

# Federation of American Health Systems

FEDERAL ELECTION  
COMMISSION MAIL ROOM

2000 FEB -4 P 3: 01

## FedPac

Political Action Committee

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

January 27, 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 December 1, 1999, through December 31, 1999. The report has been duly executed by the undersigned as Treasurer of the Committee.

Copies of these reports have been sent to the appropriate offices of the states in which our Committee supported candidates.

Kindly acknowledge receipt of this report on the attached copy of this letter, and return same in the envelope provided. Should you have any questions, please contact our legal counsel, Robert E. Goldstein of Foley & Lardner, at (619) 685-6402.

Very truly yours,

  
Sylvia Urlich  
Treasurer

Enclosure(s)

cc: Secretaries of State of NJ, NV, TX, VA, and VT

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than an Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

1. NAME OF COMMITTEE (in full) <b>FEDERATION OF AMERICAN HEALTH SYSTEMS POLITICAL ACTION COMMITTEE</b>		2000 FFR-11 0 3 01
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <b>801 Pennsylvania Avenue, NW, Suite 245</b>		
CITY, STATE and ZIP CODE <b>Washington, DC 20004-2604</b>		
		2. FEC IDENTIFICATION NUMBER <b>C00002261</b>
		3. <input type="checkbox"/> This committee has qualified as a multi-candidate committee. (see FEC FORM 116)

## 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 \_\_\_\_\_

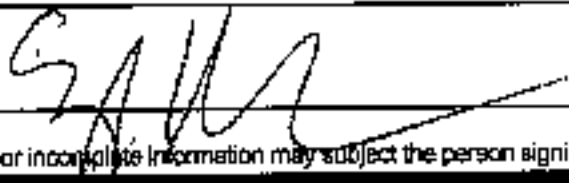
- (b)  Is this Report an Amendment?     Yes     No

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period December 1, 1999 through December 31, 1999		
6. (a) Cash on Hand January 1, 1999		\$62,515.85
(b) Cash on Hand at Beginning of Reporting Period	\$160,944.71	
(c) Total Receipts (from Line 19)	\$ 29,880.86	\$240,630.92
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$190,825.57	\$303,146.77
7. Total Disbursements (from Line 30)	\$ 8,026.94	\$120,348.14
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 182,798.63	\$182,798.63
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 800-424-9630 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

1/30/00

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 6/93)

# DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE:	REPORT COVERING PERIOD	TO:
Federation of American Health Systems Political Action Committee C00002261	FROM: 12/01/89	12/31/89
<b>I. Receipts</b>	<b>COLUMN A</b>	<b>COLUMN B</b>
	<b>Total This Period</b>	<b>Calendar Year</b>
11. Contributions (other than loans) From:		
a. Individual Persons Other Than Political Committees		
i. Itemized (use Schedule A).....	\$24,376.00	\$210,310.00
ii. Unitemized .....	350.00	13,795.00
iii. Total..... (add i and ii) ▶	\$24,725.00	\$224,105.00
b. Political Party Committees .....		
c. Other Political Committees (such as PACs) .....	\$ 5,000.00	14,500.00
d. Total Contributions..... (add a ii, b, and c) ▶	\$29,725.00	\$238,605.00
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (FAHS Reimbursement)	\$ 35.95	\$ 1,251.88
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees .....		
17. Other Federal Receipts (Dividends, Interest, etc.) .....	\$ 119.91	\$ 774.04
18. Transfers from Nonfederal Account for Joint Activity .....		
19. Total Receipts..... (add 11d, 12, 13, 14, 15, 16, 17, and 18) ▶	\$29,860.86	\$240,630.92
20. Total Federal Receipts..... (subtract line 18 from line 19) ▶	\$29,860.86	\$240,630.92
<b>II. Disbursements</b>		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share.....		
ii. Non-Federal Share.....		
b. Other Federal Operating Expenditures (Check Order).....	\$ 145.81	\$ 192.59
c. Total Operating Expenditures..... (add a i, a ii, and b) ▶	\$ 145.81	\$ 192.59
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	\$ 7,645.18	\$118,568.67
24. Independent Expenditures (use Schedule E).....		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) .....		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
a. Individual Persons Other Than Political Committees .....		
b. Political Party Committees .....		
c. Other Political Committees (such as PACs) .....		
d. Total Contribution Refunds..... (add a, b, and c) ▶		
29. Other Disbursements (Nova Information Systems).....	\$ 35.95	\$ 1,251.88
30. Total Disbursements..... (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ▶	\$ 8,026.94	\$120,348.14
31. Total Federal Disbursements..... (subtract line 21a ii from line 30) ▶	\$ 8,026.94	\$120,348.14
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) (from line 11d) .....	\$29,725.00	\$238,605.00
33. Total Contribution Refunds (from line 28d) .....		
34. Net Contributions (other than loans) (from line 33 from 32).....	\$29,725.00	\$238,605.00
35. Total Federal Operating Expenditures..... (add line 21a i and 21b) ▶	\$ 145.81	\$ 192.59
36. Offsets to Operating Expenditures (from line 15).....	\$ 35.95	\$ 1,251.88
37. Net Operating Expenditures..... (subtract line 36 from 35) ▶	\$ 109.86	(\$ 1,059.29)

