

1000 OCT 21 A 4 06

FedPac

Political Action Committee

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

October 17, 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 September 1, 2000, to and including September 30, 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 Urlich
Treasurer

Enclosure(s)

cc: Secretaries of State of AZ, CA, DE, GA, IA, ID, MI, and NV

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than an Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 OCT 21 A 9:06

1. NAME OF COMMITTEE (in full)
**FEDERATION OF AMERICAN HEALTH SYSTEMS
POLITICAL ACTION COMMITTEE**

ADDRESS (number and street) 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
C0002261

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

4. TYPE OF REPORT

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

Monthly Report Due On:

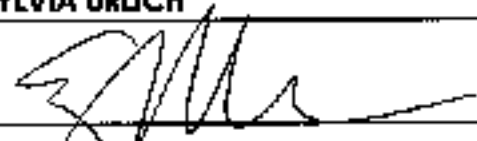
- February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31

- 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 September 1, 2000 through September 30, 2000		
6. (a) Cash on Hand January 1, 2000		\$182,798.63
(b) Cash on Hand at Beginning of Reporting Period	\$129,809.25	
(c) Total Receipts (from Line 19)	\$ 16,914.75	\$ 91,074.72
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$146,224.00	\$273,873.35
7. Total Disbursements (from Line 30)	\$ 49,136.70	\$ 174,286.05
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 97,587.30	\$ 97,587.30
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 990 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 **10/17/00**

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

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: Federation of American Health Systems Political Action Committee C00002261	REPORT COVERING PERIOD FROM: 09/01/00	TO: 09/30/00
	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual Persons Other Than Political Committees		
i. Itemized (use Schedule A).....	\$ 9,680.00	\$57,535.00
ii. Unitemized	\$1,575.00	\$13,340.00
iii. Total (add i and ii) ▶	\$11,225.00	\$70,875.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)	\$5,000.00	\$19,000.00
d. Total Contributions (add a ii, b, and c) ▶	\$16,225.00	\$89,875.00
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (FAMS Reimbursement)	\$36.70	\$615.79
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)	\$653.06	\$5,583.93
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ▶	\$16,914.75	\$91,074.72
20. Total Federal Receipts (subtract line 18 from line 19) ▶	\$16,914.75	\$91,074.72
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	\$49,100.00	\$175,399.26
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)	\$36.70	\$586.79
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ▶	\$49,136.70	\$176,286.05
31. Total Federal Disbursements (subtract line 21a ii from line 30) ▶	\$49,136.70	\$176,286.05
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from line 11d)	\$16,225.00	\$ 89,875.00
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans) (from line 33 from 32)	\$16,225.00	\$89,875.00
35. Total Federal Operating Expenditures (add line 21a i and 21b) ▶		
36. Offsets to Operating Expenditures (from line 15)	\$36.70	\$615.79
37. Net Operating Expenditures (subtract line 36 from 35) ▶	(\$36.70)	(\$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	CD0002261
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1. Full Name, Mailing Address and ZIP Code Marilyn H. Herbert 6592 Beech Hill Road Pegram, TN 37143	Name of Employer: Province Healthcare	Date (month, day, year) 09/05/00	Amount of Each Receipt this Period \$200.00
	Occupation: Healthcare - VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$200.00		
2. Full Name, Mailing Address and ZIP Code Sandra McRee 204 McRee Road Goodspring, TN 38460	Name of Employer: Province Healthcare	Date (month, day, year) 09/05/00	Amount of Each Receipt this Period \$200.00
	Occupation: VP, Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$200.00		
3. Full Name, Mailing Address and ZIP Code Richard D. Gore 1711 Old Hillsboro Road Franklin, TN 37069	Name of Employer: Province Healthcare	Date (month, day, year) 09/05/00	Amount of Each Receipt this Period \$200.00
	Occupation: Vice Chairman & CFO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$200.00		
4. Full Name, Mailing Address and ZIP Code Chris Hannon 4303 Esteswood Drive Nashville, TN 37215	Name of Employer: Province Healthcare	Date (month, day, year) 09/05/00	Amount of Each Receipt this Period \$200.00
	Occupation: VP, Finance		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$200.00		
5. Full Name, Mailing Address and ZIP Code Tom Anderson 1749 Charity Drive Brentwood, TN 37027	Name of Employer: Province Healthcare	Date (month, day, year) 09/05/00	Amount of Each Receipt this Period \$300.00
	Occupation: SVP, Acquisitions & Dev.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$300.00		
6. Full Name, Mailing Address and ZIP Code Howard T. Wall, III 105 Westwood Place, Suite 400 Franklin, TN 37027	Name of Employer: Province Healthcare	Date (month, day, year) 09/05/00	Amount of Each Receipt this Period \$250.00
	Occupation: SVP & General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$250.00		
7. Full Name, Mailing Address and ZIP Code Robert Jordan 8903 Bridle Place Brentwood, TN 37027	Name of Employer: Quorum Health Group	Date (month, day, year) 09/05/00	Amount of Each Receipt this Period \$200.00
	Occupation: VP, Human Resources		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$200.00		

