# REPORT OF RECEIPTS AND DISBURSEMENTS

**For Other Than An Authorized Committee**
**(Summary Page)**

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

JUN 25 11 22 AM '96

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
American Hospital Association PAC

ADDRESS (number and street) ☐ Check if different than previously reported
One North Franklin

CITY, STATE and ZIP CODE
Chicago, IL 60606

2. FEC IDENTIFICATION NUMBER
C00106146

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 _____ (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 | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|---|---|
| 5. Covering Period 05/01/96 through 05/31/96 | | |
| 6. (a) Cash on Hand January 1, 19 96 | | $ 342,656.02 |
| (b) Cash on Hand at Beginning of Reporting Period | $ 287,412.25 | |
| (c) Total Receipts (from Line 19) | $ 21,537.31 | $ 74,895.35 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | $ 308,949.56 | $ 417,551.37 |
| 7. Total Disbursements (from Line 30) | $ 51,611.50 | $ 193,938.57 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | $ 257,338.06 | $ 257,338.06 |
| 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) | $ 13,000.00 | |

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
Sidney Jacob

Signature of Treasurer
Sidney Jacob

Date 6/20/96

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)
FE4AN101

# 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 05/01/96 TO: 05/31/96

| 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) | 720.00 | 14,310.00 | 11(a)(i) |
| ii. Unitemized | 10,189.56 | 38,366.85 | 11(a)(ii) |
| iii. Total (add i and ii) ➤ | 10,909.56 | 52,676.85 | 11(a)(iii) |
| b. Political Party Committees | 0.00 | 0.00 | 11(b) |
| c. Other Political Committees (such as PACs) | 0.00 | 0.00 | 11(c) |
| d. Total Contributions (add a iii, b and c) ➤ | 10,909.56 | 52,676.85 | 11(d) |
| 12. Transfers From Affiliated/Other Party Committees | 10,000.00 | 52,425.00 | 12 |
| 13. All Loans Received | 0.00 | 0.00 | 13 |
| 14. Loan Repayments Received | 0.00 | 0.00 | 14 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) | 0.00 | 0.00 | 15 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees | 0.00 | 800.00 | 16 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 627.75 | 2,718.76 | 17 |
| 18. Transfers from Nonfederal Account for Joint Activity | 0.00 | 0.00 | 18 |
| 19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤ | 21,537.31 | 108,620.61 | 19 |
| 20. Total Federal Receipts (subtract line 18 from line 19) ➤ | 21,537.31 | 108,620.61 | 20 |
| **II. Disbursements** | | | |
| 21. Operating Expenditures: | | | |
| a. Shared Federal/Non-Federal Activity (from Schedule H4) | | | |
| i. Federal Share | 0.00 | 0.00 | 21(a)(i) |
| ii. Non-Federal Share | 0.00 | 0.00 | 21(a)(ii) |
| b. Other Federal Operating Expenditures | 8,136.50 | 21,477.39 | 21(b) |
| c. Total Operating Expenditures (add a i, a ii, and b) ➤ | 8,136.50 | 21,477.39 | 21(c) |
| 22. Transfers to Affiliated/Other Party Committees | 0.00 | 0.00 | 22 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | 43,475.00 | 172,461.18 | 23 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 | 24 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) | 0.00 | 0.00 | 25 |
| 26. Loan Repayments Made | 0.00 | 0.00 | 26 |
| 27. Loans Made | 0.00 | 0.00 | 27 |
| 28. Refunds of Contributions To: | | | |
| a. Individuals/Persons Other Than Political Committees | 0.00 | 0.00 | 28(a) |
| b. Political Party Committees | 0.00 | 0.00 | 28(b) |
| c. Other Political Committees (such as PACs) | 0.00 | 0.00 | 28(c) |
| d. Total Contribution Refunds (add a, b and c) ➤ | 0.00 | 0.00 | 28(d) |
| 29. Other Disbursements | 0.00 | 0.00 | 29 |
| 30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤ | 51,611.50 | 193,938.57 | 30 |
| 31. Total Federal Disbursements (subtract line 21 a II from line 30) ➤ | 51,611.50 | 193,938.57 | 31 |
| **III. Net Contributions/Operating Expenditures** | | | |
| 32. Total Contributions (other than loans)(from line 11d) | 10,909.56 | 52,676.85 | 32 |
| 33. Total Contribution Refunds (from line 28d) | 0.00 | 0.00 | 33 |
| 34. Net Contributions (other than loans)(subtract line 33 from 32) | 10,909.56 | 52,676.85 | 34 |
| 35. Total Federal Operating Expenditures (add 21 a I and 21 b) ➤ | 8,136.50 | 21,477.39 | 35 |
| 36. Offsets to Operating Expenditures (from line 15) | 0.00 | 0.00 | 36 |
| 37. Net Operating Expenditures (subtract line 36 from 35) ➤ | 8,136.50 | 21,477.39 | 37 |