**SCHEDULE A ITEMIZED RECEIPTS**

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

1. Full Name, Mailing Address and ZIP Code <b>Diane D. Torres</b> 906 Surf Lane Vero Beach, FL 32963	Name of Employer: <b>Health Management Assoc., Inc.</b>	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation: <b>Administrator</b>	12/07/99	\$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$250.00		
2. Full Name, Mailing Address and ZIP Code <b>David M. Polunas</b> 16003 Burnham Way Tampa, FL 33647	Name of Employer: <b>Health Management Assoc., Inc.</b>	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation: <b>Administrator</b>	12/07/99	\$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$250.00		
3. Full Name, Mailing Address and ZIP Code <b>Gary C. Bell</b> 6642 Joanna Circle R. Myers, FL 38919-6024	Name of Employer: <b>Health Management Assoc., Inc.</b>	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation: <b>Sr. Vice President</b>	12/07/99	\$500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$500.00		
4. Full Name, Mailing Address and ZIP Code <b>Stephen L. Newman</b> 2601 Labarre Lane Metairie, LA 70001	Name of Employer: <b>Tenet HealthSystem</b>	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation: <b>Vice President, Operations Gulf States</b>	12/09/99	\$375.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$375.00		
5. Full Name, Mailing Address and ZIP Code <b>Mark H. Bryan</b> 10378 NW 63rd Drive Parkland, FL 33076	Name of Employer: <b>Tenet HealthSystem</b>	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation: <b>Vice President, Operations</b>	12/09/99	\$375.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$375.00		
6. Full Name, Mailing Address and ZIP Code <b>Lynn S. Hart</b> 5 Pinehurst Court Frisco, TX 75034	Name of Employer: <b>Tenet HealthSystem</b>	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation: <b>Vice President, Government Relations</b>	12/10/99	\$550.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$550.00		

SUBTOTAL of Receipts This Page (optional).....	\$2,300.00
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** C08002261

7. Full Name, Mailing Address and ZIP Code <b>Ray Mathiasen 3800 Vista Linda Drive Encino, CA 91316</b>	Name of Employer: <b>Tenet Healthcare Corp.</b>	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation: <b>Executive Vice President</b>	<b>12/15/99</b>	<b>\$1,000.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$1,000.00			

8. Full Name, Mailing Address and ZIP Code <b>Ingrid L. Dixon 5130 SW First Avenue Portland, OR 97201-3901</b>	Name of Employer: <b>Eastmoreland Hospital (NAHC)</b>	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation: <b>CNO</b>	<b>12/16/99</b>	<b>\$250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$300.00			

9. Full Name, Mailing Address and ZIP Code <b>Douglas Grimm 2505 NW Thurman Street Portland, OR 97210</b>	Name of Employer: <b>Woodland Park/Eastmoreland Hospital (NAHC)</b>	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation: <b>COO</b>	<b>12/16/99</b>	<b>\$375.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$375.00			