SUBTOTAL of Receipts This Page (optional)	\$1,550.00
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TOTAL This Period (last page this line number only)	
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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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8. Full Name, Mailing Address and ZIP Code Robert A. Jobin 2317 Rimrock Circle Lafayette, CO 80026	Name of Employer: Quorum Health Resources	Date (month, day, year) 09/05/00	Amount of Each Receipt this Period \$200.00
	Occupation: SVP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$200.00		
9. Full Name, Mailing Address and ZIP Code Rita J. Wilder 114 Blairfield Ct. Moore, SC 29369	Name of Employer: Mary Black Memorial Hosp. (QHG)	Date (month, day, year) 09/05/00	Amount of Each Receipt this Period \$200.00
	Occupation: COO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$200.00		
10. Full Name, Mailing Address and ZIP Code Michael H. Schatzlein 7560 East Manfou Trail Randolph, IN 46783	Name of Employer: St. Joseph Hospital (QHG)	Date (month, day, year) 09/05/00	Amount of Each Receipt this Period \$500.00
	Occupation: CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$500.00		
11. Full Name, Mailing Address and ZIP Code Marsha D. Powers 9150 Jones Court Brentwood, TN 37027	Name of Employer: Quorum Health Services	Date (month, day, year) 09/05/00	Amount of Each Receipt this Period \$1,000.00
	Occupation: Regional President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$1,000.00		
12. Full Name, Mailing Address and ZIP Code John Paul Christen 13507 4th Plaza East Bradenton, FL 34202	Name of Employer: Manatee Memorial Hospital (UHS)	Date (month, day, year) 09/07/00	Amount of Each Receipt this Period \$200.00
	Occupation: CFO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$200.00		
13. Full Name, Mailing Address and ZIP Code C. K. Stephenson, Jr. 7321 N. 32nd Street McAllen, TX 78504	Name of Employer: Universal Health Services	Date (month, day, year) 09/07/00	Amount of Each Receipt this Period \$200.00
	Occupation: Regional Director of Managed Care		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$200.00		
14. Full Name, Mailing Address and ZIP Code J. Michael Mashe 2211 Baltosrol Drive Austin, TX 78747	Name of Employer: Universal Health Services	Date (month, day, year) 09/07/00	Amount of Each Receipt this Period \$200.00
	Occupation: Director of Development		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$200.00		

SUBTOTAL of Receipts This Page (optional).....	\$2,500.00
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

15. Full Name, Mailing Address and ZIP Code Steve Spell 5207 Roosevelt Street Bethesda, MD 20814	Name of Employer: Federation of American Hospitals	Date (month, day, year) 09/07/00	Amount of Each Receipt this Period \$500.00
	Occupation: SVP, Health Finance & Policy	Aggregate Year-to-Date > \$600.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
16. Full Name, Mailing Address and ZIP Code L. Keith Granger 1101 Hillbrook Rd. Dothan, AL 36303	Name of Employer: Flowers Hospital (QHG)	Date (month, day, year) 09/08/00	Amount of Each Receipt this Period \$250.00
	Occupation: Hospital CEO	Aggregate Year-to-Date > \$250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
17. Full Name, Mailing Address and ZIP Code Thomas D. Miller 10936 Carnouste Lane Fort Wayne, IN 46814	Name of Employer: Lutheran Hospital of Indiana (QHG)	Date (month, day, year) 09/08/00	Amount of Each Receipt this Period \$250.00
	Occupation: CEO	Aggregate Year-to-Date > \$250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
18. Full Name, Mailing Address and ZIP Code C. Thomas Neill 6500 Covington Eudalley Rd. College Grove, TN 37027	Name of Employer: Quorum Health Group	Date (month, day, year) 09/08/00	Amount of Each Receipt this Period \$1,000.00
	Occupation: SVP	Aggregate Year-to-Date > \$1,000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
19. Full Name, Mailing Address and ZIP Code Jerry Bischoff 9211 Indian Reserve Trail Fort Wayne, IN 46804	Name of Employer: Rahab. Hosp. of R. Wayne (PRHC)	Date (month, day, year) 09/08/00	Amount of Each Receipt this Period \$200.00
	Occupation: CFO	Aggregate Year-to-Date > \$200.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
20. Full Name, Mailing Address and ZIP Code Edwin L. Grimes 6002 Lyndhurst Drive San Angelo, TX 76901	Name of Employer: River Crest Hospital (UHS)	Date (month, day, year) 09/11/00	Amount of Each Receipt this Period \$200.00
	Occupation: CEO	Aggregate Year-to-Date > \$200.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
21. Full Name, Mailing Address and ZIP Code James C. Smolik 501 East Cardinal Avenue McAllen, TX 78504	Name of Employer: Edinburg Reg. Med. Ctr. (UHS)	Date (month, day, year) 09/11/00	Amount of Each Receipt this Period \$200.00
	Occupation: CEO	Aggregate Year-to-Date > \$400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)..... **\$2,600.00**

