

# Federation of American Health Systems

## FedPac

Political Action Committee

801 Pennsylvania Ave., NW  
Suite 245  
Washington, DC 20004-2604  
202-624-1500  
Fax: 202-737-6462

June 16, 2000

RECEIVED  
FEC MAIL ROOM  
1 2000 JUN 21 A 10:19

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**

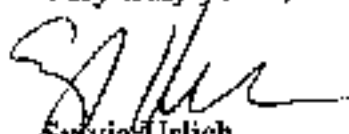
Dear Sir or Madam:

Enclosed please find the Report of Receipts and Disbursements for the period May 1, 2000, to and including May 31, 2000. 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 Ulrich  
Treasurer

Enclosure(s)

cc: Secretaries of State of CA, GA, IA, IL, IN, KY, LA, MD, MO, ND, NJ, NV, NY,  
PA, TN, TX, WA

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than an Authorized Committee  
(Summary Page)

RECEIVED  
FEC MAIL ROOM

2000 JUN 21 A 10:19

1. NAME OF COMMITTEE (In full) <b>FEDERATION OF AMERICAN HEALTH SYSTEMS POLITICAL ACTION COMMITTEE</b>		2. FEC IDENTIFICATION NUMBER <b>C00002261</b>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <b>801 Pennsylvania Avenue, NW, Suite 245</b>		
CITY, STATE and ZIP CODE <b>Washington, DC 20004-2604</b>		
3. <input type="checkbox"/> 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

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

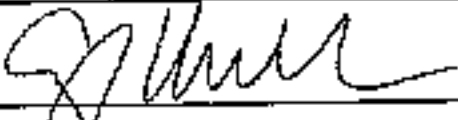
Twelfth day preceding \_\_\_\_\_  
(Type of Election)

election on \_\_\_\_\_ in the in the State of \_\_\_\_\_

Thirtieth day report following the General Election on  
\_\_\_\_\_ in the in the State of \_\_\_\_\_

- (b)  Is this Report an Amendment?     Yes     No

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period May 1, 2000 through May 31, 2000		
6. (a) Cash on Hand January 1, 2000		\$162,798.63
(b) Cash on Hand at Beginning of Reporting Period	\$137,981.14	
(c) Total Receipts (from Line 19)	\$ 16,517.88	\$ 24,727.53
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$154,499.02	\$207,526.16
7. Total Disbursements (from Line 30)	\$ 31,643.17	\$ 64,670.31
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 122,855.85	\$122,855.85
9. Debts and Obligations Owed TO 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
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	-0-	
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 <b>SYLVIA URlich</b>	Date <b>6/16/00</b>
Signature of Treasurer 	

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

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**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: <b>Federation of American Health Systems Political Action Committee C00002261</b>	REPORT COVERING PERIOD TO: 05/31/00 FROM: 05/01/00	
<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year</b>
11. Contributions (other than loans) From:		
a. Individual Persons Other Than Political Committees		
I. Itemized (use Schedule A).....	\$ 7,560.00	\$12,785.00
II. Unitemized .....	\$ 8,290.00	\$ 8,390.00
III. Total .....(add I and II) ▶	\$15,850.00	\$ 21,175.00
b. Political Party Committees .....		
c. Other Political Committees (such as PACs) .....		
d. Total Contributions.....(add a III, b, and c) ▶	\$15,850.00	\$21,175.00
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	\$446.82
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees .....		
17. Other Federal Receipts (Dividends, Interest, etc.) .....	\$ 632.68	\$3,105.71
18. Transfers from Nonfederal Account for Joint Activity .....		
19. Total Receipts .....(add 11d, 12, 13, 14, 15, 16, 17, and 18) ▶	\$16,517.88	\$24,727.63
20. Total Federal Receipts.....(subtract line 18 from line 19) ▶	\$16,517.88	\$24,727.63
<b>II. Disbursements</b>		
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 .....	\$31,608.17	\$83,952.49
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) .....	\$ 36.00	\$ 717.82
30. Total Disbursements.....(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ▶	\$31,643.17	\$ 84,670.31
31. Total Federal Disbursements.....(subtract line 21a II from line 30) ▶	\$31,643.17	\$ 84,670.31
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) (from line 11d) .....	\$16,850.00	\$21,175.00
33. Total Contribution Refunds (from line 28d) .....		
34. Net Contributions (other than loans) (from line 33 from 32) .....	\$16,850.00	\$21,175.00
35. Total Federal Operating Expenditures.....(add line 21a I and 21b) ▶		
36. Offsets to Operating Expenditures (from line 15) .....	\$35.00	\$446.82
37. Net Operating Expenditures.....(subtract line 36 from 35) ▶	(\$35.00)	(\$446.82)

