REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

RECEIVED FEDERAL ELECTION COMMISSION ADMINISTRATION

MAY 32 12 18 AM '94

1. NAME OF COMMITTEE (in full)
California Hospital PAC-Federal, Sponsored by the California Association of Hospitals & Health Systems

ADDRESS (number and street) ☐ Check if different than previously reported
P.O. Box 1252

CITY, STATE and ZIP CODE
Sacramento, CA 95812-1252

2. FEC IDENTIFICATION NUMBER
C00237495

3. ☒ 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 Primary (Type of Election) election on 6/7/94 in the State of CA

☐ 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 4/1/94 through 5/18/94		
6. (a) Cash on Hand January 1, 1994		$ 35,860.99
(b) Cash on Hand at Beginning of Reporting Period	$ 51,068.37	
(c) Total Receipts (from Line 19)	$ 8,940.89	$ 37,323.39
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 60,009.26	$ 73,184.38
7. Total Disbursements (from Line 30)	$ 29,516.49	$ 42,691.61
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 30,492.77	$ 30,492.77
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	
10. Debts and Obligations Owed BY 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 202-219-3420

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
Douglas J. Hitchcock

Signature of Treasurer [signature]

Date
May 23, 1994

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 3/93)

FE4AN101

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DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: California Hospitals PAC - Federal

REPORT COVERING PERIOD FROM 4/1/94 TO: 5/18/94

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	6,475.00	32,225.00	11(a)(i)
ii. Unitemized	2,465.89	4,598.39	11(a)(ii)
iii. Total (add i and ii) ➤	8,940.89	36,823.39	11(a)(iii)
b. Political Party Committees	-0-	-0-	11(b)
c. Other Political Committees (such as PACs)	-0-	-0-	11(c)
d. Total Contributions (add a iii, b and c) ➤	8,940.89	36,823.39	11(d)
12. Transfers From Affiliated/Other Party Committees	-0-	-0-	12
13. All Loans Received	-0-	-0-	13
14. Loan Repayments Received	-0-	-0-	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	-0-	-0-	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	-0-	500.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	-0-	-0-	17
18. Transfers from Nonfederal Account for Joint Activity	-0-	-0-	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	8,940.89	37,323.39	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	8,940.89	37,323.39	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	-0-	-0-	21(a)(i)
ii. Non-Federal Share	-0-	-0-	21(a)(ii)
b. Other Federal Operating Expenditures	306.49	433.61	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	306.49	433.61	21(c)
22. Transfers to Affiliated/Other Party Committees	23,210.00	23,210.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	6,000.00	19,048.00	23
24. Independent Expenditures (use Schedule E)	-0-	-0-	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	-0-	-0-	25
26. Loan Repayments Made	-0-	-0-	26
27. Loans Made	-0-	-0-	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	-0-	-0-	28(a)
b. Political Party Committees	-0-	-0-	28(b)
c. Other Political Committees (such as PACs)	-0-	-0-	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	-0-	-0-	28(d)
29. Other Disbursements	-0-	-0-	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	29,516.49	42,691.61	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	29,516.49	42,691.61	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	8,940.89	36,823.39	32
33. Total Contribution Refunds (from line 28d)	-0-	-0-	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	8,940.89	36,823.39	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	306.49	433.61	35
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	306.49	433.61	37

FEAAN101

CANDIDATE ACCOUNT
SCHEDULE A

MONETARY CONTRIBUTIONS RECEIVED
(CONTINUATION SHEET)
FORM 420

Line 11ai

(Amount May Be Rounded to Whole Dollars)

Statement Covers Period
From 4/01/94 Through 5/18/94

NAME OF COMMITTEE
California Hospitals PAC

I.D. NUMBER
790775

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (If Committee, In Addition to Committee Name and Address, Enter I.D. Number. If No I.D. Number Has Been Assigned, Enter The Treasurer's Name & Address.)	OCCUPATION / EMPLOYER (If Self-employed Enter Name of Business)	AMOUNT Received This Period	AMOUNT Cumulative To Date
4/19/94	Brady, Patrick R. 1407 Rockville Road Suisun City, CA 94585	Occupation: Administrator Employer: Sutter Solano Medical Center	500.00	CALENDAR: 500.00
4/19/94	Cullin, Gail 5151 Keene Drive Carmichael, CA 95608	Occupation: Employer: CAHHS	225.00	CALENDAR: 225.00
4/19/94	Elliott, J. Carl 1625 E. Shaw Ave., Suite 155 Fresno, CA 93710	Occupation: Sr. Vice President Employer: Hospital Council of Northern &	100.00	CALENDAR: 350.00
4/22/94	Flocken, Jeffery 10500 Rosecrans Blvd. Northridge, CA 91328	Occupation: Chief Executive Officer Employer: Northridge Hospital Medical Ce	500.00	CALENDAR: 500.00
4/19/94	Greene, Albert L. 3819 Cottonwood Drive Danville, CA 94506	Occupation: President/CEO Employer: Alta Bates Medical Center	500.00	CALENDAR: 500.00
4/19/94	Hitchcock, Douglas J. 2213 O'Keeffe Place Davis, CA 95616	Occupation: Senior Vice President Employer: California Association of Hosp	500.00	CALENDAR: 500.00
4/21/94	Johnson, Thomas M. 204 N. Fairway Visalia, CA 93291	Occupation: Employer: Kaweah Delta District Hospital	250.00	CALENDAR: 250.00
4/27/94	Kodis, Maureen O'Connor 2320 Jayne Lane La Crescenta, CA 91214	Occupation: CEO Employer: Inter-Community Medical Center	500.00	CALENDAR: 500.00
		SUBTOTAL	3,075.00	

