WEISSBURG AND ARONSON, INC.

ATTORNEYS AT LAW
[illegible] FLOOR, TWO CENTURY PLAZA
2049 CENTURY PARK EAST
LOS ANGELES, CALIFORNIA 90067-3297
TELEPHONE (310) 277-2223
FACSIMILE (310) 557-8475

SACRAMENTO OFFICE
[illegible] STREET, SUITE [illegible]
SACRAMENTO, CALIFORNIA [illegible]
TELEPHONE [illegible]
FACSIMILE [illegible]

SAN FRANCISCO OFFICE
[illegible] CALIFORNIA STREET, SUITE 2400
SAN FRANCISCO, CALIFORNIA [illegible]
TELEPHONE [illegible]
FACSIMILE [illegible]

SAN DIEGO OFFICE
[illegible] BROADWAY, SUITE [illegible]
SAN DIEGO, CALIFORNIA [illegible]
TELEPHONE [illegible]
FACSIMILE [illegible]

June 15, 1995

FILE NUMBER
27671-903

VIA FEDERAL EXPRESS

Ms. Sylvia Urlich, Treasurer
Federation of American Health Systems
Political Action Committee
c/o Westchester General Hospital
2500 S.W. 75th Avenue
Miami, Florida 33155

Re: FedPAC Federal Election Commission Reports

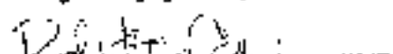
Dear Ms. Urlich:

Please find enclosed the required FedPac Report for the period May 1, 1995 to an including May 31, 1995. Pursuant to the instructions in our file, included are copies of the FedPac Report and corresponding return envelopes for each of the States where contributions to candidates were made.

Please note that, pursuant to Federal Election Commission rules, the FedPAC Report for this period must be postmarked on or before June 20, 1995.

As always, if you have any questions, or need further information regarding the raw data used for the FedPAC Report, please call me directly at (310) 203-7885.

Very truly yours,



Robert Carrasco
Legal Assistant

cc: Mr. Carl I. Weissburg, Esq.
WSC\LTRS\126156.1

Federation of American Health Systems

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 May 1, 1995 to and including May 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
RBCLTRB\122840.1

cc: Secretary of State of MD and OK

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, N.W., Suite 403

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

JUN 20 11 03 AM '95

2. FEC IDENTIFICATION NUMBER
C00002261

3. [X] 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 5/1/95 through 5/31/95		
6. (a) Cash on Hand January 1, 19 95		$112,610.62
(b) Cash on Hand at Beginning of Reporting Period	$ 92,970.44	
(c) Total Receipts (from Line 19)	$ 5,135.33	$ 24,156.87
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 98,105.77	$136,767.49
7. Total Disbursements (from Line 30)	$ 2,104.24	$ 40,765.96
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 96,001.53	$ 96,001.53
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

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 1/91

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

REPORT COVERING PERIOD FROM 5/1/95 TO: 5/31/95

	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual Persons Other Than Political Committees		
i. Itemized (use Schedule A)	3,000.00	16,300.00
ii. Unitemized	2,057.09	6,461.79
iii. Total (add i and ii) ➤	5,057.09	22,761.79
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ➤	5,057.09	22,761.79
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.)	78.24	1,395.08
18. Transfers from Non-federal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	5,135.33	24,156.87
20. Total Federal Receipts (subtract line 18 from line 19) ➤	5,135.33	24,156.87
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	4.24	965.96
c. Total Operating Expenditures (add a i, a ii, and b) ➤	4.24	965.96
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	2,100.00	39,800.00
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) ➤	2,104.24	40,765.96
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	2,104.24	40,765.96
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from line 11d)	5,057.09	22,761.79
33. Total Contribution Refunds (from line 28d)	-0-	-0-
34. Net Contributions (other than loans) (subtract line 33 from 32)	5,057.09	22,761.79
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	4.24	965.96
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-
37. Net Operating Expenditures (subtract line 36 from 35) ➤	4.24	965.96

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 15th and K Streets N.W. Washington, D.C. 20009	Name of Employer Money Market Account	Date (month, day, year) 5/31/95	Amount of Each Receipt this Period 78.24
Receipt For: ☐ Primary ☐ General X Other (specify): Interest earned	Occupation Interest 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) . . . . . > 78.24

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Christy Batts 2205 Golf Club Lane Nashville TN 37215 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Quorum Health Group V.P./ General Counsel Aggregate Year-to-Date > $	5/9/95	500.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Maurice W. Campbell, Jr. 4243 Lister Ferry Road Rainbow City AL 35906 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Quorum Health Group V.P./ Gov't Relations Aggregate Year-to-Date > $	5/9/95	500.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
James E. Dalton, Jr. 557 Midway Circle Brentwood TN 37027 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Quorum Health Group President & CEO Aggregate Year-to-Date > $	5/9/95	1,000.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Robert A. Yeager 2630 Old Charlotte Pine Franklin TN 37064 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Quorum Health Group V.P./ CFO Aggregate Year-to-Date > $	5/9/95	500.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Frank Williams 809 Foxboro Court Brentwood TN 37027 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Quorum Health Group Vice President Aggregate Year-to-Date > $	5/9/95	500.00
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) . . . . . >

TOTAL This Period (last page this line number only) . . . . . > 3,000.00

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 21(b)

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
First Union National Bank 15th and K Streets N.W. Washington D.C. 20009	Account Fees Disbursement for: ☐ Primary ☐ General ☒ Other (specify) Money Market	5/13/95	4.24
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) 4.24

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Mikulski for Senate P.O. Box 13147 Baltimore MD	Sen. Barbara Mikulski (D-MD) Disbursement for: [x] Primary [ ] General [ ] Other (specify) 1998	5/25/95	600.00
B. Hoyer for Congress 7905 Malcolm Road, Suite 102 Clinton MD 20735	Rep. Steny Hoyer (D-5th-MD) Disbursement for: [x] Primary [ ] General [ ] Other (specify) 1996	5/25/95	500.00
C. Friends of Jim Inhofe Committee 3035 NW 63rd Street, #201N Oklahoma City OK 73116	Sen. James Inhofe (R-OK) Disbursement for: [x] Primary [ ] General [ ] Other (specify) 1998	5/25/95	1,000.00
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) 2,100.00

Federation of American Health Systems

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:

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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
RECLTR\0122840.1

cc: Secretary of State of MD and OK

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 6-16-95
☐	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

SLG
PREPARER

6-20-95
DATE PREPARED

FEC FORM 70-2 (12/92)