10. Full Name, Mailing Address and ZIP Code <b>Richard Ervin 13232 SE 140th Avenue Clackamas, OR 97015</b>	Name of Employer: <b>Woodland Park Hospital (NAHC)</b>	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation: <b>CFO</b>	<b>12/16/99</b>	<b>\$400.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date \$400.00			

11. Full Name, Mailing Address and ZIP Code <b>Andrew Gramlich 920 Mountain View Ct. Lander, WY 82520</b>	Name of Employer: <b>Lander Valley Medical Center (NAHC)</b>	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation: <b>CEO</b>	<b>12/16/99</b>	<b>\$500.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$800.00			

12. Full Name, Mailing Address and ZIP Code <b>Gladys Kay Vetalý 9635 Grand Ronde Road Grand Ronde, OR 97347</b>	Name of Employer: <b>Woodland Park Hospital (NAHC)</b>	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation: <b>CNO</b>	<b>12/16/99</b>	<b>\$500.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$500.00			

SUBTOTAL of Receipts This Page (optional)..... **\$3,025.00**

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** CG0002261

13. Full Name, Mailing Address and ZIP Code <b>Greg Griffith</b> 600 Newton Drive Adel, GA 31620	Name of Employer: <b>Adel Memorial Hospital (NAHC)</b>	Date (month, day, year) 12/16/99	Amount of Each Receipt this Period \$500.00
	Occupation: <b>Hospital CEO</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$500.00		
14. Full Name, Mailing Address and ZIP Code <b>Barry A. Papanic</b> 1809 Mulligan Ct. Wentzville, MO 63385	Name of Employer: <b>Doctors Hospital (NAHC)</b>	Date (month, day, year) 12/16/99	Amount of Each Receipt this Period \$500.00
	Occupation: <b>CEO</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$500.00		
15. Full Name, Mailing Address and ZIP Code <b>Kathy A. Conway</b> P.O. Box 562 Center, TX 75935	Name of Employer: <b>Memorial Hospital of Center</b>	Date (month, day, year) 12/16/99	Amount of Each Receipt this Period \$500.00
	Occupation: <b>&gt; CFO</b>		
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 <b>Gene B. Wright</b> 417 Autumn Lake Trail Franklin, TN 37067	Name of Employer: <b>New American Healthcare Corp.</b>	Date (month, day, year) 12/16/99	Amount of Each Receipt this Period \$1,000.00
	Occupation: <b>Regional Vice President</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$1,000.00		
17. Full Name, Mailing Address and ZIP Code <b>J. Phillip Young</b> 11976 SE William City Road Clackamas, OR 97015	Name of Employer: <b>Eastmoreland/Woodland Park Hospital (NAHC)</b>	Date (month, day, year) 12/16/99	Amount of Each Receipt this Period \$1,500.00
	Occupation: <b>CEO</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$1,800.00		
18. Full Name, Mailing Address and ZIP Code <b>Tim Hill</b> 1111 Long Valley Road Brentwood, TN 37027	Name of Employer: <b>New American Healthcare Corp.</b>	Date (month, day, year) 12/16/99	Amount of Each Receipt this Period \$2,000.00
	Occupation: <b>CFO</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$2,250.50		
19. Full Name, Mailing Address and ZIP Code <b>Dana C. McLendon, Jr.</b> One Strawberry Hill Nashville, TN 37215	Name of Employer: <b>New American Healthcare Corp.</b>	Date (month, day, year) 12/16/99	Amount of Each Receipt this Period \$2,000.00
	Occupation: <b>SVP, CAO</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$2,500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>\$8,000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>\$</b>

