REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

FEC ELECTION COMMISSION MAIL ROOM

JUN 19 4 25 PM '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:

☐ 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 _____ (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? [X] YES ☐ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 03/01/98 through 03/31/98		
6. (a) Cash on Hand January 1, 1998		$ 510,304.30
(b) Cash on Hand at Beginning of Reporting Period	$ 547,459.05	
(c) Total Receipts (from line 19)	$ 22,602.58	$ 115,872.75
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 570,061.63	$ 626,177.05
7. Total Disbursements (from Line 30)	$ 87,507.46	$ 143,622.88
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	$ 482,554.17	$ 482,554.17
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: [signature]

Date: 6/19/98

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: 03/01/98 TO: 03/31/98

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)	9,943.34	46,543.34
ii. Unitemized	10,899.52	41,926.91
iii. Total (add i and ii) >	20,842.86	88,470.25
b. Political Party Committees	0.00	0.00
c. Other Political Committees (such as PACs)	0.00	0.00
d. Total Contributions (add a(i),b and c) >	20,842.86	88,470.25
12. Transfers From Affiliated/Other Party Committees	0.00	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	1,000.00	1,650.00
17. Other Federal Receipts (Dividends, Interest, etc.)	759.72	2,422.50
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) >	22,602.58	115,872.75
20. Total Federal Receipts (subtract line 18 from line 19) >	22,602.58	115,872.75
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	12,757.46	19,472.88
c. Total Operating Expenditures (Add a(i),a(ii), and b) >	12,757.46	19,472.88
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	74,250.00	121,650.00
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)	500.00	500.00
d. Total Contribution Refunds (Add a,b, and c) >	500.00	500.00
29. Other Disbursements	0.00	2,000.00
30. Total Disbursements (Add 21c,22,23,24,25,26,27,28d, and 29) >	87,507.46	143,622.88
31. Total Federal Disbursements (Subtract line 21 aii from line 30) >	87,507.46	143,622.88
III. Net Contributions/Operating Expenditures		
32. Total Contributions (Other than loans)(from line 11d)	20,842.86	88,470.25
33. Total Contribution Refunds (from line 28d)	500.00	500.00
34. Net Contributions (Other than loans)(subtract line 33 from 32)	20,342.86	87,970.25
35. Total Federal Operating Expenditures (add 21 ai and 21 b) >	12,757.46	19,472.88
36. Offsets to Operating Expenditures (from line 16)	0.00	0.00
37. Net Operating Expenditures (subtract line 36 from 35) >	12,757.46	19,472.88

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 5
	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
Carolyn Forcina 121 South Broad St., 20th Fl Philadelphia, PA 19107-4534 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	American Hospital Association Occupation: Regional Executive Aggregate Year-to-date > $ 250.00	03/02/98	250.00
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
J. Alexander McMahon Dept Health Admin.-Duke Univ. Box 3708 Durham, NC 27710 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Duke University Medical Center Occupation: Chairman Aggregate Year-to-date > $ 500.00	03/02/98	500.00
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Judith R. Miller 24 D Alton Place Brookline, MA 02146 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	MG&A Healthcare Consultants Occupation: Nurse Executive Aggregate Year-to-date > $ 500.00	03/04/98	250.00
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Lanny A. Kope HCR 2 Box 212 E Payson, AZ 85541-9802 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	PMH Health Services Network Occupation: Trustee Aggregate Year-to-date > $ 250.00	03/06/98	250.00
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Karen S. Haase-Herrick R.N. Northwest ONE 300 Elliott Ave. W, Ste. 300 Seattle, WA 98119 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Northwest Organization of Nurse Executives Occupation: Executive Director Aggregate Year-to-date > $ 325.00	03/11/98	250.00
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Julie MacDonald R.N. 5301 East Huron River Drive Ann Arbor, MI 48106-0995 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	St. Joseph Mercy Health System Occupation: Patient Operations Aggregate Year-to-date > $ 500.00	03/11/98	500.00
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Susan Stone 320 South Boston 19th Floor, Ste. 1900 Tulsa, OK 74103-3708 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Hillcrest HealthCare System Occupation: Trustee Aggregate Year-to-date > $ 250.00	03/12/98	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 2 OF 5
	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
Michael M. Mitchel 2601 S. LaSalle Chicago, IL 60616-2795 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer: AHA -- Committee on Governance Occupation: Life Trustee Aggregate Year-to-date > $ 500.00	03/12/98	500.00
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Margaret L. McClure RN NYU Medical Center 560 First Avenue New York, NY 10016 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer: NYU Medical Center Occupation: Nurse Executive Aggregate Year-to-date > $ 325.00	03/12/98	250.00
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Waldo E. Cecil 300 Durango Court Irving, TX 75062-6547 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer: Baylor Medical Center at Irving Occupation: Chair Aggregate Year-to-date > $ 500.00	03/18/98	500.00
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
John J. Buckley Jr. 735 Lake Shore Drive Murphysboro, IL 62966 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer: Health Services of Southern Illinois Occupation: CEO Aggregate Year-to-date > $ 250.00	03/19/98	250.00
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Leo F. Fronza Jr. 401 Hill Street Elmhurst, IL 60126-2989 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer: Elmhurst Memorial Hospital Occupation: President & CEO Aggregate Year-to-date > $ 250.00	03/19/98	250.00
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Mark R. Neaman 263 W. Onentsia Road Lake Forest, IL 60045-1718 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer: Evanston Hospital Occupation: President and CEO Aggregate Year-to-date > $ 250.00	03/19/98	250.00
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
William Rice 1410 North Green Bay Road Lake Forest, IL 60045-1696 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer: Lake Forest Hospital Occupation: President Aggregate Year-to-date > $ 250.00	03/19/98	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 3 OF 5
	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
Ernie W. Sadau 605 South Grant Street Hinsdale, IL 60521-9305	Hinsdale Hospital President and CEO	03/19/98	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 / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Michael Schwartz 800 Biesterfield Road Elk Grove Village, IL 60007-3397	Alexandrian Brothers Medical Center Hospital Management	03/19/98	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 / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
D. Ray Slaubaugh 1560 E. Sycamore Street Canton, IL 61520-2497	Graham Hospital President	03/19/98	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 / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Darryl L. Vandervort 846 Riverside Drive Dixon, IL 61021	Katherine Shaw Bethea Hospital CEO	03/19/98	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 / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Pamela Austin Thompson RN, MSN 412 Depot Street Andover, NH 03216	Mary Hitchcock Memorial Hospital VP, Nursing	03/20/98	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 / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Joseph E. Morris III Kootenai Medical Center 2003 Lincoln Way Coeur d'Alene, ID 83814	Kootenai Medical Center Chief Executive Officer	03/23/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Kathryn A. Roep 19 W. New Hampshire Orlando, FL 32804-5911	Florida Hospital Association VP/Finance	03/23/98	400.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 400.00		