**SCHEDULE A ITEMIZED RECEIPTS**

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) <b>Federation of American Health Systems Political Action Committee</b>	<b>C00002261</b>
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1. Full Name, Mailing Address and ZIP Code <b>Robert E. Hardison</b> 1209 Tyme Blvd. Nashville, TX 37215-4411	Name of Employer: <b>Community Health Systems</b>	Date (month, day, year) <b>5/24/00</b>	Amount of Each Receipt this Period <b>\$220.00</b>
	Occupation: <b>Healthcare VP</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$220.00		
2. Full Name, Mailing Address and ZIP Code <b>Michael T. Portacci</b> 6225 Waxwood Court Brentwood, TN 37027	Name of Employer: <b>Community Health Systems</b>	Date (month, day, year) <b>5/24/00</b>	Amount of Each Receipt this Period <b>\$220.00</b>
	Occupation: <b>Group VP</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$220.00		
3. Full Name, Mailing Address and ZIP Code <b>Martin G. Schweinhart</b> 376 Sandcastle Road Franklin, TN 37069	Name of Employer: <b>Community Health Systems</b>	Date (month, day, year) <b>5/24/00</b>	Amount of Each Receipt this Period <b>\$220.00</b>
	Occupation: <b>VP, Operations</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$220.00		
4. Full Name, Mailing Address and ZIP Code <b>Mark Buford</b> 1003 Heathrow Hills Ct. Brentwood, TN 37027	Name of Employer: <b>Community Health Systems</b>	Date (month, day, year) <b>5/24/00</b>	Amount of Each Receipt this Period <b>\$220.00</b>
	Occupation: <b>VP and Corporate Controller</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$220.00		
5. Full Name, Mailing Address and ZIP Code <b>Kenneth D. Hawkins</b> 9152 Jones Court Brentwood, TN 37027	Name of Employer: <b>Community Health Systems</b>	Date (month, day, year) <b>5/24/00</b>	Amount of Each Receipt this Period <b>\$220.00</b>
	Occupation: <b>Vice President</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 220.00		
6. Full Name, Mailing Address and ZIP Code <b>John A. Fromhold</b> 9437 Smithson Lane Brentwood, TN 37027	Name of Employer: <b>Community Health Systems</b>	Date (month, day, year) <b>5/24/00</b>	Amount of Each Receipt this Period <b>\$220.00</b>
	Occupation: <b>Group VP</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$220.00		
7. Full Name, Mailing Address and ZIP Code <b>Joseph G. Seay</b> 1666 Preston Place Brentwood, TN 37027	Name of Employer: <b>Community Health Systems</b>	Date (month, day, year) <b>5/24/00</b>	Amount of Each Receipt this Period <b>\$220.00</b>
	Occupation: <b>Vice President/CIO</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$220.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>\$1,540.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (in Full) <b>Federation of American Health Systems Political Action Committee</b>	<b>C00002261</b>
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8. Full Name, Mailing Address and ZIP Code <b>Carolyn Lipp</b> 1924 Roanoke Drive Lebanon, TN 37087	Name of Employer: <b>Community Health Systems</b>	Date (month, day, year) <b>5/24/00</b>	Amount of Each Receipt this Period <b>\$220.00</b>
	Occupation: <b>Executive</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$220.00		
9. Full Name, Mailing Address and ZIP Code <b>Gerald A. Weisman</b> 1060 Stonebridge Park Drive Franklin, TN 37069	Name of Employer: <b>Community Health Systems</b>	Date (month, day, year) <b>5/24/00</b>	Amount of Each Receipt this Period <b>\$220.00</b>
	Occupation: <b>VP, Medical Staff Development</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$220.00		
10. Full Name, Mailing Address and ZIP Code <b>Robert A. Horar</b> 3500 Hopkins Street Nashville, TN 37215	Name of Employer: <b>Community Health Systems</b>	Date (month, day, year) <b>5/24/00</b>	Amount of Each Receipt this Period <b>\$220.00</b>
	Occupation: <b>VP, Administration</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$220.00		
11. Full Name, Mailing Address and ZIP Code <b>Linda K. Parsons</b> 503 Waxwood Drive Brentwood, TN 37027	Name of Employer: <b>Community Health Systems</b>	Date (month, day, year) <b>5/24/00</b>	Amount of Each Receipt this Period <b>\$220.00</b>
	Occupation: <b>VP, Human Resources</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$220.00		
12. Full Name, Mailing Address and ZIP Code <b>Rachel A. Selfert</b> P.O. Box 90212 Nashville, TN 37209-0212	Name of Employer: <b>Community Health Systems</b>	Date (month, day, year) <b>5/24/00</b>	Amount of Each Receipt this Period <b>\$220.00</b>
	Occupation: <b>Vice President and General Counsel</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 220.00		
13. Full Name, Mailing Address and ZIP Code <b>Ronald Joe Shaler</b> 10 Vista Parkway Circle Roswell, NM 88201	Name of Employer: <b>Eastern NM Medical Center (CHS)</b>	Date (month, day, year) <b>5/24/00</b>	Amount of Each Receipt this Period <b>\$250.00</b>
	Occupation: <b>Chief Executive Officer</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$250.00		
14. Full Name, Mailing Address and ZIP Code <b>Stephen P. Baker</b> 101 Wilshire Drive Franklin, TN 37024	Name of Employer: <b>Community Health Systems</b>	Date (month, day, year) <b>5/24/00</b>	Amount of Each Receipt this Period <b>\$200.00</b>
	Occupation: <b>AVP, Ancillary Services</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$200.00		

