robert W. Danforth 4061 Snowshoe Lane Reno, NV 89502 Receipt For: ☐ Primary ☒ General ☐ Other (specify): 1998	Name of Employer Universal Health Network Occupation Vice President Aggregate Year-to-Date $200.00	Date (month, day, year) 10/18/98	Amount of Each Receipt this Period $200.00
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)	$200.00
TOTAL This Period (last page this line number only)	$200.00

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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. 29th CD PAC 8665 WIlshire Blvd., #200 Beverly Hills, CA 90211	Rep. Henry Waxman D-CA-29th Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1998	10/20/98	$2,000.00
B. Snowbarger for Congress PO Box 3001 Olathe, KS 66062	Rep. Vincent Snowbarger R-KS-3 Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1998	10/20/98	$1,000.00
C. Reelect Brian Bilbray for Congress 1307 9th St. Imperial Beach, CA 91932	Rep. Brian Bilbray R-CA-49th Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1998	10/20/98	$1,000.00
D. Judy Biggert for COngress 309 North Cass Ave. Westmont, IL 60559	Judy Biggert R-IL-13th Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1998	10/20/98	$1,000.00
E. Chairez for Congress 4386 Southeastern Ave. Las Vegas, NV 89119	Don Chairez R-NV-1 Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1998	10/20/98	$1,000.00
F. Simpson for Congress 786 Hoff Dr. Blackfoot, ID 83221	Mike Simpson R-ID-2 Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1998	10/20/98	$1,000.00
G. Baker for Congress PO Box 1014 Moline, IL 61266	Mark BAker R-IL-17th Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1998	10/20/98	$1,000.00
H. Committee to Elect Pat Toomey 1005 Union Blvd. Allentown, PA 18103	Patrick Toomey R-PA-15th Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1998	10/20/98	$1,000.00
I. Musser for COngress PO Box 628245 Middleton, WI 53562	Josephine Musser R-WI-2 Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1998	10/20/98	$1,000.00

SUBTOTAL of Disbursements This Page (optional) $10,000.00

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 23

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

A. Full Name, Mailing Address and ZIP Code Cook 98 Reelection Committee 1800 Beneficial Life Tower Salt Lake City, UT 84111	Purpose of Disbursement Rep. Merrill Cook R-UT-2 Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1998	Date (month, day, year) 10/20/98	Amount of Each Disbursement This Period $1,000.00
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)	$1,000.00
TOTAL This Period (last page this line number only)	$11,000.00

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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 10-21-98
☐	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
☐	Electronic Filing	

PREPARER	10-21-98 DATE PREPARED

(4/98)