REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

FEB 20 11 43 AM '98

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. [X] 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:

[X] 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 [X] NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 01/01/98 through 01/31/98		
6. (a) Cash on Hand January 1, 1998		$ 510,304.30
(b) Cash on Hand at Beginning of Reporting Period	$ 510,304.30	
(c) Total Receipts (from line 19)	$ 62,291.83	$ 62,291.83
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 572,596.13	$ 572,596.13
7. Total Disbursements (from Line 30)	$ 21,923.33	$ 21,923.33
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	$ 550,672.80	$ 550,672.80
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	
10. Debts and Obligations Owed BY 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

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: Al Jackson

Date: 2/18/98

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: 01/01/98 TO: 01/31/98

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)	16,550.00	16,550.00
ii. Unitemized	21,476.82	21,476.82
iii. Total (add i and ii) >	38,026.82	38,026.82
b. Political Party Committees	0.00	0.00
c. Other Political Committees (such as PACs)	0.00	0.00
d. Total Contributions (add a iii, b and c) >	38,026.82	38,026.82
12. Transfers From Affiliated/Other Party Committees	23,330.00	23,330.00
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.)	935.01	935.01
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) >	62,291.83	62,291.83
20. Total Federal Receipts (subtract line 18 from line 19) >	62,291.83	62,291.83
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	130.33	130.33
c. Total Operating Expenditures (Add ai, aii, and b) >	130.33	130.33
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	19,793.00	19,793.00
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	2,000.00	2,000.00
30. Total Disbursements (Add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	21,923.33	21,923.33
31. Total Federal Disbursements (Subtract line 21 aii from line 30) >	21,923.33	21,923.33
III. Net Contributions/Operating Expenditures		
32. Total Contributions (Other than loans) (from line 11d)	38,026.82	38,026.82
33. Total Contribution Refunds (from line 28d)	0.00	0.00
34. Net Contributions (Other than loans) (subtract line 33 from 32)	38,026.82	38,026.82
35. Total Federal Operating Expenditures (add 21 ai and 21 b) >	130.33	130.33
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00
37. Net Operating Expenditures (subtract line 36 from 35) >	130.33	130.33

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 8
	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	Date (Month day,Year)	Amount of Each Receipt this Period
Robert B. Burn Jr. Washoe Medical Center 77 Pringle Way Reno, NV 89520-0109	Washoe Medical Center Occupation: President	01/05/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
Dennis E. Klima Kent General Hospital 640 South State Street Dover, DE 19901-3597	Bayhealth Medical Center Occupation: President	01/05/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
Steven L. Smith Memorial Medical Center 2450 South Telshor Blvd. Las Cruces, NM 88011-5559	Memorial Medical Center Occupation: President and CEO	01/05/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
Ross T. France 595 Lebanon Street Melrose, MA 02176	Hallmark Health System, Inc. Occupation: Sr. Vice President	01/06/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
Robert N. Shaw 5116 Tangle Lane Houston, TX 77056-2116	Anderson Cancer Center Outreach Corp. Occupation: Management	01/06/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
Thomas Ehrlichmann 2550 University Ave. West Ste. 350 St. Paul, MN 55114-1900	Minnesota Hospital & Healthcare Partnership Occupation: Director, Government Relations	01/06/98	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
Robert H. Mullenburg 10019 49th Avenue, NE Seattle, WA 98155	University of Washington Medical Center Occupation: Hospital Administrator	01/06/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		

SUB TOTAL of Receipts This Page (Optional) >	2,000.00
TOTAL this Period (Last page this line number only) >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 2 OF 8
	FOR LINE NUMBER 11 a i

