

MAR 10 10 58 AM

FedPac
Political Action Committee

1111 19th Street N.W.
Suite 402
Washington, DC 20036
202-833-3090

Public Records Office
Federal Election Commission
999 "E" Street, NW
Washington, DC 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 month ended February 28, 1994. These reports have been duly executed by the treasurer of our committee.

Copies of this report have been sent to the appropriate offices of the states in which our committee supported candidates.

Kindly acknowledge receipt of this report on the attached copy of this letter, and return same in the envelope provided.

Very truly yours,


Sylvia Ulrich
Treasurer

Enclosures
JPGULTRS138549.1

cc: Michael Bromberg
Secretary of States of CA, TN, NM, MD, FL, TX

24038072420

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

MAR 18 10 36 AM '94

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Federation of American Health Systems Political Action Committee		2. FEC IDENTIFICATION NUMBER C00002261
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1111 - 19th Street, NW, Suite 401		
CITY, STATE and ZIP CODE Washington, D. C. 20036		
3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)		

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report
- Monthly Report Due On:
- February 20 June 20 October 20
- March 20 July 20 November 20
- April 20 August 20 December 20
- May 20 September 20 January 31
- Twelfth day report preceding _____ (Type of Election)
election on _____ in the State of _____
- Thirtieth day report following the General Election on _____
in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	02/01/94 through 02/28/94		
6. (a) Cash on Hand January 1, 1994			\$ 102,989.92
(b) Cash on Hand at Beginning of Reporting Period		\$ 104,827.41	
(c) Total Receipts (from Line 19)		\$ 20,258.32	\$ 22,106.64
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 125,085.73	\$ 125,096.56
7. Total Disbursements (from Line 30)		\$ 7,459.58	\$ 7,470.41
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 117,626.15	\$ 117,626.15
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)		\$ NONE	For further information contact: Federal Election Commission 800 E Street, NW Washington, DC 20483 Toll Free 800-424-9630 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)		\$ NONE	
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 Ulrich

Signature of Treasurer: *Sylvia Ulrich* Date: 3/14/94

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

9 4 0 3 8 8 7 2 4 2 1

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/81)

NAME OF COMMITTEE Federation of American Health Systems
Political Action Committee 000002261

REPORT COVERING PERIOD

FROM 02/01/96

TO 02/28/96

	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individuals/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	\$ 17,800.00	\$ 18,800.00
ii. Unitemized	2,389.50	3,154.50
iii. Total	20,189.50	21,954.50
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions	20,189.50	21,954.50
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)	68.82	152.14
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts	20,258.32	22,106.64
20. Total Federal Receipts	20,258.32	22,106.64
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	959.58	970.41
c. Total Operating Expenditures	959.58	970.41
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	6,500.00	6,500.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds		
29. Other Disbursements		
30. Total Disbursements	7,459.58	7,470.41
31. Total Federal Disbursements	7,459.58	7,470.41
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	20,189.50	21,954.50
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans)(subtract line 33 from 32)	20,189.50	21,954.50
35. Total Federal Operating Expenditures	959.58	970.41
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures	959.58	970.41

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SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 5 OF 5
FOR LINE NUMBER 11 a (i)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

Federation of American Health Systems Political Action Committee C00002261

24038672425

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jodi Kravitz 21 Vaughn's Gap Rd. H-133 Nashville, TN 37205	HealthTrust, Inc Nashville, TN	2/10/94	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Dir Development	Aggregate Year-to-Date > \$
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Melvin F. Harris 604 Shenandoah Dr. Brentwood, TN 37027	HealthTrust, Inc Nashville, TN	2/10/94	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Reimbursement Mgr.	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
James E. Lathren 2014 Larkspur Dr. Sanford, NC 27330	AMI Central Carolina Hos Sanford, NC	2/10/94	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation EXEC. Dir	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
W. Randolph Smith 2908 Masters Circle Plano, TX 75093	American Medical Int. Dallas, TX	2/28/94	\$ 600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Luis G. Silva 3831 Memorial Blvd. Port Arthur, TX 77642	Mid-Jefferson/ Park Place Hosps Port Arthur, Tx	2/28/94	\$ 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (list page this line number only)	\$17,800.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 5
FOR LINE NUMBER 11 a (i)

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NAME OF COMMITTEE (in Full)