<b>SUBTOTAL of Receipts This Page (optional)</b> .....	<b>\$1,550.00</b>
<b>TOTAL This Period (last page this line number only)</b> .....	

**SCHEDULE A ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full) <b>Federation of American Health Systems Political Action Committee</b>	<b>C00002261</b>
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15. Full Name, Mailing Address and ZIP Code <b>Gary Newsome</b> 1456 Kirkwood Place Brentwood, TN 37027	Name of Employer: <b>Community Health Systems</b>	Date (month, day, year) <b>5/24/00</b>	Amount of Each Receipt this Period <b>\$220.00</b>
	Occupation: <b>Vice President</b>		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > <b>\$220.00</b>		
16. Full Name, Mailing Address and ZIP Code <b>David L. Miller</b> 657 Goodsprings Road Brentwood, TN 37027	Name of Employer: <b>Community Health Systems</b>	Date (month, day, year) <b>5/24/00</b>	Amount of Each Receipt this Period <b>\$250.00</b>
	Occupation: <b>Group VP</b>		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > <b>\$250.00</b>		
17. Full Name, Mailing Address and ZIP Code <b>Wayne T. Smith</b> 219 Deer Park Circle Nashville, TN 37205	Name of Employer: <b>Community Health Systems</b>	Date (month, day, year) <b>5/24/00</b>	Amount of Each Receipt this Period <b>\$3,000.00</b>
	Occupation: <b>President and CEO</b>		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > <b>\$3,000.00</b>		
18. Full Name, Mailing Address and ZIP Code <b>William Larry Cash</b> 5234 Margarets Place Brentwood, TN 37027	Name of Employer: <b>Community Health Systems</b>	Date (month, day, year) <b>5/25/00</b>	Amount of Each Receipt this Period <b>\$1,000.00</b>
	Occupation: <b>Vice President and CFO</b>		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > <b>\$1,000.00</b>		
19. Full Name, Mailing Address and ZIP Code	Name of Employer:	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation:		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date >		
20. Full Name, Mailing Address and ZIP Code	Name of Employer:	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation:		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date >		
21. Full Name, Mailing Address and ZIP Code	Name of Employer:	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation:		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date >		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>\$4,470.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>\$7,560.00</b>