SCHEDULE A ITEMIZED RECEIPTS

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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
Vincent J. McCorkle 8 Wagon Rd. Wilbraham, MA 01095-1678 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Sisters of Providence Health System President & CEO Aggregate Year-to-date > $ 250.00	01/06/98	250.00
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
James Roosevelt Jr. Choate, Hall & Stewart Exchange Place, 53 State St. Boston, MA 02109 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	CareGroup/Mount Auburn Hospital Attorney Aggregate Year-to-date > $ 250.00	01/06/98	250.00
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
K. Janus Ehlen M.D. 5601 Smetana Drive Minneapolis, MN 55440-7001 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Allina Health System Management Aggregate Year-to-date > $ 500.00	01/06/98	500.00
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Roy A. Hitchings Jr., FACHE Cape Cod Healthcare Inc. 27 Park Street Hyannis, MA 02601 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Cape Cod Healthcare Inc. President & CEO Aggregate Year-to-date > $ 250.00	01/06/98	250.00
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Donald C. Wegmiller 2810 - 57th Avenue N. Minneapolis, MN 55430 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	MCG/Healthcare Compensation Consultant Aggregate Year-to-date > $ 1,000.00	01/06/98	1,000.00
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Dana S. Hensley Birmingham Baptist Medical Ctr 800 Montclair Road Birmingham, AL 35213 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Birmingham Baptist Medical Center - Montclair Hospital Manager Aggregate Year-to-date > $ 250.00	01/08/98	250.00
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Joseph P. Zager PO Box 886 Monroeville, AL 36461-0886 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Monroe County Hospital CEO Aggregate Year-to-date > $ 250.00	01/08/98	250.00

SUB TOTAL of Receipts This Page (Optional) ..... >	2,750.00
TOTAL this Period (Last page this line number only) ..... >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 3 OF 8
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SCHEDULE A ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In full)
American Hospital Association PAC

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
A. Vincent C. Caponi St. Vincent's Hospital P.O. Box 12407 Birmingham, AL 35202-2407 Receipt For: Primary General Other (Specify)	St. Vincent's Hospital President Aggregate Year-to-date > $ 250.00	01/08/98	250.00
B. Moultrie D. Plowden CHE Randolph County Hospital P.O. Box 670 Roanoke, AL 36274 Receipt For: Primary General Other (Specify)	Randolph County Hospital Administrator/CEO Aggregate Year-to-date > $ 250.00	01/08/98	250.00
C. Jay Weatherly PO Box 1108 Cullman, AL 35056 Receipt For: Primary General Other (Specify)	Cullman Regional Medical Center Administrator Aggregate Year-to-date > $ 250.00	01/08/98	250.00
D. William Dean Rasco Gtr. San Antonio Hosp. Council 8620 N. New Braunfels, #420 San Antonio, TX 78217 Receipt For: Primary General Other (Specify)	Greater San Antonio Hospital Council CEO Aggregate Year-to-date > $ 250.00	01/09/98	250.00
E. Kay Peck 909 North East Loop 410 Ste. 500 San Antonio, TX 78209-1302 Receipt For: Primary General Other (Specify)	Healthcare Network Systems Hospital Admin. Aggregate Year-to-date > $ 250.00	01/09/98	250.00
F. William L. Lane Holy Family Hospital & Med.Ctr 70 East Street Methuen, MA 01844-4597 Receipt For: Primary General Other (Specify)	Holy Family Hospital & Medical Center President and CEO Aggregate Year-to-date > $ 250.00	01/09/98	250.00
G. Robert E. Gibbons 5 Lakeside Terrace Westford, MA 01886-1386 Receipt For: Primary General Other (Specify)	Massachusetts Hospital Association Federal Relations Aggregate Year-to-date > $ 250.00	01/09/98	250.00

SUB TOTAL of Receipts This Page (Optional) >	1,750.00
TOTAL this Period (Last page this line number only) >	

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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
L. Pat Moreland 302 South Extension Street Hazlehurst, MS 39083-3310 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Hardy Wilson Memorial Hospital Occupation: Administrator Aggregate Year-to-date > $ 250.00	01/09/98	250.00
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Brent Alexander Mississippi Hospital Assoc. P.O. Box 16444 Jackson, MS 39236-6444 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Mississippi Hospital Association Occupation: Vice President, Gov't Relation Aggregate Year-to-date > $ 250.00	01/09/98	250.00
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Rob Madsen IHHA 1151 E. Warrenville Road Naperville, IL 60566 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Illinois Hospital & HealthSystems Association Occupation: Management Aggregate Year-to-date > $ 250.00	01/09/98	250.00
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
William B. Monnig M.D. St. Elizabeth Medical Center 20 Med. Village Dr., Ste. 308 Edgewood, KY 41017 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	St. Elizabeth Medical Center Occupation: Administrator Aggregate Year-to-date > $ 250.00	01/09/98	250.00
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
William G. Sission 1740 Nicholasville Road Lexington, KY 40503 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Central Baptist Hospital Occupation: CEO Aggregate Year-to-date > $ 500.00	01/09/98	500.00
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Patrick Donahue 4604 US Highway 60 Morganfield, KY 42437 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Union County Methodist Hospital Occupation: Administrator Aggregate Year-to-date > $ 600.00	01/09/98	600.00
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Randall Scanga 25 Heckel Road McKees Rocks, PA 15130 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Ohio Valley General Hospital Occupation: CFO Aggregate Year-to-date > $ 250.00	01/09/98	250.00

