

# Federation of American Health Systems

FEDERAL ELECTION  
COMMISSION MAIL ROOM

JUL 23 11 47 AM '99

## FedPac

Political Action Committee

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

July 19, 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 June 1, 1999, to and including June 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 Utlich  
Treasurer

Enclosure(s)

cc: Secretaries of State of AZ, CA, FL, MS, VA and VT

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than an Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

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

Monthly Report Due On:

- (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

- 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 \_\_\_\_\_

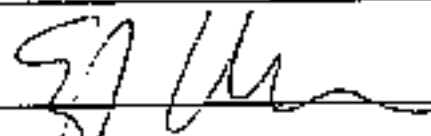
- (b)  Is this Report an Amendment?     Yes     No

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period June 1, 1999 through June 30, 1999		
6. (a) Cash on Hand January 1, 1999		\$62,515.85
(b) Cash on Hand at Beginning of Reporting Period	\$ 45,970.28	
(c) Total Receipts (from Line 19)	\$ 55,544.27	\$ 69,674.01
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$101,514.55	\$132,189.86
7. Total Disbursements (from Line 30)	\$ 11,035.00	\$ 41,710.31
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 90,479.55	\$ 90,479.55
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

**SYLVIA URlich**

Signature of Treasurer



Date

7/20/99

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

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**FEC FORM 3X**

(revised 9/98)

# DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE:	REPORT COVERING PERIOD	TO: June 30, 1999
Federation of American Health Systems Political Action Committee C00002261	FROM: June 1, 1999	
<b>I. Receipts</b>	<b>COLUMN A</b>	<b>COLUMN B</b>
	<b>Total This Period</b>	<b>Calendar Year</b>
11. Contributions (other than loans) From:		
a. Individual Persons Other Than Political Committees		
I. Itemized (use Schedule A).....	\$48,075.00	\$60,235.00
II. Unitemized.....	7,370.00	8,870.00
III. Total..... (add I and II) ▶	\$55,445.00	\$69,105.00
b. Political Party Committees.....		
c. Other Political Committees (such as PACs).....		
d. Total Contributions..... (add a i, b, and c) ▶	\$55,445.00	\$69,105.00
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	\$ 215.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....		
17. Other Federal Receipts (Dividends, Interest, etc.).....	\$ 64.27	\$ 354.01
18. Transfers from Nonfederal Account for Joint Activity.....		
19. Total Receipts..... (add 11d, 12, 13, 14, 15, 16, 17, and 18) ▶	\$55,544.27	\$69,674.01
20. Total Federal Receipts..... (subtract line 18 from line 19) ▶	\$55,544.27	\$69,674.01
<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.....	\$11,000.00	\$41,460.31
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	\$ 250.00
30. Total Disbursements..... (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ▶	\$11,035.00	\$41,710.31
31. Total Federal Disbursements..... (subtract line 21a II from line 30) ▶	\$11,035.00	\$41,710.31
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) (from line 11d).....	\$55,445.00	\$69,105.00
33. Total Contribution Refunds (from line 28d).....		
34. Net Contributions (other than loans) (from line 33 from 32).....	\$55,445.00	\$69,105.00
35. Total Federal Operating Expenditures..... (add line 21a I and 21b) ▶		
36. Offsets to Operating Expenditures (from line 15).....	\$ 35.00	\$ 215.00
37. Net Operating Expenditures..... (subtract line 36 from 35) ▶	(\$ 35.00)	(\$ 215.00)

