RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

Federation of American Health Systems

JUN 21 10 45 AM '99

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

Michael D. Bromberg
Executive Director

June 16, 1999

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 May 1, 1999, to and including May 31, 1999. The report has been duly executed by the undersigned as Treasurer of the 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. Should you have any questions, please contact our legal counsel, Robert E. Goldstein of Foley & Lardner, at (619) 685-6402.

Very truly yours,

Sylvia Urlich
Treasurer

Enclosure(s)

cc: Secretaries of State of CA, CT, DC, IL, MD, MO and PA

017.110642.1

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than an Authorized Committee
(Summary Page)

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 402

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

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2. FEC IDENTIFICATION NUMBER
C00002261

3. ☐ This committee has qualified as a multi-candidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

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

(b) ☐ Is this Report an Amendment? ☐ Yes ☒ No

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 preceding
_____ (Type of Election)
election on _____ in the in the State of _____

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

SUMMARY 5. Covering Period May 1, 1999 through May 31, 1999	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 1999		$62,515.85
(b) Cash on Hand at Beginning of Reporting Period	$51,705.87	
(c) Total Receipts (from Line 19)	$ 299.41	$14,129.74
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B	$52,005.28	$76,645.59
7. Total Disbursements (from Line 30)	$ 8,035.00	$30,675.31
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$44,970.28	$45,970.28
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

Date
6/7/99

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 C00002261

REPORT COVERING PERIOD FROM: May 1, 1999 TO: May 31, 1999

	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)	$ 210.00	$12,160.00
ii. Unitemized	$ 0.00	$ 1,500.00
iii. Total (add i and ii) ▶	$ 210.00	$13,660.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b, and c) ▶	$ 210.00	$13,660.00
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) FAHS Reimbursement	$ 35.00	$ 180.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)	$ 54.41	$ 289.74
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ▶	$ 299.41	$14,129.74
20. Total Federal Receipts (subtract line 18 from line 19) ▶	$ 299.41	$14,129.74
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		
c. Total Operating Expenditures (add a i, a ii, and b) ▶		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	$6,000	$30,460.31
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. Individual 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 NOVA Information Systems	$ 35.00	$ 215.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)) ▶	$6,035.00	$30,675.31
31. Total Federal Disbursements (subtract line 21a ii from line 30) ▶	$6,035.00	$30,675.31
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from line 11d)	$ 210.00	$13,660.00
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans) (from line 33 from 32)	$ 210.00	$13,660.00
35. Total Federal Operating Expenditures (add line 21a i and 21b) ▶		
36. Offsets to Operating Expenditures (from line 15)	$ 35.00	$ 180.00
37. Net Operating Expenditures (subtract line 36 from 35) ▶	($35.00)	($180.00)

SCHEDULE A ITEMIZED RECEIPTS

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

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer:	Date (month, day, year)	Amount of Each Receipt this Period
Martin G. Schweinhart 376 Sandcastle Road Franklin, TN 37069	Occupation: Vice President - Operations	05/21/99	$210.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $210.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer:	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation:		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	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
	Occupation:		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	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
	Occupation:		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	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
	Occupation:		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	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
	Occupation:		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	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
	Occupation:		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	$210.00
TOTAL This Period (last page this line number only)	$210.00

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Plan	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, N.W. Washington, D.C. 20005	Name of Employer: First Union National Bank Occupation: Money Market	Date (month, day, year) 05/28/99	Amount of Each Receipt this Period $54.41
Receipt For: ☐ Primary ☐ General ☒ Other (specify): Interest Earned	Aggregate Year-to-Date > $289.74		
B. 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 > $		
C. 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 > $		
D. 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 > $		
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)	$54.41
TOTAL This Period (last page this line number only)	$54.41

SCHEDULE B ITEMIZED DISBURSEMENTS

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

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
Santorum 2000 2nd Floor, 640 Rodi Road Pittsburgh, PA 15235	Senator Rick Santorum (R-PA) Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	05/06/99	$1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Friend of Roy Blunt P. O. Box 278 Stafford, MO 65757	Rep. Roy Blunt (R-MO) Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	05/06/99	$500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Mike Bilirakis for Congress C/o Suite 1010 1350 Eye St., NW Washington, DC 20005	Rep. Michael Bilirakis (R-FL) Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	05/06/99	$1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Christopher Cox Congressional Committee P.O. Box 8088C Newport Beach, CA 92658	Rep. Christopher Cox (R-CA) Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	05/06/99	$1,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Re-Elect Nancy Johnson to Congress P.O. Box 1986 New Britan, CT 06050	Rep. Nancy L. Johnson (R-CT) Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	05/06/99	$1,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Cardin for Congress P.O. Box 65056 Baltimore, MD 21209-0056	Rep. Ben Cardin (D-MD) Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	05/06/99	$1,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Porter for Congress P.O. Box 7126 Deerfield, IL 60015	Rep. John Porter (R-IL) Disbursement for: ☒ Primary ☐ General ☐ Other (specify):	05/06/99	$500.00

SUBTOTAL of Disbursements This Page (optional)	$6,000.00
TOTAL This Period (last page this line number only)	$6,000.00

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
☐	Electronic Filing	

bh	6-21-99
PREPARER	DATE PREPARED

(4/96)