FE4NN101

**SCHEDULE D**
(Revised 3/80)

# DEBTS AND OBLIGATIONS
## Excluding Loans

Page 1 of 1 for
LINE NUMBER 10
(Use separate schedules for each numbered line)

| Name of Committee (in Full) American Hospital Association PAC | Outstanding Balance Beginning This Period | Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
|---|---|---|---|---|
| A. Full Name, Mailing Address and Zip Code of Debtor or Creditor<br>The Cromer Group<br>136 - 11th Street, S.E.<br>Washington, DC 20003 | 0 | 13,000.00 | 0 | 13,000.00 |
| | Disputed debt: Payment pending resolution of dispute with vendor. Portion of cost attributed as in-kind to candidate. (See Line 23 - Stupak for Congress). | | | |
| Nature of Debt (Purpose): Polling Services | | | | |
| B. Full Name, Mailing Address and Zip Code of Debtor or Creditor | | | | |
| Nature of Debt (Purpose): | | | | |
| C. Full Name, Mailing Address and Zip Code of Debtor or Creditor | | | | |
| Nature of Debt (Purpose): | | | | |
| D. Full Name, Mailing Address and Zip Code of Debtor or Creditor | | | | |
| Nature of Debt (Purpose): | | | | |
| E. Full Name, Mailing Address and Zip Code of Debtor or Creditor | | | | |
| Nature of Debt (Purpose): | | | | |
| F. Full Name, Mailing Address and Zip Code of Debtor or Creditor | | | | |
| Nature of Debt (Purpose): | | | | |
| 1) SUBTOTALS This Period This Page (optional) | | | | |
| 2) TOTAL This Period (last page this line only) | | | | 13,000.00 |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | | | | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | | | | |

| 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 | Date (Month day,Year) | Amount of Each Receipt this Period |
|---|---|---|---|
| The Hospital Association of Pennsylvania PAC<br>4750 Lindle Road<br>Harrisburg, PA 17105 | Occupation | 05/22/96 | 10,000.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (Specify) | Aggregate Year-to-date > $ 10,000.00 | | |
| B. 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 > $ | | |
| C. 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 > $ | | |
| D. 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 > $ | | |
| E. 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 > $ | | |
| 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) ..... > | 10,000.00 |
| TOTAL this Period (Last page this line number only) ..... > | 10,000.00 |

| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE 1 OF 1 |
|---|---|
| | 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 | Date (Month day, Year) | Amount of Each Receipt this Period |
|---|---|---|---|
| Christine R. Wray<br>11 Circle Drive<br>Great Mills, MD 20634 | St. Mary's Hospital<br>Occupation: CEO | 05/17/96 | 220.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (Specify) | Aggregate Year-to-date > $ 220.00 | | |

| B. Full Name, Mailing Address and Zip Code | Name of Employer | Date (Month day, Year) | Amount of Each Receipt this Period |
|---|---|---|---|
| Susan Hoosaker<br>10660 Horseshoe Court<br>La Plata, MD 20646 | Physicians Memorial Hospital<br>Occupation: CEO | 05/17/96 | 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 |
|---|---|---|---|
| Lori Schor<br>50 F Street, N.W., #1100<br>Washington, DC 20001 | American Hospital Association<br>Occupation: Associate Director | 05/21/96 | 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 |
|---|---|---|---|
| | Occupation | | |
| Receipt For: ☐ Primary ☐ General ☐ Other (Specify) | 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 |
|---|---|---|---|
| | Occupation | | |
| Receipt For: ☐ Primary ☐ General ☐ Other (Specify) | 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 |
|---|---|---|---|
| | 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) ..... > | 720.00 |
| TOTAL this Period (Last page this line number only) ..... > | 720.00 |