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

20. Full Name, Mailing Address and ZIP Code	Name of Employer:	Date (month, day, year)	Amount of Each Receipt this Period
<b>C. Mark Gregson</b> 2602 Westridge Avenue, W B203 Tacoma, WA 98460	<b>Puget Sound Hospital (NAHC)</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>Hospital CEO</b>	<b>12/16/99</b>	<b>\$1,000.00</b>
Aggregate Year-to-Date > <b>\$1,000.00</b>			
21. Full Name, Mailing Address and ZIP Code	Name of Employer:	Date (month, day, year)	Amount of Each Receipt this Period
<b>Randy Starkweather</b> 117 Hampstead Lane Franklin, TN 37069	<b>New American Healthcare Corp.</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>Vice President, Finance</b>	<b>12/16/99</b>	<b>\$2,000.00</b>
Aggregate Year-to-Date > <b>\$2,000.00</b>			
22. Full Name, Mailing Address and ZIP Code	Name of Employer:	Date (month, day, year)	Amount of Each Receipt this Period
<b>Thomas W. Singleton</b> 4564 Peytoresville Road Franklin, TN 37064	<b>New American Healthcare Corp.</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>&gt; Chairman and CEO</b>	<b>12/16/99</b>	<b>\$5,000.00</b>
Aggregate Year-to-Date > <b>\$5,000.00</b>			
23. Full Name, Mailing Address and ZIP Code	Name of Employer:	Date (month, day, year)	Amount of Each Receipt this Period
<b>Judy Johnson</b> 4515 N. 27th Street Tacoma, WA 98407	<b>Puget Sound Hospital (NAHC)</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>CNO</b>	<b>12/21/99</b>	<b>\$300.00</b>
Aggregate Year-to-Date > <b>\$300.00</b>			
24. Full Name, Mailing Address and ZIP Code	Name of Employer:	Date (month, day, year)	Amount of Each Receipt this Period
<b>Stephen F. Brown</b> 436 Oakdale Drive Plano, TX 75025	<b>Tenet Healthcare Corp.</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>CIO</b>	<b>12/28/99</b>	<b>\$2,000.00</b>
Aggregate Year-to-Date > <b>\$3,500.00</b>			
25. Full Name, Mailing Address and ZIP Code	Name of Employer:	Date (month, day, year)	Amount of Each Receipt this Period
<b>Ben E. King</b> 7617 FM 428 Denton, TX 76208	<b>Tenet Healthcare Corp.</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>Senior Vice President</b>	<b>12/28/99</b>	<b>\$1,000.00</b>
Aggregate Year-to-Date > <b>\$1,000.00</b>			
26. Full Name, Mailing Address and ZIP Code	Name of Employer:	Date (month, day, year)	Amount of Each Receipt this Period
<b>John M. Faulkner</b> Route 2, Box 71 Sluert, VA 24171	<b>Health Management Associates, Inc.</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Returned check for insufficient funds.</b>	Occupation: <b>Administrator</b>	<b>12/17/99</b>	<b>(\$250.00)</b>
Aggregate Year-to-Date > <b>\$0.00</b>			

<b>SUBTOTAL of Receipts This Page (optional)</b> .....	<b>\$11,050.00</b>
<b>TOTAL This Period (last page this line number only)</b> .....	<b>\$24,375.00</b>

**SCHEDULE A ITEMIZED RECEIPTS**

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

1. Full Name, Mailing Address and ZIP Code	Name of Employer:	Date (month, day, year)	Amount of Each Receipt this Period
<b>Tenet Healthcare Corp. PAC</b> <b>3820 State Street</b> <b>Santa Barbara, CA 93105</b>	<b>PAC to PAC</b>	<b>12/23/99</b>	<b>\$5,000.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > <b>\$5,000.00</b>	
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 >	