**SCHEDULE A ITEMIZED RECEIPTS**

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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 <b>Ronald J. Shafer</b> 10 Vista Parkway Circle Roswell, NM 88201	Name of Employer: <b>Eastern New Mexico Medical Center (CHS)</b>	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation: <b>Hospital Administrator</b>	6/17/99	\$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$250.00		
2. Full Name, Mailing Address and ZIP Code <b>Barry Stewart</b> 357 Lakemont Circle Franklin, TN 37067	Name of Employer: <b>Community Health Systems</b>	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation: <b>VP Finance/Treasurer</b>	6/17/99	\$210.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$210.00		
3. Full Name, Mailing Address and ZIP Code <b>Thomas Mark Buford</b> 1003 Heathrow Hills Ct. Brentwood, TN 37027	Name of Employer: <b>Community Health Systems</b>	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation: <b>Vice President and Corporate Controller</b>	6/17/99	\$210.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$210.00		
4. Full Name, Mailing Address and ZIP Code <b>Rachel A. Selter</b> P.O. Box 90212 Nashville, TN 37209	Name of Employer: <b>Community Health Systems</b>	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation: <b>Vice President and General Counsel</b>	6/17/99	\$210.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$210.00		
5. Full Name, Mailing Address and ZIP Code <b>Michael Portacci</b> 6225 Waxwood Ct. Brentwood, TN 37027	Name of Employer: <b>Community Health Systems</b>	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation: <b>Group Vice President</b>	6/17/99	\$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$250.00		
6. Full Name, Mailing Address and ZIP Code <b>Carolyn Upp</b> 1926 Roanoke Drive Lebanon, TN 37087	Name of Employer: <b>Community Health Systems</b>	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation: <b>VP, Quality &amp; Resource Management</b>	6/17/99	\$210.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$210.00		
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)	Amount of Each Receipt this Period
	Occupation: <b>VP, Chief Information Officer</b>	6/17/99	\$210.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$210.00		

**SUBTOTAL of Receipts This Page (optional)**..... **\$1,550.00**

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

**SCHEDULE A ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full) **Federation of American Health Systems Political Action Committee** C:00002261

8. 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)	Amount of Each Receipt this Period
	Occupation: <b>Group Vice President</b>	6/17/99	\$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$250.00		
9. 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)	Amount of Each Receipt this Period
	Occupation: <b>Group Vice President</b>	6/17/99	\$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$250.00		
10. Full Name, Mailing Address and ZIP Code <b>Kenneth Hawkins</b> 9152 Jones Court Brentwood, TN 37027	Name of Employer: <b>Community Health Systems</b>	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation: <b>Vice President</b>	6/17/99	\$210.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$210.00		
11. Full Name, Mailing Address and ZIP Code <b>Gerald Weissman</b> 305 St. Andrews Drive Franklin, TN 37069	Name of Employer: <b>Community Health Systems</b>	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation: <b>VP Medical Staff Development</b>	6/17/99	\$210.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$210.00		
12. Full Name, Mailing Address and ZIP Code <b>Robert Hardison</b> 1209 Tynne Blvd. Nashville, TN 37215	Name of Employer: <b>Community Health Systems</b>	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation: <b>Vice President Reg.</b>	6/17/99	\$210.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$210.00		
13. Full Name, Mailing Address and ZIP Code <b>Keith S. Judson</b> 1606 N. Martha Court Brentwood, TN 37027	Name of Employer: <b>Community Health Systems</b>	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation: <b>VP - Acquisitions</b>	6/17/99	\$210.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$210.00		
14. Full Name, Mailing Address and ZIP Code <b>Gary D. Newsome</b> 1658 Kirkwood Place Brentwood, TN 37027	Name of Employer: <b>Community Health Systems</b>	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation: <b>Vice President</b>	6/17/99	\$240.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$240.00		

**SUBTOTAL** of Receipts This Page (optional)..... **\$1,580.00**

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

**SCHEDULE A ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (in Full) **Federation of American Health Systems Political Action Committee** C80002261

15. Full Name, Mailing Address and ZIP Code	Name of Employer:	Date (month, day, year)	Amount of Each Receipt this Period
<b>Robert A. Horar</b> 930 Travelers Ct. Nashville, TN 37220	<b>Community Health Systems</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>VP Administration</b>	<b>6/17/99</b>	<b>\$215.00</b>
Aggregate Year-to-Date > <b>\$215.00</b>			
<b>Wayne T. Smith</b> 530 Primrose Way Louisville, KY 40206	<b>Community Health Systems</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>President &amp; CEO</b>	<b>6/17/99</b>	<b>\$4,000.00</b>
Aggregate Year-to-Date > <b>\$4,000.00</b>			
<b>W. Larry Cash</b> 5234 Margarets Place Brentwood, TN 37027	<b>Community Health Systems</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>&gt; Executive Vice President &amp; CFO</b>	<b>6/17/99</b>	<b>\$1,000.00</b>
Aggregate Year-to-Date > <b>\$1,000.00</b>			
<b>Linda Parsons</b> 1121 Holly Tree Farm Road Brentwood, TN 37027	<b>Community Health Systems</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	<b>6/17/99</b>	<b>\$210.00</b>
Aggregate Year-to-Date > <b>\$210.00</b>			
<b>Mary Ann Wolf (Chris)</b> 3 Garden Circle Cheraw, SC 29520	<b>Chesterfield General Hospital (CHS)</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>Travel Agent</b>	<b>4/17/99</b>	<b>\$200.00</b>
Aggregate Year-to-Date > <b>\$200.00</b>			
<b>R. Milton Johnson</b> 4329 Estes Road Nashville, TN 37215	<b>Columbia/HCA</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>Vice President &amp; Controller</b>	<b>6/23/99</b>	<b>\$1,000.00</b>
Aggregate Year-to-Date > <b>\$1,000.00</b>			
<b>Sam Hawkins</b> P.O. Box 1191 Crystal Beach, FL 34681	<b>Columbia/HCA</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>West Florida Division CFO</b>	<b>6/23/99</b>	<b>\$500.00</b>
Aggregate Year-to-Date > <b>\$500.00</b>			