SUB TOTAL of Receipts This Page (Optional) >	2,350.00
TOTAL this Period (Last page this line number only) >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 5 OF 8
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SCHEDULE A ITEMIZED RECEIPTS

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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
Charles N. Ellis 402 Woodland Hills Court Madison, MS 39110-7819 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Quorum Health Resources Occupation: Administrator Aggregate Year-to-date > $ 250.00	01/09/98	250.00
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Terry E. Allison 103 Continental Place Brentwood, TN 37027 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Quorum Health Group, Inc. Occupation: Healthcare Administrator Aggregate Year-to-date > $ 250.00	01/09/98	250.00
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
David W. Gitch 16956 Scandia Lane Poulsbo, WA 98370 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Harrison Memorial Hospital Occupation: Healthcare Administrator Aggregate Year-to-date > $ 250.00	01/12/98	250.00
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Raymond F. Crerand Providence Health System 1600 E. Jefferson, #501 B34008 Seattle, WA 98124 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Providence Health System-Puget Sound Occupation: Healthcare Administrator Aggregate Year-to-date > $ 500.00	01/12/98	500.00
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
David C. Gessel 2029 Bryan Avenue Salt Lake City, UT 84108-2611 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Utah Association of HealthCare Providers Occupation: VP of Gov't/Legal Affairs Aggregate Year-to-date > $ 250.00	01/12/98	250.00
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
H. Gary Pehrson Intermountain Health Care Inc. 8th Avenue & C Street Salt Lake City, UT 84143 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Intermountain Health Care Inc. Occupation: Vice President Aggregate Year-to-date > $ 300.00	01/12/98	300.00
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
George Winn Sanpete Valley Hospital 643 East 30 North, #85-11 Ephraim, UT 84627 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Sanpete Valley Hospital Occupation: Administrator Aggregate Year-to-date > $ 250.00	01/12/98	250.00

SUB TOTAL of Receipts This Page (Optional) ..... >	2,050.00
TOTAL this Period (Last page this line number only) ..... >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 6 OF 8
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SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (in full)
American Hospital Association PAC

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
A. Bernard L. Brown Promina Health System 2000 South Park Place, Ste.100 Atlanta, GA 30339 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Promina Health System Occupation: Administrator Aggregate Year-to-date > $ 250.00	01/12/98	250.00
B. Penni W. Shapiro Washington State Hosp. Assoc. 300 Elliott Ave. W., Ste. 300 Seattle, WA 98119-2260 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Washington State Hospital Association Occupation: Urban Project Coordinator Aggregate Year-to-date > $ 250.00	01/12/98	250.00
C. Scott Parker Intermountain Healthcare Inc. 36 S State Street, 22nd Fl. Salt Lake City, UT 84111 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Intermountain Health Care Inc. Occupation: President Aggregate Year-to-date > $ 500.00	01/12/98	500.00
D. Allen E. Atzrott 10280 Breconshire Road Ellicott City, MD 21042-5854 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Prince George's Hospital Center Occupation: Executive Management Aggregate Year-to-date > $ 250.00	01/13/98	250.00
E. Earl C. Bird Metropolitan Chicago Council 222 South Riverside Plaza,19Fl Chicago, IL 60606 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Metropolitan Chicago Healthcare Council Occupation: President Aggregate Year-to-date > $ 500.00	01/14/98	500.00
F. Marie Beatrice Grause Massachusetts Hospital Assoc. 499 South Capitol, SW Ste. 405 Washington, DC 20003 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Massachusetts Hospital Association Occupation: Government Relations Aggregate Year-to-date > $ 250.00	01/14/98	250.00
G. Alan J. Goldberg 20 Canoe River Road Sharon, MA 02067 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Massachusetts Hospital Association Occupation: President Aggregate Year-to-date > $ 250.00	01/14/98	250.00