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	C08D02261
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22. Full Name, Mailing Address and ZIP Code Kyle Buster 401 Loudon Place Brentwood, TN 37027	Name of Employer: Province Healthcare	Date (month, day, year) 09/11/00	Amount of Each Receipt this Period \$200.00
	Occupation: VP, Medical Staff Development	Aggregate Year-to-Date > \$200.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
23. Full Name, Mailing Address and ZIP Code Kevin P. Poorfen 9224 Presmoor Place Brentwood, TN 37027	Name of Employer: Province Healthcare	Date (month, day, year) 09/15/00	Amount of Each Receipt this Period \$200.00
	Occupation: Regional Vice President	Aggregate Year-to-Date > \$200.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
24. Full Name, Mailing Address and ZIP Code Norman Stephens 1616 Whittingham Lane Fort Wayne, IN 46814	Name of Employer: Rehab. Hosp. of Ft. Wayne (QHG)	Date (month, day, year) 09/15/00	Amount of Each Receipt this Period \$200.00
	Occupation: CEO	Aggregate Year-to-Date > \$200.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
25. Full Name, Mailing Address and ZIP Code Nina W. Elsner 1405 S. Prospect Avenue Champaign, IL 61820	Name of Employer: The Pavilion Behav. Hosp. (UHS)	Date (month, day, year) 09/19/00	Amount of Each Receipt this Period \$200.00
	Occupation: CEO	Aggregate Year-to-Date > \$200.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
26. Full Name, Mailing Address and ZIP Code Timothy A. Flusche 14807 Felbridge Way Midlothian, VA 23113	Name of Employer: HCA-The Healthcare Company	Date (month, day, year) 09/29/00	Amount of Each Receipt this Period \$500.00
	Occupation: CFO, Central Atlantic Division	Aggregate Year-to-Date > \$500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
27. Full Name, Mailing Address and ZIP Code Wickliffe S. Lyne 13303 Torrington Drive Midlothian, VA 23113	Name of Employer: HCA-The Healthcare Company	Date (month, day, year) 09/29/00	Amount of Each Receipt this Period \$1,500.00
	Occupation: President, Central Atlantic Division	Aggregate Year-to-Date > \$1,500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
28. Full Name, Mailing Address and ZIP Code Thomas E. Ceccoli 6138 Tuscany Circle, NW Canton, OH 44718	Name of Employer: Doctors Hosp. of Stark Cty. (QHG)	Date (month, day, year) 09/29/00	Amount of Each Receipt this Period \$200.00
	Occupation: Hospital Administrator	Aggregate Year-to-Date > \$200.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)	\$3,000.00
TOTAL This Period (last page this line number only)	\$9,650.00

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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1. Full Name, Mailing Address and ZIP Code HCA Good Government Fund One Park Plaza Nashville, TN 37202	Name of Employer: HCA-The Healthcare Company PAC to PAC	Date (month, day, year) 09/29/00	Amount of Each Receipt this Period \$5,000.00
	Occupation: _____	Aggregate Year-to-Date > \$5,000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____			
2. 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): _____			
3. 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): _____			
4. 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): _____			
5. 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): _____			
6. 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): _____			
7. 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): _____			

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

SCHEDULE A ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full) Federation of American Health Systems Political Action Committee	C00002261
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A. Full Name, Mailing Address and ZIP Code First Union National Bank CAP Department One First Union Center Charlotte, NC 28286-1164	Name of Employer: First Union National Bank	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation: CAP Account	09/30/00	\$453.05
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Interest Earned	Aggregate Year-to-Date > \$5,583.93		
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 >		

