

FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 APR 21 A 11:23

FedPac
Political Action Committee

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

April 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 March 1, 2000, through March 31, 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, CT, FL, IA, MO, ND, NE, and TX

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)
**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

2000 APR 21 A 11: 23

2. FEC IDENTIFICATION NUMBER
C00002261

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)

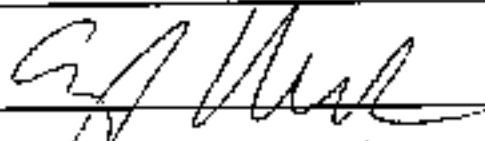
election on _____ in the In the State of _____

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 March 1, 2000 through March 31, 2000		
6. (a) Cash on Hand January 1, 2000.....		\$182,798.63
(b) Cash on Hand at Beginning of Reporting Period.....	\$182,050.57	
(c) Total Receipts (from Line 18).....	\$ 587.23	\$ 7,515.99
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B.....	\$182,737.80	\$190,314.62
7. Total Disbursements (from Line 30).....	\$ 24,835.92	\$ 32,212.74
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	\$ 158,101.88	\$158,101.88
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	-0-	For further information contact: Federal Election Commission 999 E. Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-218-5420
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 **4/18/00**

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

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FEC FORM 3X
(revised 9/93)

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 C00002261	REPORT COVERING PERIOD FROM: 03/01/00	TO: 03/31/00
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual Persons Other Than Political Committees		
i. Itemized (use Schedule A).....		\$5,325.00
ii. Unitemized.....	\$100.00	\$100.00
iii. Total.....(add i and ii) ▶	\$100.00	\$5,325.00
b. Political Party Committees.....		
c. Other Political Committees (such as PACs).....		
d. Total Contributions.....(add a iii, b, and c) ▶	\$100.00	\$5,325.00
12. Transfers From Affiliated/Other Party Committees.....		
13. All Loans Received.....		
14. Loan Repayments Received.....		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (FANS Reimbursement).....	\$ 35.00	\$376.82
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....		
17. Other Federal Receipts (Dividends, Interest, etc.).....	\$752.23	\$1,814.17
18. Transfers from Nonfederal Account for Joint Activity.....		
19. Total Receipts.....(add 11d, 12, 13, 14, 15, 16, 17, and 18) ▶	\$887.23	\$7,815.99
20. Total Federal Receipts.....(subtract line 18 from line 19) ▶	\$887.23	\$7,815.99
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.....	\$24,544.92	\$31,544.92
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 & Income Tax Return).....	\$ 271.00	\$ 647.82
30. Total Disbursements.....(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ▶	\$24,835.92	\$ 32,212.74
31. Total Federal Disbursements.....(subtract line 21a ii from line 30) ▶	\$24,835.92	\$ 32,212.74
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from line 11d).....	\$100.00	\$5,325.00
33. Total Contribution Refunds (from line 28d).....		
34. Net Contributions (other than loans) (from line 33 from 32).....	\$100.00	\$5,325.00
35. Total Federal Operating Expenditures.....(add line 21a i and 21b) ▶		
36. Offsets to Operating Expenditures (from line 15).....	\$35.00	\$376.82
37. Net Operating Expenditures.....(subtract line 36 from 35) ▶	(\$35.00)	(\$376.82)

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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A. Full Name, Mailing Address and ZIP Code First Union National Bank CAP Department One First Union Center Charlotte, NC 28288-1164	Name of Employer: First Union National Bank	Date (month, day, year) 3/31/00	Amount of Each Receipt this Period \$752.23
	Occupation: CAP Account	Aggregate Year-to-Date > \$1,814.17	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Interest Earned			
B. Full Name, Mailing Address and ZIP Code	Name of Employer:	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation:	Aggregate Year-to-Date >	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code	Name of Employer:	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation:	Aggregate Year-to-Date >	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer:	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation:	Aggregate Year-to-Date >	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer:	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation:	Aggregate Year-to-Date >	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer:	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation:	Aggregate Year-to-Date >	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer:	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation:	Aggregate Year-to-Date >	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)	\$752.23
TOTAL This Period (last page this line number only)	\$752.23

SCHEDULE B ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2

FOR LINE NUMBER
23

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NAME OF COMMITTEE (in Full)