SUB TOTAL of Receipts This Page (Optional) ..... > 2,250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 7 OF 8
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SCHEDULE A ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in full)
American Hospital Association PAC

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
A. Cynthia Nixon 342 Wilma Avenue Steubenville, OH 43952-2352 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Weirton Medical Center Occupation: Chief Financial Officer Aggregate Year-to-date > $ 250.00	01/15/98	250.00
B. Richard L. Mendoza Northeastern Regional Hospital P.O. Box 238 Las Vegas, NM 87701-0238 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Northeastern Regional Hospital Occupation: CEO Aggregate Year-to-date > $ 500.00	01/15/98	500.00
C. Michael Christenson 5601 Smetana Drive Minneapolis, MN 55440-7001 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Allina Health System Occupation: Hospital Administration Aggregate Year-to-date > $ 400.00	01/15/98	400.00
D. Patricia Riley 5601 Smetana Drive Minneapolis, MN 55440-7001 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Allina Health System Occupation: Hospital Executive Aggregate Year-to-date > $ 250.00	01/15/98	250.00
E. Gordon M. Sprenger Allina Health System 5601 Smetana Drive Minneapolis, MN 55440 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Allina Health System Occupation: Executive Officer Aggregate Year-to-date > $ 250.00	01/15/98	250.00
F. Jan K. Malcolm Allina Health System 5601 Smetana Dr., Box 9310 Minneapolis, MN 55440-9310 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Allina Health System Occupation: Community Affairs Aggregate Year-to-date > $ 250.00	01/15/98	250.00
G. Jon E. Gudeman M.D. 9455 Watertown Plank Road Milwaukee, WI 53226-3559 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Milwaukee County Mental Health Complex Occupation: Director Aggregate Year-to-date > $ 250.00	01/16/98	250.00

SUB TOTAL of Receipts This Page (Optional) ..... > 2,150.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 8 OF 8
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NAME OF COMMITTEE (in full)
American Hospital Association PAC

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Mark Marchetti 545 South Street Greenfield, OH 45123	Greenfield Area Hospital Occupation: Hospital Administrator	01/19/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Thomas W. Singleton 4564 Peytonsville Road Franklin, TN 37064-7611	Quorum Health Group, Inc. Occupation: Hospital Administratnr	01/19/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
John J. Meehan Hartford Hospital 80 Seymour St.-P.O. Box 5037 Hartford, CT 06102-5037	Hartford Hospital Occupation: Healthcare Executive	01/20/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Richard W. Linneweh Jr. 4702 Richey Road Yakima, WA 98908-2547	Yakima Valley Memorial Hospital Occupation: President & CEO	01/20/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
J. Lindsey Bradley Jr. 800 East Dawson Tyler, TX 75701-2036	Trinity Mother Frances Health System Occupation: President	01/28/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	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
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		

SUB TOTAL of Receipts This Page (Optional) >	1,250.00
TOTAL this Period (Last page this line number only) >	16,550.00

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 12

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
California Healthcare Association PAC PO Box 1100 Sacramento, CA 95812-1100		01/09/98	14,450.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 14,450.00		

B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Texas Hospital Association - PAC P.O. Box 15587 Austin, TX 78761-5587		01/09/98	8,080.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 8,080.00		

C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Texas Hospital Association - PAC P.O. Box 15587 Austin, TX 78761-5587		01/12/98	800.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 8,880.00		

D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		

E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		

F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		

G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		

SUB TOTAL of Receipts This Page (Optional) >	23,330.00
TOTAL this Period (Last page this line number only) >	23,330.00

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 17

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
CITIBANK P.O. Box 19748 Washington, DC 20036		01/30/98	935.01
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 935.01		
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		

SUB TOTAL of Receipts This Page (Optional) >	935.01
TOTAL this Period (Last page this line number only) >	935.01