SUBTOTAL of Receipts This Page (optional).....	\$653.05
TOTAL This Period (last page this line number only).....	\$453.05

SCHEDULE B ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 5
FOR LINE NUMBER
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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
Friends of Mark Foley P.O. Box 30505 Palm Beach Gardens, FL 33420	Rep. Mark Foley (R-FL-16)	09/08/00	\$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)	09/08/00	\$3,000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): (2000)		
Hastert for Congress Committee P.O. Box 625 Batavia, IL 60510	Rep. Dennis Hastert (R-IL-14)	09/06/00	\$2,500.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): (2000)		
Nussle for Congress Committee P.O. Box 324 Manchester, IA 52057	Rep. Jim Nussle (R-IA-2)	09/08/00	\$1,000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): (2000)		
Mike McIntyre for Congress P.O. Box 1 Lumberton, NC 28359	Rep. Mike McIntyre (D-NC-7)	09/14/00	\$500.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): (2000)		
DNC Federal Account 430 South Capitol St., SE Washington, D.C. 20003	Democratic National Committee	09/14/00	\$5,000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): PAC to PAC		
Ken Bentsen Jr. for Congress Committee 5615 Morningside Drive, PMB301 Houston, TX 77005	Rep. Ken Bentsen (D-TX-25)	09/14/00	\$1,000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): (2000)		
Friends of Roy Blunt P.O. Box 278 Stafford, MO 65757	Rep. Roy Blunt (R-MO-7)	09/14/00	\$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)..... \$15,000.00

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** C00002261

9. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement:	Date (month, day, year)	Amount of Each Disbursement this Period
Feinstein 2000 Committee P.O. Box 75156 Washington, D.C. 20013	Senator Dianna Feinstein (R-CA)	09/14/00	\$1,000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): (2000)		
Re-Elect Brian Bilbray for Congress 4451 Brookfield Corp. Dr., #200 Chantilly, VA 20151	Rep. Brian Bilbray (R-CA-49)	09/14/00	\$500.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): (2000)		
Dooley for Congress 300 N. Lee St., #500 Alexandria, VA 22314	Rep. Calvin Dooley (D-CA-20)	09/14/00	\$1,000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): (2000)		
Porter Goss Re-Election Team P.O. Box 517 Ft. Myers, FL 33902	Rep. Porter Goss (R-FL-14)	09/14/00	\$1,000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): (2000)		
The Freedom Project 111 C Street, NE Washington, D.C. 20003	PAC to PAC	09/14/00	\$1,000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): PAC to PAC		
Zell Miller for US Senate 110-B East Broad Street Falls Church, VA 22046	Sen. Zell Miller (D-GA)	09/14/00	\$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 St., NE, #114 Washington, D.C. 20004	Sen. Spencer Abraham (R-MI)	09/14/00	\$1,000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): (2000)		
NRCC 2016 Mt. Vernon Ave., 3rd Floor Alexandria, VA 22301	PAC to PAC	09/14/00	\$500.00
	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) **\$7,000.00**

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

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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
Berkley 2000 349 Keating Street Henderson, NV 89014	Rep. Shelley Berkley (D-NV-1)	09/25/00	\$1,000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): (2000)		
Friends of Jerry Kiaczka 4200 Christine Place Alexandria, VA 22311	Rep. Jerry Kiaczka (D-WI-4)	09/25/00	\$500.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): (2000)		
Hulshof for Congress P.O. Box 16021 Alexandria, VA 22302	Rep. Kenny Hulshof (R-MO-9)	09/25/00	\$1,000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): (2000)		
The New Republican Majority Fund 900 Second St., NE, Suite 114 Washington, D.C. 20002	PAC to PAC	09/25/00	\$1,000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): PAC to PAC		
Nelson for Senate 110-B East Broad Street Falls Church, VA 22046	Candidate Bill Nelson (D-FL)	09/25/00	\$1,000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): (2000)		
JD Hayworth For Congress 10789 N. 90th Street, #102 Scottsdale, AZ 85260	Rep. JD Hayworth (R-AZ-6)	09/25/00	\$1,000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): (2000)		
Wally Herger for Congress P.O. Box 16021 Alexandria, VA 22302	Rep. Wally Herger (R-CA-2)	09/25/00	\$1,000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): (2000)		
Craig for Senate 429 North St. Asaph Street Alexandria, VA 22314	Sen. Larry Craig (R-ID)	09/25/00	\$1,500.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): (2002)		
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

