

RECEIVED

Federation of American Health Systems

200 OCT 25 A 10:14

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

October 25, 2000

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 October 1, 2000, to and including October 18, 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 DE, GA, IA, MI, TX, VA, WA

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than an Authorized Committee

(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 OCT 26 AM 10:10

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

on November 7, 2000 in the State of Al.

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

(b) Is this Report an Amendment? Yes No

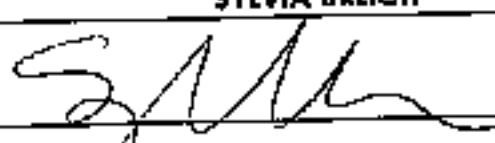
SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period October 1, 2000 through October 18, 2000		
6. (a) Cash on Hand January 1, 2000.....		\$182,796.43
(b) Cash on Hand at Beginning of Reporting Period.....	\$ 99,587.30	
(c) Total Receipts (from Line 1B).....	\$ 33,500.00	\$ 124,574.72
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B.....	\$133,087.30	\$307,373.35
7. Total Disbursements (from Line 3D).....	\$ 51,962.92	\$ 226,268.97
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	\$ 81,104.38	\$ 81,104.38
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 202-218-3420
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



ORIGINAL

Date

10/25/00

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:	REPORT COVERING PERIOD	TO: 10/18/00
Federation of American Health Systems Political Action Committee C00002261	FROM: 10/01/00	
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual Persons Other Than Political Committees		
i. Itemized (use Schedule A).....	\$ 28,500.00	\$86,035.00
ii. Unitemized		\$13,340.00
iii. Total (add i and ii) ▶	\$28,500.00	\$99,375.00
b. Political Party Committees		
c. Other Political Committees (such as PACs).....	\$6,000.00	\$19,000.00
d. Total Contributions (add a ii, b, and c) ▶	\$33,500.00	\$118,375.00
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)		\$615.79
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....		
17. Other Federal Receipts (Dividends, Interest, etc.).....		\$5,583.93
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ▶	\$33,500.00	\$124,574.72
20. Total Federal Receipts..... (subtract line 18 from line 19) ▶	\$33,500.00	\$124,574.72
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.....	\$51,982.92	\$225,382.18
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)		\$886.79
30. Total Disbursements..... (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ▶	\$51,982.92	\$226,268.97
31. Total Federal Disbursements..... (subtract line 21a ii from line 30) ▶	\$51,982.92	\$226,268.97
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from line 11d).....	\$33,500.00	\$ 118,375.00
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans) (from line 33 from 32).....	\$33,500.00	\$ 118,375.00
35. Total Federal Operating Expenditures (add line 21a i and 21b) ▶		
36. Offsets to Operating Expenditures (from line 15).....		\$615.79
37. Net Operating Expenditures..... (subtract line 36 from 35) ▶		(\$615.79)

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) Federation of American Health Systems Political Action Committee	C00002261
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1. Full Name, Mailing Address and ZIP Code	Name of Employer:	Date (month, day, year)	Amount of Each Receipt this Period
Samuel N. Hazen 1139 Osprey Lane Nashville, TN 37221	HCA-The Healthcare Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CFO, Western Group	10/03/00	\$1,000.00
Aggregate Year-to-Date > \$1,000.00			
Moody L. Chisholm, Jr. 2115 Upscomb Street Amarillo, TX 79109	NW Texas Healthcare System (UHS)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CEO	10/10/00	\$200.00
Aggregate Year-to-Date > \$200.00			
Michael M. Gherardini 24018 SE 243rd Street Maple Valley, WA 98038	Auburn Regional Med. Ctr. (UHS)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CEO	10/10/00	\$200.00
Aggregate Year-to-Date > \$200.00			
Richard H. Satcher 116 Scotch Pine Court Aiken, SC 29803	Aiken Regional Medical Center		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CEO	10/10/00	\$200.00
Aggregate Year-to-Date > \$400.00			
Victor L. Campbell 1807 Chickering Road Nashville, TN 37215	HCA-The Healthcare Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Senior Vice President	10/11/00	\$1,500.00
Aggregate Year-to-Date > \$1,500.00			
Frank J. Demarco, III 2271 Capt. Waring Ct. Mt. Pleasant, SC 29466	HCA-The Healthcare Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Hospital Administrator	10/11/00	\$1,500.00
Aggregate Year-to-Date > \$1,500.00			
J. Daniel Miller P.O. Box 758 Crystal Beach, FL 34681	HCA-The Healthcare Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CEO, West Florida Div.	10/11/00	\$1,500.00
Aggregate Year-to-Date > \$1,500.00			

SUBTOTAL of Receipts This Page (optional).....	\$6,100.00
TOTAL This Period (last page this line number only).....	