CANDIDATE ACCOUNT
SCHEDULE A

Line 11a1

MONETARY CONTRIBUTIONS RECEIVED
(CONTINUATION SHEET)
FORM 420

(Amount May Be Rounded to Whole Dollars)

Statement Covers Period
From 4/01/94 Through 5/18/94

NAME OF COMMITTEE
California Hospitals PAC

I.D. NUMBER
790773

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (If Committee, In Addition to Committee Name and Address, Enter I.D. Number. If No I.D. Number Has Been Assigned, Enter The Treasurer's Name & Address.)	OCCUPATION / EMPLOYER (If Self-employed Enter Name of Business)	AMOUNT Received This Period	AMOUNT Cumulative To Date
4/06/94	Mahadevan, Dev 18931 Marciel Court Castro Valley, CA 94546	Occupation: President/CEO Employer: Santa Teresa Community Hospita	500.00	CALENDAR: 500.00
4/19/94	McCormack, Gary A. 880 Vista Drive McKinleyville, CA 95521	Occupation: Employer: General Hospital	400.00	CALENDAR: 400.00
4/06/94	Mennig, Mary P. O. Box 1285 Mariposa, CA 95338	Occupation: CEO Employer: John C. Fremont Hospital	400.00	CALENDAR: 400.00
5/02/94	Osborne, Harry 8540 Willowdale Way Fair Oaks, CA 95628	Occupation: Lobbyist Employer: California Association of Hosp	400.00	CALENDAR: 400.00
5/18/94	Piccione, Mary A. 1589 Skyline Drive Laguna Beach, CA 92651	Occupation: CEO Employer: UC Irvine Medical Center	500.00	CALENDAR: 500.00
4/19/94	Reed, David A. 440 South Batavia Orange, CA 92668	Occupation: President Employer: Saint Joseph Health System	250.00	CALENDAR: 250.00
4/19/94	Rouse, James 11937 Avenue, 274 Visalia, CA 93277	Occupation: President Employer: The Plumbing Company	400.00	CALENDAR: 400.00
4/20/94	Hall, Michael L. 1302 Easley Drive Clayton, CA 94517	Occupation: President/CEO Employer: Mt. Diablo Medical Center	250.00	CALENDAR: 250.00
		SUBTOTAL	2,900.00	

CANDIDATE ACCOUNT
SCHEDULE A

Line 11ai

MONETARY CONTRIBUTIONS RECEIVED
(CONTINUATION SHEET)
FORM 420

(Amount May Be Rounded to Whole Dollars)

Statement Covers Period
From 4/01/94 Through 5/18/94

NAME OF COMMITTEE
California Hospitals PAC

I.D. NUMBER
790775

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (If Committee, In Addition to Committee Name and Address, Enter I.D. Number. If No I.D. Number Has Been Assigned, Enter The Treasurer's Name & Address.)	OCCUPATION / EMPLOYER (If Self-employed Enter Name of Business)	AMOUNT Received This Period	AMOUNT Cumulative To Date
4/04/94	Warner, Betty J. 14925 Lago Drive Rancho Murieta, CA 95683	Occupation: Senior Vice President Employer: California Association of Hosp	400.00	CALENDAR: 400.00
5/09/94 4/06/94	Zumalt, Joanna P. O. Box 461 Sacramento, CA 95812	Occupation: Assistant Regional Director Employer: American Hospital Association	50.00 50.00	CALENDAR: 200.00

SUBTOTAL 500.00

TOTAL THIS PERIOD $6,475.00

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 21b

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)

California Hospitals PAC - Federal

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Wells Fargo Bank 1011 10th Street Sacramento, CA 95814	Service Charges Disbursement for: ☐ Primary ☐ General ☐ Other (specify) $433.61	4/1-5/18	306.49
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) 306.49

TOTAL This Period (last page this line number only) 306.49

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 22

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NAME OF COMMITTEE (in Full)

California Hospitals PAC - Federal

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Political Action Committee of American Hospital Association 840 N. Lachor Drive Chicago, IL 60611	ID #C0010646 Disbursement for: ☐ Primary ☐ General ☐ Other (specify) $ 23,210.00	4/11 5/18	13,924.00 9,286.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) 23,210.00

TOTAL This Period (last page this line number only) 23,210.00

FE4AN101

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SCHEDULE B

ITEMIZED DISBURSEMENTS
(Contributions to Federal Candidates and Other Political Committees)

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

PAGE 1 OF

FOR LINE NUMBER 23

NAME OF COMMITTEE (in Full)
California Hospitals PAC - Federal

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For the Period 04-01-94 thru 05-18-94

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Disbursement This Period	Disb. for
Lynn Schenk for Congress 101 Northwest Street Alexandria, VA 22314	Lynn Schenk - CA 49 Aggregate Year to date: $5,000.00	04-12-94	5,000.00	Primary
Pete Stark Re-Election Committee 555 New Jersey Avenue, NW Washington, DC 20001	Pete Stark - CA 13 Aggregate Year to date: $1,000.00	05-04-94	1,000.00	Primary

SUBTOTAL of Disbursements This Page (optional)..... $6,000.00

TOTAL This Period (last page this line number only)..... $6,000.00

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.

☐	Hand Delivered	DATE OF RECEIPT
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 5-23-94
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

JMH
PREPARER

5-31-94
DATE PREPARED

FEC FORM 70-2 (12/92)

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