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

# SCHEDULE A ITEMIZED RECEIPTS

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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 |
|---|---|---|---|
| Northern Trust Bank<br>50 South LaSalle Street<br>Chicago, IL 60606 | | 05/31/96 | 497.31 |
| Receipt For: ☐ Primary ☐ General ☐ Other (Specify) | Aggregate Year-to-date > $ 2,589.32 | | |
| 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) > | 497.31 |
| TOTAL this Period (Last page this line number only) > | 497.31 |

| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE 1 OF 1 |
|---|---|
| | FOR LINE NUMBER 21B |

# SCHEDULE B — ITEMIZED DISBURSEMENTS

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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 |
|---|---|---|---|
| Fabrizio, McLaughlin & Associates, Inc.<br>915 King Street<br>Second Floor<br>Alexandria, VA 22314 | Polling Services<br>Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996 | 05/01/96 | 13,000.00 |
| B. Full Name, Mailing Address and Zip Code | Purpose of Disbursement / Disbursement For | Date (Month day,Year) | Amount of Each Disb. this Period |
| Fabrizio, McLaughlin & Associates, Inc.<br>915 King Street<br>Second Floor<br>Alexandria, VA 22314 | Portion contributed to Tom Davis - See Line 23<br>Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996 | 05/01/96 | -4,875.00 |
| C. Full Name, Mailing Address and Zip Code | Purpose of Disbursement / Disbursement For | Date (Month day,Year) | Amount of Each Disb. this Period |
| | Disbursement For: [ ] Primary [ ] General [ ] Other (Specify) | | |
| D. Full Name, Mailing Address and Zip Code | Purpose of Disbursement / Disbursement For | Date (Month day,Year) | Amount of Each Disb. this Period |
| | Disbursement For: [ ] Primary [ ] General [ ] Other (Specify) | | |
| E. Full Name, Mailing Address and Zip Code | Purpose of Disbursement / Disbursement For | Date (Month day,Year) | Amount of Each Disb. this Period |
| | Disbursement For: [ ] Primary [ ] General [ ] Other (Specify) | | |
| F. Full Name, Mailing Address and Zip Code | Purpose of Disbursement / Disbursement For | Date (Month day,Year) | Amount of Each Disb. this Period |
| | Disbursement For: [ ] Primary [ ] General [ ] Other (Specify) | | |
| G. Full Name, Mailing Address and Zip Code | Purpose of Disbursement / Disbursement For | Date (Month day,Year) | Amount of Each Disb. this Period |
| | Disbursement For: [ ] Primary [ ] General [ ] Other (Specify) | | |
| H. Full Name, Mailing Address and Zip Code | Purpose of Disbursement / Disbursement For | Date (Month day,Year) | Amount of Each Disb. this Period |
| | Disbursement For: [ ] Primary [ ] General [ ] Other (Specify) | | |
| I. Full Name, Mailing Address and Zip Code | Purpose of Disbursement / Disbursement For | Date (Month day,Year) | Amount of Each Disb. this Period |
| | Disbursement For: [ ] Primary [ ] General [ ] Other (Specify) | | |

| | |
|---|---|
| SUB TOTAL of Disbursements this page (Optional) ..... > | 8,125.00 |
| TOTAL this Period (Last page this line number only) ..... > | 8,125.00 |

| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE 1 OF 4 |
|---|---|
| | FOR LINE NUMBER 23 |