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NAME OF COMMITTEE (in Full) Federation of American Health Systems Political Action Committee	C00002261
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8. Full Name, Mailing Address and ZIP Code	Name of Employer:	Date (month, day, year)	Amount of Each Receipt this Period
Marlyn B. Tavenner 9630 Egraf Lane Chesterfield, VA 23038	HCA-The Healthcare Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President, Richmond Market	10/11/00	\$750.00
Aggregate Year-to-Date > \$750.00			
9. Full Name, Mailing Address and ZIP Code	Name of Employer:	Date (month, day, year)	Amount of Each Receipt this Period
Donald W. Slinnett 7971 Foothill Knolls Drive Pleasanton, CA 94588	HCA-The Healthcare Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CFO, For West Division	10/11/00	\$500.00
Aggregate Year-to-Date > \$600.00			
10. Full Name, Mailing Address and ZIP Code	Name of Employer:	Date (month, day, year)	Amount of Each Receipt this Period
Kim Leil 9154 McDougal Court Tallahassee, FL 32312	HCA-The Healthcare Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CFO, North H. Division	10/11/00	\$500.00
Aggregate Year-to-Date > \$500.00			
11. Full Name, Mailing Address and ZIP Code	Name of Employer:	Date (month, day, year)	Amount of Each Receipt this Period
Beverly B. Wallace 219 Vaughn's Gap Road Nashville, TN 37205	HCA-The Healthcare Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: SVP, Revenue Cycle	10/11/00	\$1,500.00
Aggregate Year-to-Date > \$1,500.00			
12. Full Name, Mailing Address and ZIP Code	Name of Employer:	Date (month, day, year)	Amount of Each Receipt this Period
Joe N. Steakley 115 Savoy Circle Nashville, TN 37205	HCA-The Healthcare Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: SVP, Internal Audit & Consul. Svc.	10/11/00	\$1,500.00
Aggregate Year-to-Date > \$1,500.00			
13. Full Name, Mailing Address and ZIP Code	Name of Employer:	Date (month, day, year)	Amount of Each Receipt this Period
Gregory S. Roth 5208 Country Club Drive Brentwood, TN 37027	HCA-The Healthcare Company		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President, Ambulatory Services	10/11/00	\$1,500.00
Aggregate Year-to-Date > \$1,500.00			
14. Full Name, Mailing Address and ZIP Code	Name of Employer:	Date (month, day, year)	Amount of Each Receipt this Period
John A. Lonaky 9000 Patricia St., Suite 207 Chalmette, LA 70043	Universal Health Network		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Director, Managed Care	10/11/00	\$200.00
Aggregate Year-to-Date > \$200.00			