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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 Next Century Fund 114 S. Royal Street Alexandria, VA 22314	Purpose of Disbursement: PAC to PAC	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): PAC to PAC	09/25/00	\$500.00
26. Full Name, Mailing Address and ZIP Code Ensign for Senate P.O. Box 26568 Las Vegas, NV 89126	Purpose of Disbursement: Rep. John Ensign (R-NV)	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): (2000)	09/25/00	\$1,000.00
27. Full Name, Mailing Address and ZIP Code The New Republican Majority Fund 900 Second St., NE Suite 114 Washington, D.C. 20002	Purpose of Disbursement: PAC to PAC	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): PAC to PAC	09/26/00	\$4,000.00
28. Full Name, Mailing Address and ZIP Code Northup for Congress P.O. Box 7313 Louisville, KY 40257	Purpose of Disbursement: Rep. Anne Northup (R-KY-3)	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): (2000)	09/29/00	\$2,000.00
29. Full Name, Mailing Address and ZIP Code Bob Franks for US Senate P.O. Box 1670 Arlington, VA 22210	Purpose of Disbursement: Rep. Bob Franks (R-NJ-7)	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): (2000)	09/29/00	\$1,000.00
30. Full Name, Mailing Address and ZIP Code Thurman for Congress 3410 38th Street, NW #F270 Washington, D.C. 20016	Purpose of Disbursement: Rep. Karen Thurman (D-FL-5)	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): (2000)	09/29/00	\$1,000.00
31. Full Name, Mailing Address and ZIP Code Steny Hoyer for Congress P.O. Box 2884 Washington, D.C. 20013	Purpose of Disbursement: Rep. Steny Hoyer (D-MD-5)	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): (2000)	09/29/00	\$1,000.00
32. Full Name, Mailing Address and ZIP Code People for English Committee P.O. Box 1940 Erie, PA 16507	Purpose of Disbursement: Rep. Phil English (R-PA-21)	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): (2000)	09/29/00	\$2,000.00
SUBTOTAL of Disbursements This Page (optional)			\$12,500.00
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

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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
Sue Kelly for Congress P.O. Box 16021 Alexandria, VA 22302	Rep. Sue Kelly (R-NY-19)	09/29/00	\$500.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General (2000) <input type="checkbox"/> Other (specify):		
34. Full Name, Mailing Address and ZIP Code The Jefferson Committee P.O. Box 77137 Washington, D.C. 20013	Purpose of Disbursement: Rep. William Jefferson (D-LA-2)	09/29/00	\$1,000.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): (2000)		
35. Full Name, Mailing Address and ZIP Code Friends of John Tanner P.O. Box 1996 Union City, TN 38281	Purpose of Disbursement: Rep. John Tanner (D-TN-8)	09/29/00	\$1,000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General (2000) <input type="checkbox"/> Other (specify):		
36. Full Name, Mailing Address and ZIP Code Roth for Senate P.O. Box 105 Wilmington, DE 19899	Purpose of Disbursement: Sen. William Roth (R-DE)	09/29/00	\$1,000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General (2000) <input type="checkbox"/> Other (specify):		
37. Full Name, Mailing Address and ZIP Code National Leadership PAC 2850 Connecticut Avenue, NW 1st Floor Washington, D.C. 20005	Purpose of Disbursement: PAC to PAC	09/29/00	\$1,000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): PAC to PAC		
38. Full Name, Mailing Address and ZIP Code Re-Elect Nancy Johnson to Congress Committee P.O. Box 1986 New Britain, CT 06050	Purpose of Disbursement: Rep. Nancy Johnson (R-CT-6)	09/29/00	\$1,000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General (2000) <input type="checkbox"/> Other (specify):		
38. Full Name, Mailing Address and ZIP Code FAHS 601 Pennsylvania Ave., NW, Ste. 245 Washington, D.C. 20004	Purpose of Disbursement: Rep. Nancy Johnson (R-CT-6) IN-KIND CONTRIBUTION (Room Rent)	09/29/00	\$100.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General (2000) <input type="checkbox"/> Other (specify):		
40. Full Name, Mailing Address and ZIP Code Crane for Congress Committee 1104 N. Northwest Hwy. Palatine, IL 60067	Purpose of Disbursement: Rep. Phil Crane (R-IL-8)	09/29/00	\$1,000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General (2000) <input type="checkbox"/> Other (specify):		

SUBTOTAL of Disbursements This Page (optional)..... \$4,600.00

TOTAL This Period (last page this line number only)..... \$49,100.00

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
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<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	
<i>JS</i> PREPARER	10-21-00 DATE PREPARED