**SCHEDULE B** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (in Full)
American Hospital Association PAC

| Full Name, Mailing Address and Zip Code | Purpose of Disbursement / Disbursement For | Date (Month day,Year) | Amount of Each Disb. this Period |
|---|---|---|---|
| A. Friends of Max Baucus<br>236 Massachusetts Avenue, NE, Suite 202<br>Washington, DC 20002 | Max S. Baucus, U.S. SENATE MT<br>[X] Primary [ ] General [ ] Other (Specify) 1996 | 05/20/96 | 3,000.00 |
| B. Billrakis for Congress<br>P.O. Box 1077<br>Tarpon Springs, FL 34688 | Michael Bilirakis, U.S. HOUSE 9th FL<br>[X] Primary [ ] General [ ] Other (Specify) 1996 | 05/29/96 | 1,500.00 |
| C. Browder for U.S. Senate<br>P.O. Box 990<br>Washington, DC 20044-0990 | Glen Browder, U.S. SENATE AL<br>[X] Primary [ ] General [ ] Other (Specify) 1996 | 05/13/96 | 1,000.00 |
| D. A Lot of People Supporting Tom Daschle<br>P.O. Box 15155<br>Washington, DC 20003 | Thomas A. Daschle, U.S. SENATE SD<br>[X] Primary [ ] General [ ] Other (Specify) 1998 | 05/29/96 | 3,000.00 |
| E. Elect Tom Davis Congress<br>3817 Plaza Drive<br>Fairfax, VA 22030 | Thomas M. Davis, U.S. HOUSE 11th VA (IN-KIND-POLL)<br>[ ] Primary [X] General [ ] Other (Specify) 1996 | 05/01/96 | 4,875.00 |
| F. Committee for a Democratic Majority<br>307 5th Street, NE<br>Washington, DC 20002 | Contribution<br>[ ] Primary [ ] General [ ] Other (Specify) 1996 | 05/07/96 | 2,000.00 |
| G. Dixon Democrat for Congress<br>c/o 521 4th Street, S.E.<br>Washington, DC 20003 | Julian C. Dixon, U.S. HOUSE 32nd CA<br>[ ] Primary [X] General [ ] Other (Specify) 1996 | 05/28/96 | 1,000.00 |
| H. Friends of Dick Durbin<br>P.O. Box 75214<br>Washington, DC 20013-5214 | Richard J. Durbin, U.S. SENATE IL<br>[ ] Primary [X] General [ ] Other (Specify) 1996 | 05/29/96 | 2,000.00 |
| I. Fletcher for Congress<br>PO Box 4703<br>Lexington, KY 40544 | Erwin Fletcher, U.S. HOUSE 6th KY<br>[X] Primary [ ] General [ ] Other (Specify) 1996 | 05/13/96 | 500.00 |

| | |
|---|---|
| SUB TOTAL of Disbursements this page (Optional) ..... > | 18,875.00 |
| TOTAL this Period (Last page this line number only) ..... > | |

| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE 2 OF 4 |
|---|---|
| | 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 | Date (Month day, Year) | Amount of Each Disb. this Period |
|---|---|---|---|
| People for Ganske<br>5907 Grand Avenue<br>Des Moines, IA 50312 | Greg Ganske, U.S. HOUSE 4th IA<br>Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1996 | 05/13/96 | 500.00 |
| B. Full Name, Mailing Address and Zip Code | Purpose of Disbursement | Date (Month day, Year) | Amount of Each Disb. this Period |
| Ben Gruber for U.S. Congress<br>2929 University Drive<br>Suite 202<br>Coral Springs, FL 33065 | Ben Gruber, U.S. HOUSE 19th FL<br>Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1996 | 05/29/96 | 1,000.00 |
| C. Full Name, Mailing Address and Zip Code | Purpose of Disbursement | Date (Month day, Year) | Amount of Each Disb. this Period |
| Hamilton for Congress Committee<br>1333 New Hampshire Avenue, NW, Suite 600<br>Washington, DC 20036 | Lee H. Hamilton, U.S. HOUSE 9th IN<br>Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996 | 05/28/96 | 2,500.00 |
| D. Full Name, Mailing Address and Zip Code | Purpose of Disbursement | Date (Month day, Year) | Amount of Each Disb. this Period |
| Lu Hardin for Senate<br>P.O. Box 3333<br>Little Rock, AR 72203 | Lu Hardin, AR<br>Disbursement For: [ ] Primary [ ] General [X] Other (Specify) 1996 | 05/28/96 | 1,500.00 |
| E. Full Name, Mailing Address and Zip Code | Purpose of Disbursement | Date (Month day, Year) | Amount of Each Disb. this Period |
| Hastert for Congress Committee<br>3047 Mozart Drive<br>Silver Spring, MD 20904 | J. Dennis Hastert, U.S. HOUSE 14th IL<br>Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996 | 05/20/96 | 1,000.00 |
| F. Full Name, Mailing Address and Zip Code | Purpose of Disbursement | Date (Month day, Year) | Amount of Each Disb. this Period |
| Hastert for Congress Committee<br>3047 Mozart Drive<br>Silver Spring, MD 20904 | J. Dennis Hastert, U.S. HOUSE 14th IL<br>Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996 | 05/29/96 | 500.00 |
| G. Full Name, Mailing Address and Zip Code | Purpose of Disbursement | Date (Month day, Year) | Amount of Each Disb. this Period |
| Hobson for Congress Committee<br>790 North Vermont Street<br>Arlington, VA 22203 | David L. Hobson, U.S. HOUSE 7th OH<br>Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996 | 05/08/96 | 200.00 |
| H. Full Name, Mailing Address and Zip Code | Purpose of Disbursement | Date (Month day, Year) | Amount of Each Disb. this Period |
| Hobson for Congress Committee<br>790 North Vermont Street<br>Arlington, VA 22203 | David L. Hobson, U.S. HOUSE 7th OH<br>Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996 | 05/17/96 | 200.00 |
| I. Full Name, Mailing Address and Zip Code | Purpose of Disbursement | Date (Month day, Year) | Amount of Each Disb. this Period |
| Hutchinson for Congress Committee<br>P.O. Box 757<br>Fairfax, VA 22030 | Y. Tim Hutchinson, U.S. HOUSE 3rd AR<br>Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996 | 05/20/96 | 200.00 |

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|---|---|
| SUB TOTAL of Disbursements this page (Optional) ..... > | 7,600.00 |
| TOTAL this Period (Last page this line number only) ..... > | |

| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE 3 OF 4 |
|---|---|
| | 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 | Date (Month day,Year) | Amount of Each Disb. this Period |
|---|---|---|---|
| Friends of Senator Carl Levin<br>P.O. Box 1857<br>Detroit, MI 48231 | Carl Levin, U.S. SENATE MI<br>Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1996 | 05/08/96 | 500.00 |
| B. Full Name, Mailing Address and Zip Code | Purpose of Disbursement | Date (Month day,Year) | Amount of Each Disb. this Period |
| Nita Lowey for Congress<br>3467 Mildred Drive<br>Falls Church, VA 22042 | Nita M. Lowey, U.S. HOUSE 18th NY<br>Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1996 | 05/28/96 | 1,000.00 |
| C. Full Name, Mailing Address and Zip Code | Purpose of Disbursement | Date (Month day,Year) | Amount of Each Disb. this Period |
| McNulty for Congress<br>P.O. Box 1560<br>Green Island, NY 12183 | Michael R. McNulty, U.S. HOUSE 21st NY<br>Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1996 | 05/13/96 | 500.00 |
| D. Full Name, Mailing Address and Zip Code | Purpose of Disbursement | Date (Month day,Year) | Amount of Each Disb. this Period |
| Mikulski for Senate<br>P.O. Box 13147<br>Baltimore, MD 21203 | Barbara A. Mikulski, U.S. SENATE MD<br>Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1996 | 05/08/96 | 500.00 |
| E. Full Name, Mailing Address and Zip Code | Purpose of Disbursement | Date (Month day,Year) | Amount of Each Disb. this Period |
| Nadler for Congress<br>P.O. Box 2884<br>Washington, DC 20013 | Jerrold Nadler, U.S. HOUSE 8th NY<br>Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1996 | 05/13/96 | 1,000.00 |
| F. Full Name, Mailing Address and Zip Code | Purpose of Disbursement | Date (Month day,Year) | Amount of Each Disb. this Period |
| Friends of George Nethercutt<br>709 Second St., NE<br>Washington, DC 20002 | George Nethercutt, U.S. HOUSE 5th WA<br>Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1996 | 05/20/96 | 1,000.00 |
| G. Full Name, Mailing Address and Zip Code | Purpose of Disbursement | Date (Month day,Year) | Amount of Each Disb. this Period |
| Steve Owens U.S. Congress<br>P.O. Box 8129<br>Scottsdale, AZ 85252-8129 | Steve Owens, U.S. HOUSE AZ<br>Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1996 | 05/20/96 | 2,500.00 |
| H. Full Name, Mailing Address and Zip Code | Purpose of Disbursement | Date (Month day,Year) | Amount of Each Disb. this Period |
| Pease for Congress<br>P.O. Box 511<br>Seelyville, IN 47878 | Edward Pease, U.S. HOUSE 7th IN<br>Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996 | 05/28/96 | 2,500.00 |
| I. Full Name, Mailing Address and Zip Code | Purpose of Disbursement | Date (Month day,Year) | Amount of Each Disb. this Period |
| Pitts for Congress<br>905 Mitchell Farm Lane<br>Kenneth Square, PA 19348 | Joseph Pitts, U.S. HOUSE PA<br>Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996 | 05/20/96 | 2,500.00 |

