

# Federation of American Health Systems

FEDERAL ELECTION  
COMMISSION MAIL ROOM

AUG 23 2 02 PM '99

## FedPac

Political Action Committee

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

August 16, 1999

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 July 1, 1999, to and including July 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 Ulrich  
Treasurer

Enclosure(s)

cc: Secretaries of State of FL, LA, MD, PA and TN

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than an Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

Aug 23 2 02 PM '99

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  
**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)

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 \_\_\_\_\_

Termination Report

(b)  Is this Report an Amendment?     Yes     No

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period July 1, 1999 through July 31, 1999		
6. (a) Cash on Hand January 1, 1999		\$62,515.85
(b) Cash on Hand at Beginning of Reporting Period	\$ 90,479.55	
(c) Total Receipts (from Line 19)	\$ 26,185.82	\$ 75,859.83
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$116,665.37	\$166,375.68
7. Total Disbursements (from Line 20)	\$ 6,577.25	\$ 46,287.56
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 110,088.12	\$110,088.12
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 888-424-9590 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	-8-	

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 BRUCH**

Signature of Treasurer

*Sylvia Bruch*

Date

8/17/99

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 1/95)

# 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: July 1, 1999	TO: July 31, 1999
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).....	\$25,650.00	\$86,885.00
II. Unitemized.....	0.00	5,870.00
III. Total..... (add I and II) ▶	\$25,650.00	\$94,755.00
b. Political Party Committees.....		
c. Other Political Committees (such as PACs).....		
d. Total Contributions..... (add a II, b, and c) ▶	\$25,650.00	\$94,755.00
12. Transfers From Affiliated/Other Party Committees.....		
13. All Loans Received.....		
14. Loan Repayments Received.....		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (FAHS Reimbursements).....	\$ 477.25	\$ 492.25
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....		
17. Other Federal Receipts (Dividends, Interest, etc.).....	\$ 58.67	\$ 412.58
18. Transfers from Nonfederal Account for Joint Activity.....		
19. Total Receipts..... (add 11d, 12, 13, 14, 15, 16, 17, and 18) ▶	\$26,185.82	\$95,859.83
20. Total Federal Receipts..... (subtract line 18 from line 19) ▶	\$26,185.82	\$95,859.83
<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.....		
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.....	\$6,100.00	\$47,560.81
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).....	\$ 477.25	\$ 727.28
30. Total Disbursements..... (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ▶	\$ 6,577.25	\$48,287.66
31. Total Federal Disbursements..... (subtract line 21a ii from line 30) ▶	\$ 6,577.25	\$48,287.66
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) (from line 11d).....	\$25,650.00	\$94,755.00
33. Total Contribution Refunds (from line 28d).....		
34. Net Contributions (other than loans) (from line 33 from 32).....	\$25,650.00	\$94,755.00
35. Total Federal Operating Expenditures..... (add line 21a i and 21b) ▶		
36. Offsets to Operating Expenditures (from line 15).....	\$ 477.25	\$ 492.25
37. Net Operating Expenditures..... (subtract line 36 from 35) ▶	(\$ 477.25)	(\$ 492.25)

**SCHEDULE A ITEMIZED RECEIPTS**

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

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

1. Full Name, Mailing Address and ZIP Code	Name of Employer:	Date (month, day, year)	Amount of Each Receipt this Period
<b>Lynne S. Wickliffe</b> 13303 Torrington Drive Midlothian, VA 23113-3582	<b>Columbia/HCA</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>President, Central Atlantic Division</b>	<b>7/01/99</b>	<b>\$1,000.00</b>
Aggregate Year-to-Date > <b>\$1,000.00</b>			
<b>Allan Slipe</b> 138 Wentworth Drive Henderson, NV 89014	<b>Sunrise Hospital (COL/HCA)</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>Market President</b>	<b>7/01/99</b>	<b>\$750.00</b>
Aggregate Year-to-Date > <b>\$750.00</b>			
<b>William L. Francis</b> 9418 Highwood Hill Road Brentwood, TN 37027	<b>Columbia/HCA</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>Vice President, Charge Process Integrity</b>	<b>7/01/99</b>	<b>\$500.00</b>
Aggregate Year-to-Date > <b>\$500.00</b>			
<b>James W. Slack, Jr.</b> 3112 Tipperary Drive Tallahassee, FL 32308	<b>Columbia/HCA</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>CEO, North Florida Division</b>	<b>7/01/99</b>	<b>\$1,500.00</b>
Aggregate Year-to-Date > <b>\$1,500.00</b>			
<b>Jeffery R. Anthony</b> 8161 El Mundo, Apt. 1706 Houston, TX 77054	<b>Columbia/HCA</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>Division CFO, Gulf Coast Division</b>	<b>7/01/99</b>	<b>\$1,000.00</b>
Aggregate Year-to-Date > <b>\$1,000.00</b>			
<b>Leon Brennan</b> 9608 Starfield Brentwood, TN 37027	<b>Columbia/HCA</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>President, Phys. Services</b>	<b>7/08/99</b>	<b>\$1,500.00</b>
Aggregate Year-to-Date > <b>\$1,500.00</b>			
<b>Patsy M. Williams</b> 8475 McCrory Lane Nashville, TN 37221	<b>Columbia/HCA</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>Vice President, Customer Services</b>	<b>7/08/99</b>	<b>\$500.00</b>
Aggregate Year-to-Date > <b>\$500.00</b>			