SUB TOTAL of Receipts This Page (Optional) ..... >	1,900.00
TOTAL this Period (Last page this line number only) ..... >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 4 OF 5
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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. Richmond M. Harman, 1706 N. E. Ocean Blvd., Stuart, FL 34996-2927	Martin Memorial Health System Stuart / CEO	03/23/98	800.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 800.00		
B. Duncan Moore, 2179 Miller Landing Road, Tallahassee, FL 32312-5093	Tallahassee Memorial Regional Med. Ctr. / President/CEO	03/23/98	400.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 400.00		
C. Ann Marie T. Brooks R.N., PO Box 3354, Brooklyn, NY 11202-3353	American Organization of Nurse Executives / Director of Nursing	03/25/98	75.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 575.00		
D. Maura Mitchell, 18 Jay Street, Boston, MA 02114	Boston University Medical Center / Assistant Professor	03/25/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		
E. John C. Stinson, 16312 Ranchita Drive, Dallas, TX 75248	Quorum Health Group, Inc. / Hospital Administrator	03/30/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		
F. William H. Bryant, 2847 Penn Forest Blvd., Ste. 200, Roanoke, VA 24018	Quorum Health Resources / Group Vice President	03/30/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		
G. Thomas Terrill Ph.D., FACHE, 317 George Street, New Brunswick, NJ 08901-2008	University Health System of New Jersey / President	03/30/98	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		

SUB TOTAL of Receipts This Page (Optional) ..... > 2,525.00

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

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

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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
John P. Kingrey 2550 University Ave., W. #350S Saint Paul, MN 55114-1052 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Minnesota Hospital & Healthcare Partnership Occupation: Senior Vice President Aggregate Year-to-date > $ 250.00	03/30/98	250.00
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Alice Kitchen 2401 gillham road Kansas City, MO 64108-4698 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Children's Mercy Hospital Occupation: Social Work Administrator Aggregate Year-to-date > $ 500.00	03/31/98	450.00
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Sharon Richardson 13 Patra Laguna Niguel, CA 92677-8617 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	St. Jude Medical Center Occupation: Director, Social Work Aggregate Year-to-date > $ 235.00	03/31/98	235.00
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Richard J. Pollack American Hospital Association 325 7th Street, NW Washington, DC 20004 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	American Hospital Association Occupation: Executive Vice President Aggregate Year-to-date > $ 208.35	Payroll Deduction	83.34 ($41.67 Biweekly)
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) >	1,018.34
TOTAL this Period (Last page this line number only) >	9,943.34

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 6-19-98
☐	First Class Mail	POSTMARKED
☐	Registered/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	
	PREPARER	DATE PREPARED 6-22-98

(4/98)