**SCHEDULE A ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full) <b>Federation of American Health Systems Political Action Committee</b>	<b>C00002261</b>
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A. Full Name, Mailing Address and ZIP Code <b>First Union National Bank CAP Department One First Union Center Charlotte, NC 28288-1164</b>	Name of Employer: <b>First Union National Bank</b>	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation: <b>CAP Account</b>	<b>5/31/00</b>	<b>\$632.88</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Interest Earned</b>	Aggregate Year-to-Date > <b>\$3,105.71</b>		
B. Full Name, Mailing Address and ZIP Code	Name of Employer:	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation:		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date >		

<b>SUBTOTAL of Receipts This Page (optional)</b> .....	<b>\$632.88</b>
<b>TOTAL This Period (last page this line number only)</b> .....	<b>\$632.88</b>

**SCHEDULE B ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 5  
FOR LINE NUMBER  
**23**

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NAME OF COMMITTEE (in Full)

**Federation of American Health Systems Political Action Committee**

**C00002261**

1. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement:	Date (month, day, year)	Amount of Each Disbursement this Period
<b>Ensign for Senate</b> P.O. Box 26568 Las Vegas, NV 89126	<b>Candidate John Ensign (R-NV)</b>  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	5/01/00	\$1,000.00
<b>Berkley 2000</b> 347 Keating Street Henderson, NV 89014	<b>Rep. Shelly Berkley (D-NV-1)</b>  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	5/01/00	\$1,000.00
<b>Friends of Dick Lugar</b> 1100 W. 42nd St., Suite 335 Indianapolis, IN 46208	<b>Sen. Dick Lugar (R-IN)</b>  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	5/02/00	\$1,000.00
<b>Bill Thomas Campaign Committee</b> P.O. Box 395 Bakerfield, CA 93302	<b>Rep. Bill Thomas (R-CA-21)</b>  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	5/02/00	\$5,000.00
<b>Next Century Fund</b> P.O. Box 2898 Washington, D.C. 20004	<b>Next Century Fund</b>  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): PAC to PAC	5/08/00	\$1,000.00
<b>Friends of Slade Gorton</b> P.O. Box 3348 Bellevue, WA 98009	<b>Sen. Slade Gorton (R-WA)</b>  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	5/08/00	\$1,000.00
<b>Anne Northup for Congress</b> P.O. Box 7313 Louisville, KY 40257	<b>Rep. Anne Northup (R-KY-3)</b>  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	5/08/00	\$1,000.00
<b>Federation of American Health Systems</b> 801 Pennsylvania Ave., NW #245 Washington, D.C. 20004	<b>Rep. Anne Northup (R-KY-3)</b> <b>IN KIND CONTRIBUTION (Room Rent)</b>  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): In Kind Contribution	5/08/00	\$100.00
<b>SUBTOTAL of Disbursements This Page (optional)</b> .....			\$11,100.00
<b>TOTAL This Period (last page this line number only)</b> .....			