Federation of American Health Systems Political Action Committee C00002261

94038372424

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Merilyn H. Herbert 6005 Hickory Valley Rd. Nashville, TN 37205 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	HealthTrust, Inc Nashville, TN Occupation: Investor Relations	2/10/94	\$ 250.00
Aggregate Year-to-Date > \$			
Robert Vraciu 5111 Woodland Hills Dr. Brentwood, TN 37027 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	HealthTrust, Inc Nashville, TN Occupation: VP	2/10/94	\$1,000.00
Aggregate Year-to-Date > \$			
Ann R. Price 6101 Hillsboro Road Nashville, TN 37215 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	HealthTrust, Inc. Nashville, TN Occupation: Mgr. Treasury Oper.	2/10/94	\$ 200.00
Aggregate Year-to-Date > \$			
R. Milton Johnson 4004 Wallace Ln Nashville, TN 37215 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	HealthTrust, Inc Nashville, TN Occupation: Tax Director	2/10/94	\$ 500.00
Aggregate Year-to-Date > \$			
Michael A. Koban, Jr. 245 Vaughns Gap Road Nashville, TN 37205 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	HealthTrust, Inc Nashville, TN Occupation: VP - Finance	2/10/94	\$1,500.00
Aggregate Year-to-Date > \$			
V. Carl George 809 Forest Hills Dr. Nashville, TN 37220 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	HealthTrust, Inc Nashville, TN Occupation: IT - Development	2/10/94	\$ 400.00
Aggregate Year-to-Date > \$			
Brenda Whitmore 2835 Polo Club Rd. Nashville, TN 37221 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	HealthTrust, Inc Nashville, TN Occupation: Dir. Health Info./Outcomes	2/10/94	\$ 500.00
Aggregate Year-to-Date > \$			

SUBTOTAL of Receipts This Page (optional)	4,350.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **3** OF **5**
FOR LINE NUMBER **11 a (i)**

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NAME OF COMMITTEE (in Full) **Federation of American Health Systems Political Action Committee** **CD0002261**

24038872425

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas E. Johnson 1706 Castleman Drive Nashville, TN 37215	HealthTrust, Inc Nashville, TN	2/10/94	\$ 600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Dir. Reimbursement	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Smith 1305 Parker Place Brentwood, TN 37027	HealthTrust, Inc Nashville, TN	2/10/94	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP Internal Audit	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
George M. Garrett 127 Blackburn Ave. Nashville, TN 37205	HealthTrust, Inc Nashville, TN	2/10/94	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Dir. Development	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
McKinley D. Moore 1105 Bedfordshire Ct. Nashville, TN 37221	HealthTrust, Inc. Nashville, TN	2/10/94	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Dir. Development	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
L. Gaylan Morgan PO Box 110264 Nashville, TN 37222	HeathTrust, Inc Nashville, TN	2/10/94	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Equip Plan Mgr	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
Paula Waddey 330 Chesterfield Avenue Nashville, TN 37212	HealthTrust, Inc Nashville, TN	2/10/94	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Reimbursement Mgr.	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
Ernst Bacon 4525 Harding Road Nashville, TN 37202	HealthTrust, Inc Nashville, TN	2/10/94	\$1,000.00
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) **4,000**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 5
FOR LINE NUMBER 11 a (i)

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NAME OF COMMITTEE (in Full)

Federation of American Health Systems Political Action Committee C00002261

24038872426

<p>A. Full Name, Mailing Address and ZIP Code Glenn Davis 4604 Tara Drive Nashville, TN 37215</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer HealthTrust Inc. Nashville, TN</p> <p>Occupation Treasurer</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 2/10/94</p>	<p>Amount of Each Receipt this Period \$ 750.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Thomas M. Moore 5131 Herschel Spears Circle Brentwood, TN 37027</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer HealthTrust, Inc Nashville, TN</p> <p>Occupation Director</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 2/10/94</p>	<p>Amount of Each Receipt this Period \$ 250.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Barbara F. Garvin 2418 McIntye Court Franklin, TN 37064</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer HealthTrust, Inc Nashville, TN</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 2/10/94</p>	<p>Amount of Each Receipt this Period \$ 200.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Kent Wallace 4525 Harding Road Nashville, TN 37205</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer HealthTrust, Inc Nashville, TN</p> <p>Occupation VP-Wester Reg</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 2/10/94</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Wayne D. Murphy 7159 Birch Bark Dr. Nashville, TN 37221</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Tax Manager HealthTrust, Inc Nashville, TN</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 2/10/94</p>	<p>Amount of Each Receipt this Period \$ 200.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Donald Street 7913 Saddle Ridge Trace Nashville, TN 37221</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer HealthTrust, Inc Nashville, TN</p> <p>Occupation Dir. Fin. Reporting</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 2/10/94</p>	<p>Amount of Each Receipt this Period \$ 500.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Deborah Harper 307 River Drive Mt. Juliet, TN 37122</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer HealthTrust Inc Nashville, TN</p> <p>Occupation Reimbursement Mgr.</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 2/10/94</p>	<p>Amount of Each Receipt this Period \$ 200.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$1,900.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>