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 2
	FOR LINE NUMBER 23

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)
American Hospital Association PAC

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement For	Date (Month day,Year)	Amount of Each Disb. this Period
Ben Cardin for Congress P.O. Box 65056 Baltimore, MD 21209	Benjamin L. Cardin, U.S. HOUSE 3rd MD Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1998	01/12/98	1,000.00
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement For	Date (Month day,Year)	Amount of Each Disb. this Period
Coverdell Good Government Committee 3091 Maple Drive, Suite 200 Atlanta, GA 30305	Paul D. Coverdell, U.S. SENATE GA Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	01/12/98	4,000.00
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement For	Date (Month day,Year)	Amount of Each Disb. this Period
Gutknecht for U.S. Congress P.O. Box 6428 Rochester, MN 55903-6428	Gil Gutknecht, U.S. HOUSE 1st MN Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	01/12/98	500.00
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement For	Date (Month day,Year)	Amount of Each Disb. this Period
Committee to Re-Elect Congresswoman Roukema P.O. Box 625 Ridgewood, NJ 07451	Marge Roukema, U.S. HOUSE 5th NJ Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	01/15/98	500.00
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement For	Date (Month day,Year)	Amount of Each Disb. this Period
Committee to Re-Elect Congresswoman Roukema P.O. Box 625 Ridgewood, NJ 07451	Voided Check Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	01/15/98	-500.00
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement For	Date (Month day,Year)	Amount of Each Disb. this Period
TEAM EMERSON 2210 LAKEWOOD DRIVE CAPE GIRARDEAU, MO 63701	Jo Ann Emerson, U.S. HOUSE 8th MO Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	01/20/98	500.00
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement For	Date (Month day,Year)	Amount of Each Disb. this Period
National Republican Congressional Committee 320 First Street, SE Washington, DC 20003	1998 Contribution Disbursement For: [ ] Primary [ ] General [ ] Other (Specify) 1998	01/20/98	5,000.00
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement For	Date (Month day,Year)	Amount of Each Disb. this Period
Meeks for Congress PO Box 900297 Far Rockaway, NY 16690	Gregory Meeks, U.S. HOUSE 6th NY Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	01/20/98	1,000.00
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement For	Date (Month day,Year)	Amount of Each Disb. this Period
Re-Elect Congressman Joe Moakley Committee P.O. Box 1073 Boston, MA 02205-9832	John Joseph Moakley, U.S. HOUSE 9th MA Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	01/26/98	2,000.00

SUB TOTAL of Disbursements this page (Optional) ..... >	14,000.00
TOTAL this Period (Last page this line number only) ..... >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 2 OF 2
	FOR LINE NUMBER 23

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)
American Hospital Association PAC

A. Full Name, Mailing Address and Zip Code Pioneer PAC 499 South Capitol Street, SW Suite 408 Washington, DC 20003	Purpose of Disbursement 1998 Contribution Disbursement For: [ ] Primary [ ] General [ ] Other (Specify) 1998	Date (Month day,Year) 01/26/98	Amount of Each Disb. this Period 4,793.00
B. Full Name, Mailing Address and Zip Code Bennett for Senate Committee 3001 Park Center Drive Ste. 118 Alexandria, VA 22302	Purpose of Disbursement Robert F. Bennett, U.S. SENATE UT Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	Date (Month day,Year) 01/26/98	Amount of Each Disb. this Period 1,000.00
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)	Date (Month day,Year)	Amount of Each Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. this Period

SUB TOTAL of Disbursements this page (Optional) ..... >	5,793.00
TOTAL this Period (Last page this line number only) ..... >	19,793.00

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 29

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)
American Hospital Association PAC

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Independent Leadership PAC PO Box 1795 Erie, PA 16507-0795	Non-federal Contribution Disbursement For: ☐ Primary ☐ General ☐ Other (Specify) 1998	01/20/98	2,000.00
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day, Year)	Amount of Each Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. this Period

SUB TOTAL of Disbursements this page (Optional) ..... >	2,000.00
TOTAL this Period (Last page this line number only) ..... >	2,000.00

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 recived.

☑	Hand Delivered	Date of Receipt 2-20-98
☐	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	

KH
PREPARER

2-20-98
DATE PREPARED

(7/97)