Federation of American Health Systems Political Action Committee

C00002261

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement:	Date (month, day, year)	Amount of Each Disbursement this Period
Ken Bentzen, Jr. for Congress Comm. P.O. Box 75214 Washington, DC 20013-5214	Rep. Ken Bentzen (D-TX-25) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	3/1/00	\$500.00
Friends of Clay Shaw P.O. Box 2188 Ft. Lauderdale, FL 33321	Rep. Clay Shaw (R-FL-22) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	3/1/00	\$1,000.00
Citizens for Harkin 426 C Street, NE Washington, DC 20002	Sen. Tom Harkin (D-IA) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	3/1/00	\$1,000.00
Congressman Henry Waxman Campaign Committee P.O. Box 2884 Washington, DC 20013	Rep. Henry Waxman (D-CA-29) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	3/1/00	\$5,000.00
Fehrlain 2000 P.O. Box 75156 Washington, DC 20012	Sen. Dianne Fehrlain (D-CA) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	3/1/00	\$500.00
Re-Elect Nancy Johnson to Congress Committee P.O. Box 1986 New Britain, CT 06050	Rep. Nancy Johnson (R-CT-6) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	3/1/00	\$1,500.00
Friends of Roy Blunt P.O. Box 278 Stafford, MO 65757	Rep. Roy Blunt (R-MO-7) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	3/1/00	\$1,000.00
J.D. Hayworth for Congress 10789 North 90th St., #102 Scottsdale, AZ 85260	Rep. J.D. Hayworth (R-AZ-6) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	3/1/00	\$1,000.00
SUBTOTAL of Disbursements This Page (optional)			\$11,500.00
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

I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement:	Date (month, day, year)	Amount of Each Disbursement this Period
Friends of Kent Conrad 420 C Street, NE Lower Level Washington, DC 20002	Sen. Kent Conrad (D-ND)	3/15/00	\$1,000.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
J. Full Name, Mailing Address and ZIP Code Hulshof for Congress P.O. Box 14021 Alexandria, VA 22302	Rep. Kenny Hulshof (R-MO-9)	3/15/00	\$1,000.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
K. Full Name, Mailing Address and ZIP Code Thurman for Congress 3610 38th St., NE, #F270 Washington, DC 20016	Rep. Karen Thurman (D-FL-5)	3/15/00	\$1,000.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
L. Full Name, Mailing Address and ZIP Code 1001 Restaurant Corporation 5105 Berwyn Road, Suite 101 College Park, MD 20740	In-Kind Contribution for Candidate E. Ben Nelson (D-NE)	3/15/00	\$142.16
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): In-Kind Contribution		
M. Full Name, Mailing Address and ZIP Code Racquet & Tennis club 370 Park Avenue New York, New York 10022	In-Kind Contribution for Rep. Bill Thomas (R-CA-21)	3/24/00	\$2,922.76
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): In-Kind Contribution		
N. Full Name, Mailing Address and ZIP Code Congressional Majority Committee 655 13th Street, NW, Suite 600W Washington, DC 20004-1109	PAC to PAC	3/1/00	\$1,000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): PAC to PAC		
O. Full Name, Mailing Address and ZIP Code Committee for the Preservation of Capitalism P.O. Box 22614 Alexandria, VA 22304	PAC to PAC	3/1/00	\$1,000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): PAC to PAC		
P. Full Name, Mailing Address and ZIP Code Republican Senate Council 425 Second St., NE Washington, DC 20002	PAC to PAC	3/15/00	\$5,000.00
	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)			\$13,064.92
TOTAL This Period (last page this line number only)			\$24,564.92

SCHEDULE B ITEMIZED DISBURSEMENTS

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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 First Union National Bank 801 Pennsylvania Ave., NW Washington, DC 20004	Purpose of Disbursement: U.S. Income Tax Return EMP ID 71-0453141 Form 1120-POL	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): U.S. Income Tax Return	3/23/00	\$236.00
B. 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):		
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):		

SUBTOTAL of Disbursements This Page (optional)	\$236.00
TOTAL This Period (last page this line number only)	\$236.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input 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	

V.C.
PREPARER

4-21-00
DATE PREPARED