**SUBTOTAL** of Receipts This Page (optional)..... **\$6,750.00**

**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

B. Full Name, Mailing Address and ZIP Code	Name of Employer:	Date (month, day, year)	Amount of Each Receipt this Period
<b>Rosalyn Elton</b> 3733 Westland #201 Nashville, TN 37205	<b>Columbia/HCA</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>Accountant</b>	7/08/99	\$1,000.00
Aggregate Year-to-Date > \$1,000.00			
<b>Stephen L Woodford</b> 101 N. Norfolk Way Goose Creek, SC 29445	<b>Columbia/HCA</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>Division CFO</b>	7/08/99	\$500.00
Aggregate Year-to-Date > \$500.00			
<b>Sylvia Ulrich</b> 235 Sakana Prado Coral Gables, FL 33156	<b>Wentchester General Hospital</b>		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>President</b>	7/08/99	\$750.00
Aggregate Year-to-Date > \$750.00			
<b>J. Daniel Miller</b> P.O. Box 758 Crystal Beach, FL 34661	<b>Columbia/HCA</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>Division President</b>	7/08/99	\$1,500.00
Aggregate Year-to-Date \$1,500.00			
<b>John Kausch</b> 71 Eaton Place #5 London SW1X 8DR, England	<b>Columbia/HCA</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>CEO, International Group</b>	7/08/99	\$1,500.00
Aggregate Year-to-Date > \$1,500.00			
<b>Dwight E. Long</b> 406 Belle Glen Lane Branhwood, TN 37027	<b>Columbia/HCA</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>Vice President Accounting</b>	7/08/99	\$500.00
Aggregate Year-to-Date > \$500.00			

**SUBTOTAL** of Receipts This Page (optional)..... \$5,750.00

**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

14. Full Name, Mailing Address and ZIP Code <b>Barbara Fotopoulos 204 Glenstone Circle Brentwood, TN 37027</b>	Name of Employer: <b>Columbia/HCA</b>	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation: <b>Vice President</b>	<b>7/08/99</b>	<b>\$500.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > <b>\$500.00</b>	
15. Full Name, Mailing Address and ZIP Code <b>David G. Anderson 5218 Apple Mill Court Brentwood, TN 37027</b>	Name of Employer: <b>Columbia/HCA</b>	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation: <b>Vice President Finance &amp; Treasurer</b>	<b>7/13/99</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 > <b>\$1,000.00</b>	
16. Full Name, Mailing Address and ZIP Code <b>James D. Hinton 9161 Hunterbozo Drive Brentwood, TN 37027</b>	Name of Employer: <b>Columbia/HCA</b>	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation: <b>Vice President Risk &amp; Insurance</b>	<b>7/13/99</b>	<b>\$500.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > <b>\$500.00</b>	
17. Full Name, Mailing Address and ZIP Code <b>Thomas C. Gormley 4308 Estewood Drive Nashville, TN 37215</b>	Name of Employer: <b>Columbia/HCA</b>	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation: <b>Vice President, Design and Construction</b>	<b>7/13/99</b>	<b>\$400.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > <b>\$400.00</b>	
18. Full Name, Mailing Address and ZIP Code <b>Vencor, Inc. Political Action Committee 3300 Providence 400 West Market Louisville, KY 40202</b>	Name of Employer: <b>PAC to PAC</b>	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation:	<b>7/13/99</b>	<b>\$4,500.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > <b>\$4,500.00</b>	
19. Full Name, Mailing Address and ZIP Code <b>James A. Fitzgerald 1145 Travellers Ridge Drive Nashville, TN 37220</b>	Name of Employer: <b>Columbia/HCA</b>	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation: <b>Vice President, Contracts</b>	<b>7/13/99</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 > <b>\$1,000.00</b>	
20. Full Name, Mailing Address and ZIP Code <b>Christopher Costello 9547 Thoroughbred Way Brentwood, TN 37027</b>	Name of Employer: <b>Columbia/HCA</b>	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation: <b>Corporate Vice President</b>	<b>7/15/99</b>	<b>\$500.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > <b>\$500.00</b>	