**SCHEDULE B ITEMIZED DISBURSEMENTS**

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

9. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement:	Date (month, day, year)	Amount of Each Disbursement this Period
<b>Morisey for Congress</b> P.O. Box 2685 Westfield, NJ 07091	<b>Candidate Patrick Morisey (R-NJ-7)</b>	<b>5/8/00</b>	<b>\$750.00</b>
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
<b>Friends of Mary Landrieu</b> 503 Capitol Court, Suite 100 Washington, DC 20002	<b>Sen. Mary Landrieu (D-LA)</b>	<b>5/15/00</b>	<b>\$1,000.00</b>
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <b>06 General Debt Retirement</b>		
<b>Friends of Dick Durbin</b> P.O. Box 75214 Washington, D.C. 20013-5214	<b>Sen. Dick Durbin (D-IL)</b>	<b>5/15/00</b>	<b>\$1,000.00</b>
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
<b>Sanforum 2000</b> 128 North Columbus St. Alexandria, VA 22314	<b>Sen. Rick Santorum (R-PA)</b>	<b>5/15/00</b>	<b>\$500.00</b>
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		
<b>Earl Pomeroy for Congress</b> P.O. Box 75214 Washington, DC 20013-5214	<b>Rep. Earl Pomeroy (D-ND-1)</b>	<b>5/15/00</b>	<b>\$1,000.00</b>
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
<b>Federation of American Health Systems</b> 501 Pennsylvania Ave., NW #245 Washington, DC 20004	<b>Rep. Earl Pomeroy (D-ND-1)</b> <b>IN KIND CONTRIBUTION (Room Rent)</b>	<b>5/15/00</b>	<b>\$100.00</b>
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>IN KIND CONTRIBUTION</b>		
<b>Ben Cardin for Congress</b> 38 Ivy Street, SE Washington, DC 20003	<b>Rep. Ben Cardin (D-MD-3)</b>	<b>5/15/00</b>	<b>\$1,000.00</b>
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
<b>Friends of Jennifer Dunn</b> P.O. Box 70513 Washington, DC 20024	<b>Rep. Jennifer Dunn (R-WA-8)</b>	<b>5/15/00</b>	<b>\$1,000.00</b>
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		

SUBTOTAL of Disbursements This Page (optional)..... **\$6,350.00**

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

**SCHEDULE B ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER  
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NAME OF COMMITTEE (in Full)

**Federation of American Health Systems Political Action Committee**

**C00002261**

17. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement:	Date (month, day, year)	Amount of Each Disbursement this Period
<b>Blue Dog PAC</b> P.O. Box 7668 Washington, DC 20044	<b>PAC to PAC</b>	<b>5/15/00</b>	<b>\$1,000.00</b>
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): PAC to PAC		
<b>Catering By Windows</b> 1125 North Royal Street Alexandria, VA 22314	<b>Rep. Charles Rangel (D-NY-15)</b> <b>IN KIND CONTRIBUTION (Food)</b>	<b>5/19/00</b>	<b>\$178.63</b>
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
<b>Catering By Windows</b> 1125 North Royal Street Alexandria, VA 22314	<b>Rep. Jim Nussle (R-IA-2)</b> <b>IN KIND CONTRIBUTION (Food)</b>	<b>5/19/00</b>	<b>\$119.87</b>
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
<b>Majority Leader's Fund</b> 209 Pennsylvania Ave., SE #2000 Washington, DC 20003	<b>PAC to PAC</b>	<b>5/19/00</b>	<b>\$1,000.00</b>
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): PAC to PAC		
<b>Fletcher for Congress</b> P.O. Box 4703 Lexington, KY 40544-4703	<b>Rep. Ernie Fletcher (R-KY-6)</b>	<b>5/19/00</b>	<b>\$500.00</b>
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
<b>John Lewis for Congress Committee</b> 729 15th St., NW, Suite 300 Washington, DC 20005	<b>Rep. John Lewis (D-GA-5th)</b>	<b>5/19/00</b>	<b>\$1,000.00</b>
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
<b>Dooley for Congress</b> 300 N. Lee St., #500 Alexandria, VA 22314	<b>Rep. Cal Dooley (D-CA-30)</b>	<b>5/19/00</b>	<b>\$1,000.00</b>
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
<b>SUBTOTAL of Disbursements This Page (optional)</b> .....			<b>\$4,796.50</b>
<b>TOTAL This Period (last page this line number only)</b> .....			