SUBTOTAL of Receipts This Page (optional).....	\$6,450.00
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
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15. Full Name, Mailing Address and ZIP Code Michael A. Reese 4600 Tall Park Metairie, LA 70002	Name of Employer: HCA-The Healthcare Company	Date (month, day, year) 10/13/00	Amount of Each Receipt this Period \$500.00
	Occupation: CFO, Delta Division		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$500.00		
16. Full Name, Mailing Address and ZIP Code R. Sam Hawkins, JR. P.O. Box 1191 Crystal Beach, FL 34681	Name of Employer: HCA-The Healthcare Company	Date (month, day, year) 10/13/00	Amount of Each Receipt this Period \$500.00
	Occupation: CFO, West Florida Div.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$500.00		
17. Full Name, Mailing Address and ZIP Code William Paul Rulledge 9156 Saddlebow Drive Brentwood, TN 37027	Name of Employer: HCA-Tristar	Date (month, day, year) 10/13/00	Amount of Each Receipt this Period \$750.00
	Occupation: Healthcare Mgmt.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$750.00		
18. Full Name, Mailing Address and ZIP Code Bill B. Rutherford 9445 Highwood Hill Road Brentwood, TN 37027	Name of Employer: HCA-The Healthcare Company	Date (month, day, year) 10/13/00	Amount of Each Receipt this Period \$1,000.00
	Occupation: CFO-Eastern Group		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$1,000.00		
19. Full Name, Mailing Address and ZIP Code R. Milton Johnson 4329 Estes Road Nashville, TN 37215	Name of Employer: HCA-The Healthcare Company	Date (month, day, year) 10/13/00	Amount of Each Receipt this Period \$1,500.00
	Occupation: SVP, Controller		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$1,500.00		
20. Full Name, Mailing Address and ZIP Code Vanas Carl George 809 Forest Hills Drive Nashville, TN 37220	Name of Employer: HCA-The Healthcare Company	Date (month, day, year) 10/13/00	Amount of Each Receipt this Period \$1,500.00
	Occupation: SVP, Development		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$1,500.00		
21. Full Name, Mailing Address and ZIP Code Noel B. Williams 100 Iroquos Ct. Nashville, TN 37205	Name of Employer: HCA-The Healthcare Company	Date (month, day, year) 10/13/00	Amount of Each Receipt this Period \$1,500.00
	Occupation: SVP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$1,500.00		

SUBTOTAL of Receipts This Page (optional).....	\$7,250.00
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
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22. Full Name, Mailing Address and ZIP Code James W. Slack, Jr. 10124 Woodland Hills Way Tallahassee, FL 32306	Name of Employer: HCA-The Healthcare Company	Date (month, day, year) 10/13/00	Amount of Each Receipt this Period \$1,500.00
	Occupation: President, North Florida Division		
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 Richard M. Brockan 1106 Belle Meade Blvd. Nashville, TN 37205	Name of Employer: HCA-The Healthcare Company	Date (month, day, year) 10/13/00	Amount of Each Receipt this Period \$2,500.00
	Occupation: President, Western Group		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$2,500.00		
24. Full Name, Mailing Address and ZIP Code Frank Houser, M.D. 834 Curlewwood Lane Nashville, TN 37204	Name of Employer: HCA-The Healthcare Company	Date (month, day, year) 10/13/00	Amount of Each Receipt this Period \$1,500.00
	Occupation: SVP & Medical Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$1,500.00		
25. Full Name, Mailing Address and ZIP Code David G. Anderson 5216 Apple Mill Ct. Brentwood, TN 37027	Name of Employer: HCA-The Healthcare Company	Date (month, day, year) 10/13/00	Amount of Each Receipt this Period \$1,500.00
	Occupation: SVP, Finance & Treasurer		
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 A. Bruce Moore 2105 Golf Club Lane Nashville, TN 37215	Name of Employer: HCA-The Healthcare Company	Date (month, day, year) 10/13/00	Amount of Each Receipt this Period \$1,500.00
	Occupation: SVP, Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$1,500.00		
27. Full Name, Mailing Address and ZIP Code Abraham Martinez 611 Merlin Road Laredo, TX 78041	Name of Employer: Doctors Hospital of Laredo	Date (month, day, year) 10/16/00	Amount of Each Receipt this Period \$200.00
	Occupation: CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$200.00		
28. 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 >		

SUBTOTAL of Receipts This Page (optional).....	\$8,700.00
TOTAL This Period (last page this line number only).....	\$28,500.00

SCHEDULE A ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full) Federation of American Health Systems Political Action Committee	C0D002261
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1. Full Name, Mailing Address and ZIP Code	Name of Employer:	Date (month, day, year)	Amount of Each Receipt this Period
Tenant Healthcare Corporation Political Action Committee 3820 State Street Santa Barbara, CA 93105	PAC to PAC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	10/18/00	\$5,000.00
Aggregate Year-to-Date > \$5,000.00			
2. Full Name, Mailing Address and ZIP Code	Name of Employer:	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:		
Aggregate Year-to-Date >			
3. Full Name, Mailing Address and ZIP Code	Name of Employer:	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:		
Aggregate Year-to-Date >			
4. Full Name, Mailing Address and ZIP Code	Name of Employer:	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:		
Aggregate Year-to-Date >			
5. Full Name, Mailing Address and ZIP Code	Name of Employer:	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:		
Aggregate Year-to-Date >			
6. Full Name, Mailing Address and ZIP Code	Name of Employer:	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:		
Aggregate Year-to-Date >			
7. Full Name, Mailing Address and ZIP Code	Name of Employer:	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:		
Aggregate Year-to-Date >			