<b>SUBTOTAL of Receipts This Page (optional)</b> .....	<b>\$8,400.00</b>
<b>TOTAL This Period (last page this line number only)</b> .....	<b>\$</b>

**SCHEDULE A ITEMIZED RECEIPTS**

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

PAGE 4 OF 4  
FOR LINE NUMBER 11(a)(1)

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

21. Full Name, Mailing Address and ZIP Code <b>David L. Dunlap</b> 5713 Country Club Terrace Edmond, OK 73003	Name of Employer: <b>Columbia/HCA</b> Oklahoma Market Office	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation: <b>President/CEO</b> <b>University Health Partner</b>	7/15/99	\$750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$750.00		

22. Full Name, Mailing Address and ZIP Code <b>Richard M. Bracken</b> 1106 Belle Meade Blvd. Nashville, TN 37205	Name of Employer: <b>Columbia/HCA</b>	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation: <b>President, Western Group</b>	7/20/99	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$1,000.00		

23. Full Name, Mailing Address and ZIP Code <b>Philip R. Patton</b> 6620 Radcliff Drive Nashville, TN 37221	Name of Employer: <b>Columbia/HCA</b>	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation: <b>Senior Vice President</b> <b>Human Resources</b>	7/20/99	\$1,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$1,500.00		

24. Full Name, Mailing Address and ZIP Code <b>Michael D. Snow</b> 44 Canage Pine Court The Woodlands, TX 77381	Name of Employer: <b>Columbia/HCA Corporation</b>	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation: <b>President, Gulf Coast Division</b>	7/23/99	\$1,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$1,500.00		

25. Full Name, Mailing Address and ZIP Code	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 >		

26. 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 >		

27. 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)..... \$4,750.00

TOTAL This Period (last page this line number only)..... \$25,650.00

**SCHEDULE A ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (in Full) <b>Federation of American Health Systems Political Action Committee</b>	<b>C00002261</b>
--	------------------

A. Full Name, Mailing Address and ZIP Code <b>First Union National Bank 740 15th Street, N.W. Washington, D.C. 20005</b>	Name of Employer: <b>First Union National Bank</b>	Date (month, day, year) <b>7/30/99</b>	Amount of Each Receipt this Period <b>\$58.57</b>
	Occupation: <b>Money Market Account</b>	Aggregate Year-to-Date > \$	
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	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 > \$	
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>\$58.57</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>\$58.57</b>



**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**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement:	Date (month, day, year)	Amount of Each Disbursement this Period
PAC 96 811 Chetworth Place Alexandria, VA 22314	PAC 96 - PAC to PAC	7/21/99	\$500.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): PAC to PAC		
D. Full Name, Mailing Address and ZIP Code Friends of Clay Shaw PO Box 2188 Ft. Lauderdale, FL 33303-2188	Purpose of Disbursement: Rep. Clay Shaw (R-FL-22)	7/21/99	\$1,388.88
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
C. Full Name, Mailing Address and ZIP Code Sanitorium 2000 128 North Columbus Street Alexandria, VA 22314	Purpose of Disbursement: Sen. Rick Santorum (R-PA)	7/21/99	\$1,000.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
D. Full Name, Mailing Address and ZIP Code Ben Cardin for Congress 38 Ivy Street, SE Washington, DC 20003	Purpose of Disbursement: Rep. Ben Cardin (D-MD-3)	7/21/99	\$1,500.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
E. Full Name, Mailing Address and ZIP Code Friends of John Tanner PO Box 1988 Union City, TN 38281	Purpose of Disbursement: Rep. John Tanner (D-TN-8)	7/22/99	\$1,000.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
F. Full Name, Mailing Address and ZIP Code DCCC 450 South Capitol Street, SE Washington, DC 20003	Purpose of Disbursement: DCCC	7/22/99	\$1,000.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
G. Full Name, Mailing Address and ZIP Code Federation of American Health Systems 801 Pennsylvania Ave., NW #245 Washington, DC 20004	Purpose of Disbursement: Rep. Jim McCrery (R-LA-4)	7/28/99	\$100.00
	Disbursement for: <input checked="" 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)	\$6,100.00
TOTAL This Period (last page this line number only)	\$6,100.00

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
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED
<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>ML</i>	 <i>8-23-99</i>
PREPARED	DATE PREPARED