SCHEDULE A

ITEMIZED RECEIPTS

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

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

94038372427

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Tim Hill 604 Davidson Rd Nashville, TN 37205	HealthTrust, Inc Nashville, TN	2/10/94	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Accountant	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edward T. Davidson, Jr. 3472 Harborwood Circle Nashville, TN 37214	HealthTrust, Inc Nashville, TN	2/10/94	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Project Manager	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
Phillip D. Wheeler 907 Paddock Park Dr Nashville, TN 37220	HealthTrust, Inc Nashville, TN	2/10/94	\$1,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	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
Nicholas L. Paul 3805 B. Abbott Martin Rd Nashville, TN 37205	HealthTrust, Inc Nashville, TN	2/10/94	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Linn H. McCain 4418 Wayland Dr Nashville, TN 37215	HealthTrust, Inc Nashville, TN	2/10/94	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	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
Larry Burkhardt 1017 Manley Lane Brentwood, TN 37027	HealthTrust, Inc Nashville, TN	2/10/94	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Dir. of Compensation	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
Cliff Adlerz 320 Sandcastle Rd Franklin, TN 37064	HealthTrust, Inc Nashville, TN	2/10/94	\$1,000.00
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) 4,650.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 06

FDR LINE NUMBER 17

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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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
First Union National Bank 15th and K Street, N.W. Washington, D.C.		2/28/94	\$ 68.82
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$	
<input type="checkbox"/> Other (specify):			
B. 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	Occupation	Aggregate Year-to-Date > \$	
<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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$	
<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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$	
<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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$	
<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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$	
<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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$	
<input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

\$ 68.82

94038872428

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
 Federation of American Health Systems Political Action Committee 00002261

94038372429

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Internal Revenue Service Philadelphia, PA ID# 71 0453141	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/15/94	\$ 949.97
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
First Union Nation Bank 15th and K Street, N.W. Washington, D.C.	Bank Charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/11/94	\$ 9.61
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	\$ 959.58

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule list for each category of the Detailed Summary Page

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NAME OF COMMITTEE (in Full)

Federation of American Health Systems Political Action Committee 00002261

94038872430

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mike Andres for U.S. Senate 400 N. Capitol Street #363 Washington, D.C. 20001	Rep. Mike Andrews (D-TX) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/10/94	\$ 1,000.00
Committee for Sam Gibbons P.O. Box 2884 Washington, D.C. 20013	Rep. Sam Gibbons (D-FL) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/10/94	\$ 1,000.00
Hoyer for Cong. Comm. 7905 Malcolm Rd., Suite 102 Clinton, MD 20735	Rep. Steny Hoyer (D-MD) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/10/94	\$ 500.00
Campaign American 900 Second St. NE #118 Washington, D.C. 20002	Campaign American (R-Multipac) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/28/94	\$ 1,000.00
A Lot of People Who Support Jeff Bingaman 501 Captio St. NE #200 Washington, DC 20002	Sen. Jeff Bingaman (D-NM) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/28/94	\$ 1,000.00
Friends of Jim Sasser P.O. Box 24723 Nashville, TN 37202	Sen Jim Sasser (D-TN) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/28/94	\$ 1,000.00
Matsui for Cong. Comm. PO Box 523024 Springfield, VA 22152	Rep. Bob Matsui (D-CA) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/28/94	\$ 1,000.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

\$ 6,500.00

**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.

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Received from the Senate Office of Public Records DATE OF RECEIPT

Other (Specify): POSTMARKED
and/or DATE OF RECEIPT

MS
 PREPARER

3-18-94
 DATE PREPARED

3 4 0 3 8 3 7 2 4 3 1