SUBTOTAL of Receipts This Page (optional).....	\$5,000.00
TOTAL This Period (last page this line number only).....	\$5,000.00

SCHEDULE B ITEMIZED DISBURSEMENTS

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

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

1. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement:	Date (month, day, year)	Amount of Each Disbursement this Period
Robb for Senate 424 C Street, NE Washington, DC 20002	Sen. Chuck Robb (D-VA)	10/03/00	\$2,000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General (2000) <input type="checkbox"/> Other (specify):		
Friends of Lois Capps 38 Ivy Street, SE Washington, DC 20003	Rep. Lois Capps (D-CA-22)	10/03/00	\$500.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General (2000) <input type="checkbox"/> Other (specify):		
Friends of John Boehner 7908 Cincinnati-Dayton Road, Ste. 1 West Chester, OH 45069	Rep. John Boehner (R-OH-8)	10/03/00	\$1,000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General (2000) <input type="checkbox"/> Other (specify):		
Dooley for Congress 300 N. Lee St., Suite 500 Alexandria, VA 22314	Rep. Cal Dooley (D-CA-20)	10/03/00	\$500.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General (2000) <input type="checkbox"/> Other (specify):		
Roth for Senate P.O. Box 105 Wilmington, DE 19899	Sen. William Roth (R-DE)	10/03/00	\$1,000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General (2000) <input type="checkbox"/> Other (specify):		
DCCC 430 South Capitol St., SE Washington, DC 20003	PAC to PAC	10/03/00	\$1,000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): PAC to PAC		
Jim Davis for Congress P.O. Box 2884 Washington, D.C. 20013	Rep. Jim Davis (D-FL-11)	10/03/00	\$500.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General (2000) <input type="checkbox"/> Other (specify):		
Friends of Phil Gramm 900 Second Street, NE #114 Washington, D.C. 20002	Sen. Phil Gramm (R-TX)	10/03/00	\$1,000.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General (2002) <input type="checkbox"/> Other (specify):		
SUBTOTAL of Disbursements This Page (optional).....			\$7,500.00
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

PAGE 2 OF 7

FOR LINE NUMBER
23

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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
Friends of Clay Shaw P.O. Box 2188 Ft. Lauderdale, FL 33303-2188	Rep. Clay Shaw (R-FL-22)	10/03/00	\$1,000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): (2000)		
Chambliss for Congress P.O. Box 4084 Macon, GA 31208-4084	Rep. Saxby Chambliss (R-GA-8)	10/03/00	\$1,000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): (2000)		
Minge for Congress Committee P.O. Box 71 Granite Falls, MN 56241-0071	Rep. David Minge (D-MN-2)	10/03/00	\$1,000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): (2000)		
Re-Elect Nancy Johnson to Congress Committee P.O. Box 1986 New Britain, CT 06050	Rep. Nancy Johnson (R-CT-6)	10/05/00	\$2,000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): (2000)		
Mac Collins for Congress P.O. Box 35 Jonesboro, GA 30237	Rep. Mac Collins (R-GA-3)	10/11/00	\$2,000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): (2000)		
Federation of American Health Systems 801 Pennsylvania Ave., NW, Ste. 245 Washington, D.C. 20004	Rep. Mac Collins (R-GA-3)	10/11/00	\$100.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): (2000)		
Friends of Slade Gorton 10806 SE 16 th Street Bellevue, WA 98004	Sen. Slade Gorton (R-WA)	10/11/00	\$1,000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): (2000)		
Becerra for Congress P.O. Box 261060 Los Angeles, CA 90026	Rep. Xavier Becerra (D-CA-30)	10/11/00	\$500.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): (2000)		
SUBTOTAL of Disbursements This Page (optional)			\$8,600.00
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

17. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement:	Date (month, day, year)	Amount of Each Disbursement this Period
Steven Kuykendall Congressional Committee 21311 Hawthorne Blvd., #107 Tombase, CA 90503	Rep. Steven Kuykendall (R-CA-36)	10/11/00	\$1,000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): (2000)		
18. Full Name, Mailing Address and ZIP Code Grassley Committee, Inc. P.O. Box 4193 Alexandria, VA 22306	Purpose of Disbursement: Sen. Charles Grassley (R-IA) Check Reissued (Original Check #6096) Original check issued 4/10/00	10/12/00	\$1,000.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): (2004)		
19. Full Name, Mailing Address and ZIP Code John Spratt for Congress P.O. Box 10986 Rock Hill, SC 29746	Purpose of Disbursement: Rep. John Spratt (D-SC-5)	10/12/00	\$2,000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): (2000)		
20. Full Name, Mailing Address and ZIP Code CAMPAC P.O. Box 17 Midland, MI 48640	Purpose of Disbursement: CAMPAC PAC to PAC	10/12/00	\$1,000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): PAC to PAC		
21. Full Name, Mailing Address and ZIP Code Christopher Cox Congressional Committee P.O. Box 8088-C Newport Beach, CA 92658	Purpose of Disbursement: Rep. Christopher Cox (R-CA-47)	10/12/00	\$1,000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): (2000)		
22. Full Name, Mailing Address and ZIP Code John Spratt for Congress P.O. Box 10986 Rock Hill, SC 29746	Purpose of Disbursement: Rep. John Spratt (D-SC-5)	10/12/000	\$2,000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): (2000)		
23. Full Name, Mailing Address and ZIP Code Blue Dog PAC P.O. Box 7998 Washington, D.C. 20002	Purpose of Disbursement: Blue Dog PAC - PAC to PAC Check Reissued (Original Check #6125) Original Check issued 7/26/00	10/12/00	\$1,000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): PAC to PAC		
24. Full Name, Mailing Address and ZIP Code Catering By Windows 1125 North Royal Street Alexandria, VA 22314	Purpose of Disbursement: Rep. Nancy Johnson (R-CT-6) In Kind Contribution (Food)	10/12/00	\$146.15
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): (2000)		

SUBTOTAL of Disbursements This Page (optional).....	\$9,146.15
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	PAGE 4 OF 7
	FOR LINE NUMBER 23

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

25. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement:	Date (month, day, year)	Amount of Each Disbursement this Period
Sunny's Executive Sedan Service 4900 Leesburg Pike, #400 Alexandria, VA 22302	Rep. Nancy Johnson (R-CT-6) In Kind Contribution (Transportation)	10/12/00	\$90.62
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): (2000)		
Catering By Windows 1125 North Royal Street Alexandria, VA 22314	Rep. Mac Collins In Kind Contribution (Food)	10/12/00	\$146.15
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): (2000)		
Becerra for Congress P.O. Box 261060 Los Angeles, CA 90026	Rep. Xavier Becerra (D-CA-30)	10/12/00	\$500.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): (2000)		
The Committee for the Preservation of Capitalism P.O. Box 22614 Alexandria, VA 22304	PAC to PAC	10/18/00	\$4,000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): PAC to PAC		
Friends of Scott McInnis P.O. Box 3157 Grand Junction, CO 81502	Rep. Scott McInnis (R-CO-3)	10/18/00	\$1,000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): (2000)		
Grassley Committee, Inc. P.O. Box 6199 Alexandria, VA 22306	Sen. Charles Grassley (R-IA)	10/18/00	\$1,000.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): (2004)		
Stenholm for Congress Committee P.O. Box 1032 Stanford, TX 79853	Rep. Charles Stenholm (D-TX-17)	10/18/00	\$1,000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): (2000)		
Jay Dickey for Congress Committee 208 E. 5th Street Pine Bluff, AR 71601	Rep. Jay Dickey (R-AR-04)	10/16/00	\$1,000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): (2000)		

SUBTOTAL of Disbursements This Page (optional) \$8,786.77

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	PAGE 5 OF 7
	FOR LINE NUMBER 23