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



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NAME OF COMMITTEE (in Full) <b>Federation of American Health Systems Political Action Committee</b>	<b>C00002261</b>
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A. Full Name, Mailing Address and ZIP Code <b>First Union National Bank 740 15th Street, N.W. Washington, DC 20005</b>	Name of Employer: <b>First Union National Bank</b>	Date (month, day, year) <b>12/14/99</b>	Amount of Each Receipt this Period <b>\$25.46</b>
	Occupation: <b>Money Market Account</b>	Aggregate Year-to-Date > <b>\$679.79</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Interest Earned</b>			
B. Full Name, Mailing Address and ZIP Code <b>First Union National Bank CAP Department One First Union Center Charlotte, NC 28288-1164</b>	Name of Employer: <b>First Union National Bank</b>	Date (month, day, year) <b>12/31/99</b>	Amount of Each Receipt this Period <b>\$94.25</b>
	Occupation: <b>CAP Account</b>	Aggregate Year-to-Date > <b>\$94.25</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Interest Earned</b>			
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 <input type="checkbox"/> Other (specify):	Occupation:	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
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
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 > \$	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>\$119.91</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>\$119.91</b>

**SCHEDULE B ITEMIZED DISBURSEMENTS**

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement:	Date (month, day, year)	Amount of Each Disbursement this Period
Ensign for Senate P.O. Box 98407 Las Vegas, NV 89193	Candidate John Ensign (R-NV)	12/10/99	\$1,000.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
Bush for President, Inc. P.O. Box 1902 Austin, TX 78767-1902	Governor George W. Bush (R-TX)	12/10/99	\$1,000.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
Jeffords for Vermont 507 Capitol Court, NE #100 Washington, DC 20002	Senator Jim Jeffords (R-VT)	12/17/99	\$1,000.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
Robb for Senate 424 C Street, NW, 1st Floor Washington, DC 20002	Sen. Chuck Robb (D-VA)	12/17/99	\$1,000.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
Mortisey for Congress 204 Lennox Avenue Westfield, NJ 07090	Candidate Patrick Mortisey (R-NJ-7)	12/17/99	\$500.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
Robb for Senate 424 C Street, NW, 1st Floor Washington, DC 20002	Sen. Charles Robb (D-VA)	12/17/99	\$1,000.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
National Leadership PAC 1215 17th Street, NW #307 Washington, DC 20036	PAC to PAC	12/10/99	\$1,000.00
	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).....			\$6,500.00
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

H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement:	Date (month, day, year)	Amount of Each Disbursement this Period
<b>Victory PAC P.O. Box 525 St. Petersburg, FL 33731</b>	<b>Victory PAC</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>PAC to PAC</b>	<b>12/22/99</b>	<b>\$1,000.00</b>
<b>I. Full Name, Mailing Address and ZIP Code FAHS 501 Pennsylvania Avenue, NW #245 Washington, DC 20004</b>	<b>Purpose of Disbursement: Sen. Charles Robb (D-VA) (Room Rent - In Kind)</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>12/17/99</b>	<b>\$100.00 IN KIND CONTRIBUTION</b>
<b>J. Full Name, Mailing Address and ZIP Code Who's Cookin'7 Catering 2001 Fairview Avenue, NE Washington, DC 20002</b>	<b>Purpose of Disbursement: Sen. Charles Robb (D-VA) (Catering - In Kind)</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>12/17/99</b>	<b>\$245.18 IN KIND CONTRIBUTION</b>
<b>K. Full Name, Mailing Address and ZIP Code</b>	<b>Purpose of Disbursement:</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Date (month, day, year)</b>	<b>Amount of Each Disbursement this Period</b>
<b>L. Full Name, Mailing Address and ZIP Code</b>	<b>Purpose of Disbursement:</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Date (month, day, year)</b>	<b>Amount of Each Disbursement this Period</b>
<b>M. Full Name, Mailing Address and ZIP Code</b>	<b>Purpose of Disbursement:</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Date (month, day, year)</b>	<b>Amount of Each Disbursement this Period</b>
<b>N. Full Name, Mailing Address and ZIP Code</b>	<b>Purpose of Disbursement:</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Date (month, day, year)</b>	<b>Amount of Each Disbursement this Period</b>
<b>SUBTOTAL of Disbursements This Page (optional):</b>			<b>\$1,345.18</b>
<b>TOTAL This Period (last page this line number only)</b>			<b>\$7,845.18</b>

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input checked="" type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 PREPARER	2/4/00 DATE PREPARED