<b>SUBTOTAL of Receipts This Page (optional)</b> .....	<b>\$7,125.00</b>
<b>TOTAL This Period (last page this line number only)</b> .....	<b>\$</b>

**SCHEDULE A ITEMIZED RECEIPTS**

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

22. Full Name, Mailing Address and ZIP Code <b>Frank J. DeMarco</b> 2271 Capt Waring Court Mt. Pleasant, SC 27464	Name of Employer: <b>Columbia/HCA</b>	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation: <b>Division President-CHCA</b>	6/23/99	\$1,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$1,500.00		
23. Full Name, Mailing Address and ZIP Code <b>Greg Roth</b> 5208 Country Club Drive Brentwood, TN 37027	Name of Employer: <b>Columbia/HCA</b>	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation: <b>President-ASD</b>	6/23/99	\$1,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$1,500.00		
24. Full Name, Mailing Address and ZIP Code <b>Michael A. Reese</b> 4600 Taffi Pk Metairie, LA 70002	Name of Employer: <b>Columbia/HCA</b>	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation: <b>Division CFO</b>	6/23/99	\$500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$500.00		
25. Full Name, Mailing Address and ZIP Code <b>Victor Campbell</b> 1307 Chickens Road Nashville, TN 37215	Name of Employer: <b>Columbia/HCA</b>	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation: <b>Senior Vice President</b>	6/23/99	\$1,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$1,500.00		
26. Full Name, Mailing Address and ZIP Code <b>Bill Rutherford</b> 9445 Highwood Hill Road Brentwood, TN 37027	Name of Employer: <b>Columbia/HCA</b>	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation: <b>CFO-Eastern Group</b>	6/23/99	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$1,000.00		
27. Full Name, Mailing Address and ZIP Code <b>Frank Houser, MD</b> 834 N. Curlewood Lane Nashville, TN 37204	Name of Employer: <b>Columbia/HCA</b>	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation: <b>Medical Director</b>	6/23/99	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$1,000.00		
28. Full Name, Mailing Address and ZIP Code <b>Marlin S. Rash</b> 9143 Saddlebow Drive Brentwood, TN 37027	Name of Employer: <b>Province Healthcare</b>	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation: <b>President &amp; CEO</b>	6/24/99	\$1,070.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$1,070.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>\$8,070.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>\$</b>

