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) American Hospital Association PAC	
ADDRESS (number and street) ☐ Check if different than previously reported 325 7th Street, NW	2. FEC IDENTIFICATION NUMBER C00106146
CITY, STATE and ZIP CODE Washington, DC 20004	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 preceeding _____ (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 5. Covering Period 09/01/97 through 09/30/97	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 1997		$ 210,745.92
(b) Cash on Hand at Beginning of Reporting Period	$ 293,248.63	
(c) Total Receipts (from line 19)	$ 120,212.23	$ 429,476.82
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 413,460.86	$ 640,222.74
7. Total Disbursements (from Line 30)	$ 50,671.66	$ 277,433.54
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	$ 362,789.20	$ 362,789.20
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	For further information: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	

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
Al Jackson

Signature of Treasurer: [signature]

Date: 11/15/97

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 9/93)

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

Revised (1/1/91)

NAME OF COMMITTEE American Hospital Association PAC

REPORT COVERING PERIOD FROM: 09/01/97 TO: 09/30/97

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)	45,318.20	147,459.10
ii. Unitemized	52,067.96	188,606.51
iii. Total (add i and ii) >	97,386.16	336,065.61
b. Political Party Committees	0.00	0.00
c. Other Political Committees (such as PACs)	0.00	2,000.00
d. Total Contributions (add aiii,b and c) >	97,386.16	338,065.61
12. Transfers From Affiliated/Other Party Committees	22,250.00	87,220.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	576.07	4,191.21
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add 11d,12,13,14,15,16,17,and 18) >	120,212.23	429,476.82
20. Total Federal Receipts (subtract line 18 from line 19) >	120,212.23	429,476.82
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	0.00	0.00
ii. Non-Federal Share	0.00	0.00
b. Other Federal Operating Expenditures	8,377.56	18,549.44
c. Total Operating Expenditures (Add ai,aii, and b) >	8,377.56	18,549.44
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	40,627.50	254,477.50
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C.441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees	0.00	0.00
b. Political Party Committees	0.00	0.00
c. Other Political Committees (Such As PACs)	0.00	0.00
d. Total Contribution Refunds (Add a,b, and c) >	0.00	0.00
29. Other Disbursements	1,666.60	4,406.60
30. Total Disbursements (Add 21c,22,23,24,25,26,27,28d, and 29) >	50,671.66	277,433.54
31. Total Federal Disbursements (Subtract line 21 aii from line 30) >	50,671.66	277,433.54
III. Net Contributions/Operating Expenditures		
32. Total Contributions (Other than loans)(from line 11d)	97,386.16	338,065.61
33. Total Contribution Refunds (from line 28d)	0.00	0.00
34. Net Contributions (Other than loans)(subtract line 33 from 32)	97,386.16	338,065.61
35. Total Federal Operating Expenditures (add 21 ai and 21 b) >	8,377.56	18,549.44
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00
37. Net Operating Expenditures (subtract line 36 from 35) >	8,377.56	18,549.44

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 19 OF 29
	FOR LINE NUMBER 11 a i

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)
American Hospital Association PAC

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Lynn B. Nicholas New Jersey Hospital Assoc. 760 Alexander Rd. CN-1 Princeton, NJ 08543-0001 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	New Jersey Hospital Association Occupation: Vice President Aggregate Year-to-date > $ 227.20	09/12/97	12.50
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Elizabeth Manco-Herrman St. Peter's Medical Center 254 Easton Ave. New Brunswick, NJ 08901 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	St. Peter's Medical Center Occupation: VP Nursing Aggregate Year-to-date > $ 250.00	09/15/97	250.00
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Robert C. Kidd II Wyoming Hospital Association P.O. Box 5539 Cheyenne, WY 82003 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Wyoming Hospital Association Occupation: President Aggregate Year-to-date > $ 500.00	09/15/97	250.00
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Wm. James Howard M.D. 110 Irving St., NW Medical Affairs Room, POB 121 Washington, DC 20010 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Washington Hospital Center Occupation: Physician, Medical Director Aggregate Year-to-date > $ 250.00	09/15/97	250.00
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
George E. Gilbert 1310 Southern Ave., S.E. Washington, DC 20032-4699 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Greater Southeast Community Hospital Occupation: Acting President and Chief Medical Dir. Aggregate Year-to-date > $ 250.00	09/15/97	250.00
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
David E. Morton American Hospital Association 4000 Lincoln Boulevard Oklahoma City, OK 73105 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	American Hospital Association Occupation: Regional Executive Aggregate Year-to-date > $ 459.18	09/15/97	250.00
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Randy Curry Comanche County Memorial P.O. Box 129 Lawton, OK 73502-0129 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Comanche County Memorial Hospital Occupation: President Aggregate Year-to-date > $ 400.00	09/15/97	400.00

SUB TOTAL of Receipts This Page (Optional) > 1,662.50

TOTAL this Period (Last page this line number only) >

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 recived.

☑	Hand Delivered	Date of Receipt 11/20/97
☐	First Class Mail	POSTMARKED
☐	Registerd/Certified Mail	POSTMARKED
☐	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
☐	Electronic Filing	

E.S.
PREPARER

11/20/97
DATE PREPARED

(7/97)