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

33. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement:	Date (month, day, year)	Amount of Each Disbursement this Period
Bill McCullom for US Senate 605 E. Robinson St., #105 Orlando, FL 32801	Rep. Bill McCullom (R-FL-8)	10/18/00	\$1,000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): (2000)		
Ron Lewis for Congress Committee P.O. Box 307 Elizabethtown, KY 42702	Rep. Ron Lewis (R-KY-02)	10/18/00	\$1,000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): (2000)		
Abraham Senate 2000 900 Second Street, NE #114 Washington, D.C. 20002	Sen. Spencer Abraham (R-MI)	10/18/00	\$1,000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): (2000)		
Northup for Congress 4006 Dutchmans Lane Louisville, KY 40207	Rep. Anne Northup (R-KY-3)	10/18/00	\$1,000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): (2000)		
Friends of Clay Shaw P.O. Box 2188 Ft. Lauderdale, FL 33303-2188	Rep. Clay Shaw (R-FL-22)	10/18/00	\$1,000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): (2000)		
Friends of Don Sherwood 81 Warren Street Tunkhannock, PA 18657	Rep. Don Sherwood (R-PA-10)	10/18/00	\$1,000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): (2000)		
Fletcher for Congress P.O. Box 4703 Lexington, KY 40544-4703	Rep. Emie Fletcher (R-KY-6)	10/18/00	\$1,000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): (2000)		
Steven Kuykendall Congressional Committee 21311 Hawthorne Blvd., #107 Torrance, CA 90503	Rep. Steven Kuykendall (R-CA-36)	10/18/00	\$1,000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): (2000)		
SUBTOTAL of Disbursements This Page (optional)			\$8,000.00
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

PAGE 6 OF 7
FOR LINE NUMBER
23

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

41. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement:	Date (month, day, year)	Amount of Each Disbursement this Period
Nethercutt for Congress 1504 W. 3rd Street Spokane, WA 99204	Rep. George Nethercutt (R-WA-05) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): (2000)	10/18/00	\$1,000.00
Zimmer 2000, Inc. P.O. Box 4888 Lawrenceville, NJ 08648	Candidate Dick Zimmer (R-NJ-12) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): (2000)	10/18/00	\$1,000.00
Shelley Moore Capito for Congress Committee P.O. Box 11519 Charleston, WV 25339	Candidate Shelley Moore (R-WV-2) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): (2000)	10/18/00	\$1,000.00
Graves for Congress P.O. Box 34744 Kansas City, MO 64114	Candidate Sam Graves (R-MO-06) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): (2000)	10/18/00	\$1,000.00
Kline for Congress P.O. Box 3009 Shawnee Mission, KS 66208	Candidate Phil Kline (R-KS-03) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): (2000)	10/18/00	\$1,000.00
Melissa Hart for Congress P.O. Box 436 Wexford, PA 15090	Candidate Melissa Hart (R-PA-04) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): (2000)	10/18/00	\$1,000.00
Todd Akin for Congress P.O. Box 31222 St. Louis, MO 63131	Candidate Todd Akin (R-MO-2) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): (2000)	10/18/00	\$1,000.00
Joan Johnson for Congress P.O. Box 5190 Bayshore, NY 11706	Candidate Joan Johnson (R-NY-02) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): (2000)	10/18/00	\$1,000.00
SUBTOTAL of Disbursements This Page (optional)			\$8,000.00
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** **CD0002261**

49. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement:	Date (month, day, year)	Amount of Each Disbursement this Period
Derek Smith for Congress P.O. Box 1536 Salt Lake City, Utah 84110	Candidate Derek Smith (R-UT-02)	10/18/00	\$1,000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): (2000)		
50. Full Name, Mailing Address and ZIP Code Ewing for Congress P.O. Box 1964 Muskogee, OK 74402	Purpose of Disbursement: Candidate Andy Ewing (R-OK-02)	10/18/00	\$1,000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): (2000)		
51. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement:		
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
52. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement:		
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
53. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement:		
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
54. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement:		
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
55. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement:		
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
56. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement:		
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		

SUBTOTAL of Disbursements This Page (optional).....	\$2,000.00
TOTAL This Period (last page this line number only).....	\$51,982.92

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 checked="" type="checkbox"/> Hand Delivered	Date of Receipt 10/26/00
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input 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	
 CR	 10/26/00
PREPARER	DATE PREPARED