**SCHEDULE A ITEMIZED RECEIPTS**

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

29. Full Name, Mailing Address and ZIP Code <b>Good Government Fund One Park Plaza Nashville, TN 37202</b>	Name of Employer: <b>Columbia/HCA</b>	Date (month, day, year) <b>6/24/99</b>	Amount of Each Receipt this Period <b>\$5,000.00</b>
	Occupation:		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > <b>\$5,000.00</b>		
30. Full Name, Mailing Address and ZIP Code <b>Beverly B. Wallace 219 Vaughn's Gap Road Nashville, TN 37205</b>	Name of Employer: <b>Columbia/HCA</b>	Date (month, day, year) <b>6/24/99</b>	Amount of Each Receipt this Period <b>\$1,000.00</b>
	Occupation: <b>VP-Managed Care</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > <b>\$1,000.00</b>		
31. Full Name, Mailing Address and ZIP Code <b>Cheryl L. Bardford 2131 Doral Drive Tallahassee, FL 32312</b>	Name of Employer: <b>Columbia/HCA North Florida Division</b>	Date (month, day, year) <b>6/24/99</b>	Amount of Each Receipt this Period <b>\$500.00</b>
	Occupation:		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > <b>\$500.00</b>		
32. Full Name, Mailing Address and ZIP Code <b>Samuel N. Hazen 1139 Osprey Lane Nashville, TN 37221</b>	Name of Employer: <b>Columbia/HCA</b>	Date (month, day, year) <b>6/24/99</b>	Amount of Each Receipt this Period <b>\$1,000.00</b>
	Occupation: <b>CFO/Western Group</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > <b>\$1,000.00</b>		
33. Full Name, Mailing Address and ZIP Code <b>Noel Williams 100 Iroquois Court Nashville, TN 37205</b>	Name of Employer: <b>Columbia/HCA</b>	Date (month, day, year) <b>6/24/99</b>	Amount of Each Receipt this Period <b>\$1,500.00</b>
	Occupation: <b>Senior Vice President</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > <b>\$1,500.00</b>		
34. Full Name, Mailing Address and ZIP Code <b>Donald Street 7913 Saddle Ridge Trace Nashville, TN 37221</b>	Name of Employer: <b>Columbia/HCA</b>	Date (month, day, year) <b>6/24/99</b>	Amount of Each Receipt this Period <b>\$500.00</b>
	Occupation: <b>VP/Financial Reporting</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > <b>\$500.00</b>		
35. Full Name, Mailing Address and ZIP Code <b>Jay Grinnay 938 Douglass Drive McLean, VA 22101</b>	Name of Employer: <b>Columbia/HCA</b>	Date (month, day, year) <b>6/24/99</b>	Amount of Each Receipt this Period <b>\$2,500.00</b>
	Occupation: <b>President-Eastern Division</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > <b>\$2,500.00</b>		

**SUBTOTAL** of Receipts This Page (optional) ..... **\$12,000.00**

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



**SCHEDULE A ITEMIZED RECEIPTS**

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

36. Full Name, Mailing Address and ZIP Code <b>Dr. Thomas Frist Chickering Road Nashville, TN 37202</b>	Name of Employer: <b>Columbia/HCA</b>	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation: <b>Chairman &amp; CEO</b>	<b>6/24/99</b>	<b>\$6,000.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > <b>\$5,000.00</b>		
37. Full Name, Mailing Address and ZIP Code <b>Jack Bovander 520 Belle Meade Blvd. Nashville, TN 37205</b>	Name of Employer: <b>Columbia/HCA</b>	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation: <b>President &amp; COO</b>	<b>6/24/99</b>	<b>\$5,000.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > <b>\$5,000.00</b>		
38. Full Name, Mailing Address and ZIP Code <b>Patricia T. Under 806 Forest Hill Nashville, TN 37215</b>	Name of Employer: <b>Columbia/HCA</b>	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation: <b>VP Reimbursement</b>	<b>6/24/99</b>	<b>\$1,000.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > <b>\$1,000.00</b>		
39. Full Name, Mailing Address and ZIP Code <b>Joe N. Sealy 115 Savoy Circle Nashville, TN 37205</b>	Name of Employer: <b>Columbia/HCA</b>	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation: <b>VP-Internal Audit</b>	<b>6/24/99</b>	<b>\$1,000.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > <b>\$1,000.00</b>		
40. Full Name, Mailing Address and ZIP Code <b>Gary L. Karsner 604 Bedford Forest Court Old Hickory, TN 37138</b>	Name of Employer: <b>Columbia/HCA</b>	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation: <b>CFO-Division</b>	<b>6/24/99</b>	<b>\$500.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > <b>\$500.00</b>		
41. Full Name, Mailing Address and ZIP Code <b>Marilyn B. Tavenner 9705 Spring Run Road Chesterfield, VA</b>	Name of Employer: <b>Columbia/HCA</b>	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation: <b>President-Marketing</b>	<b>6/24/99</b>	<b>\$750.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > <b>\$750.00</b>		
42. Full Name, Mailing Address and ZIP Code <b>Robert Waterman 161 Chickering Meadows Nashville, TN 37215</b>	Name of Employer: <b>Columbia/HCA</b>	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation: <b>Senior Vice President General Council</b>	<b>6/24/99</b>	<b>\$1,500.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > <b>\$1,500.00</b>		