**SCHEDULE B ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER  
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NAME OF COMMITTEE (in Full)

**Federation of American Health Systems Political Action Committee**

**C00002261**

24. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement:	Date (month, day, year)	Amount of Each Disbursement this Period
<b>Friends of John Tanner</b> P.O. Box 3301 Alexandria, VA 22302	<b>Rep John Tanner (D-TN-8)</b>	<b>5/19/00</b>	<b>\$1,000.00</b>
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
<b>Ellen Tauscher for Congress</b> 503 E. Capitol St., NE #100 Washington, DC 20002	<b>Rep. Ellen Tauscher (D-CA-10)</b>	<b>5/19/00</b>	<b>\$1,000.00</b>
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		
<b>Hulshof for Congress</b> P.O. Box 14021 Alexandria, VA 22302	<b>Rep. Kenny Hulshof (R-MO-9)</b>	<b>5/19/00</b>	<b>\$1,000.00</b>
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
<b>Whitfield for Congress</b> P.O. Box 391 Hopkinsville, KY 42241	<b>Rep. Ed Whitfield (R-KY-1)</b>	<b>5/19/00</b>	<b>\$1,000.00</b>
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
<b>Congressman Bart Gordon Committee</b> P.O. Box 2008 Murfreesboro, TN 37133	<b>Rep. Bart Gordon (D-TN-6)</b>	<b>5/19/00</b>	<b>\$1,000.00</b>
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
<b>Federation of American Health Systems</b> 801 Pennsylvania Ave., NW #246 Washington, DC 20004	<b>CAMPAC PAC to PAC IN-KIND</b>	<b>5/19/00</b>	<b>\$100.00</b>
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): PAC to PAC IN KIND		
<b>CAMPAC</b> P.O. Box 17 Midland, MI 48640	<b>CAMPAC PAC to PAC</b>	<b>5/19/00</b>	<b>\$1,000.00</b>
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): PAC to PAC		

**SUBTOTAL of Disbursements This Page (optional)..... \$4,100.00**

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

**SCHEDULE B ITEMIZED DISBURSEMENTS**

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

31. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
<b>George W. Bush for President, Inc. P.O. Box 1902 Austin, TX 78767-1902</b>	<b>Gov. George W. Bush (R-TX) [Presidential]</b>	<b>5/22/00</b>	<b>\$2,000.00</b>
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
<b>Catering By Windows 1125 North Royal Street Alexandria, VA 22314</b>	<b>Bayou Leader PAC PAC to PAC IN KIND CONTRIBUTION (Food)</b>	<b>5/24/00</b>	<b>\$1,009.77</b>
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): IN KIND CONTRIBUTION		
<b>Catering By Windows 1125 North Royal Street Alexandria, VA 22314</b>	<b>Rep. Anne Northup (R-KY-3) IN KIND CONTRIBUTION (Food)</b>	<b>5/24/00</b>	<b>\$108.00</b>
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): IN KIND CONTRIBUTION		
<b>Catering By Windows 1125 North Royal Street Alexandria, VA 22314</b>	<b>Rep. Earl Pomeroy (D-ND-1) IN KIND CONTRIBUTION (Food)</b>	<b>5/24/00</b>	<b>\$141.90</b>
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): IN KIND CONTRIBUTION		
35. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement:	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
36. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement:	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
37. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement:	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
<b>SUBTOTAL of Disbursements This Page (optional)</b>			<b>\$3,259.67</b>
<b>TOTAL This Period (last page this line number only)</b>			<b>\$31,608.17</b>

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input checked="" type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>jer</i> PREPARER	6-21-00 DATE PREPARED