<b>SUBTOTAL of Receipts This Page (optional)</b> .....	<b>\$14,750.00</b>
<b>TOTAL This Period (last page this line number only)</b> .....	<b>\$</b>

**SCHEDULE A ITEMIZED RECEIPTS**

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

43. Full Name, Mailing Address and ZIP Code <b>Timothy A. Flusche</b> 14807 Felbridge Way Middleton, VA 23113	Name of Employer: <b>Columbia/HCA</b>	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation: <b>VP/CFO</b>	<b>6/28/99</b>	<b>\$750.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > <b>\$750.00</b>		
44. Full Name, Mailing Address and ZIP Code <b>Charles R. Evans</b> 4005 Neshedown Drive Franklin, TN 37067	Name of Employer: <b>Columbia/HCA</b>	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation: <b>Division President-CHCA</b>	<b>6/28/99</b>	<b>\$1,000.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > <b>\$1,000.00</b>		
45. Full Name, Mailing Address and ZIP Code <b>V. Carl George</b> 809 Forest Hills Drive Nashville, TN 37220	Name of Employer: <b>Columbia/HCA</b>	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation: <b>VP-Development</b>	<b>6/28/99</b>	<b>\$1,000.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > <b>\$1,000.00</b>		
46. Full Name, Mailing Address and ZIP Code <b>Barry L. Harding</b> 9508 Winding Hollow Oklahoma City, OK 73161	Name of Employer: <b>Columbia/HCA</b>	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation: <b>VP/CFO</b>	<b>6/28/99</b>	<b>\$250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > <b>\$250.00</b>		
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</b> of Receipts This Page (optional).....	<b>\$3,000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>\$46,075.00</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 740 15th Street, N.W. Washington, D.C. 20005</b>	Name of Employer: <b>First Union National Bank</b>	Date (month, day, year) <b>6/30/99</b>	Amount of Each Receipt this Period <b>\$64.27</b>
	Occupation: <b>Money Market Account</b>	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Interest Earned</b>			
B. Full Name, Mailing Address and ZIP Code	Name of Employer:	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation:	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code	Name of Employer:	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation:	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer:	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation:	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer:	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation:	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer:	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation:	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer:	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation:	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>\$64.27</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>\$64.27</b>

**SCHEDULE B ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
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	Purpose of Disbursement:	Date (month, day, year)	Amount of Each Disbursement This Period
<b>New Democrat Network</b> 501 Capitol Ct., NE Suite 200 Washington, DC 20002	<b>PAC to PAC</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>PAC to PAC</b>	6/22/99	\$1,000.00
<b>J.D. Hayworth for Congress</b> 10789 North 90th Street, #102 Scottsdale, AZ 85260	<b>Rep. J.D. Hayworth (R-AZ)</b> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	6/22/99	\$1,000.00
<b>CPC PAC</b> P.O. Box 22614 Alexandria, VA 22304	<b>PAC to PAC</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>PAC to PAC</b>	6/22/99	\$1,000.00
<b>CPC PAC</b> P.O. Box 22614 Alexandria, VA 22304	<b>PAC to PAC</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>PAC to PAC</b>	6/22/99	\$2,000.00
<b>Robb for Senate</b> P.O. Box 1279 McLean, VA 22101	<b>Sen. Chuck Robb (D-VA)</b> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	6/22/99	\$1,000.00
<b>Thurman for Congress</b> 3610 38th St., NW #F270 Washington, DC 20016	<b>Rep. Karen Thurman (D-FL)</b> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	6/22/99	\$1,000.00
<b>Jeffords for Vermont</b> 507 Capitol Ct., NE, Suite 100 Washington, DC 20002	<b>Sen. Jim Jeffords (R-VT)</b> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	6/29/99	\$3,000.00
<b>Friends of Lois Capps</b> P.O. Box 23940 Santa Barbara, CA 93121	<b>Rep. Lois Capps (D-CA)</b> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	6/29/99	\$500.00
<b>Pickering for Congress</b> 811 Chelworth Place Alexandria, VA 22314	<b>Rep. Chip Pickering (R-MS)</b> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	6/29/99	\$500.00

**SUBTOTAL** of Disbursements This Page (optional)..... \$11,000.00

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

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input checked="" 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	
JMU PREPARER	7-23-97 DATE PREPARED