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|---|---|
| SUB TOTAL of Disbursements this page (Optional) ..... > | 12,000.00 |
| TOTAL this Period (Last page this line number only) ..... > | |

| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE 4 OF 4 |
|---|---|
| | 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 |
|---|---|---|---|
| Sessions for Senate Committee<br>PO Box 4278<br>Montgomery, AL 36103 | Jeff Sessions, U.S. SENATE AL<br>[X] Primary [ ] General [ ] Other (Specify) 1996 | 05/13/96 | 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 |
| Joe Skeen for Congress<br>P.O. Box 16494<br>Alexandria, VA 22302 | Joe Skeen, U.S. HOUSE 2nd NM<br>[X] Primary [ ] General [ ] Other (Specify) 1996 | 05/28/96 | 500.00 |
| C. Full Name, Mailing Address and Zip Code | Purpose of Disbursement / Disbursement For | Date (Month day,Year) | Amount of Each Disb. this Period |
| Vic Snyder for Congress<br>1020 West 3rd<br>Little Rock, AR 72201 | Vic Snyder, 2nd AR<br>[ ] Primary [ ] General [X] Other (Specify) 1996 | 05/28/96 | 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 |
| Friends of Cliff Stearns<br>P.O. Box 308<br>Silver Springs, FL 34489 | Clifford B. Stearns, U.S. HOUSE 6th FL<br>[X] Primary [ ] General [ ] Other (Specify) 1996 | 05/29/96 | 1,000.00 |
| E. Full Name, Mailing Address and Zip Code | Purpose of Disbursement / Disbursement For | Date (Month day,Year) | Amount of Each Disb. this Period |
| Stupak for Congress<br>3610 38th Street, N.W., Unit F270<br>Washington, DC 20016 | Bart Stupak, U.S. HOUSE 1st MI<br>IN-KIND POLL<br>[ ] Primary [X] General [ ] Other (Specify) 1996 | 05/15/96 | 4,875.00<br>Memo*<br>See Below |
| F. Full Name, Mailing Address and Zip Code | Purpose of Disbursement / Disbursement For | Date (Month day,Year) | Amount of Each Disb. this Period |
| Karen Thurman for Congress Committee<br>P.O. Box 2816<br>Gainesville, FL 32602 | Karen L. Thurman, U.S. HOUSE 5th FL<br>[X] Primary [ ] General [ ] Other (Specify) 1996 | 05/29/96 | 1,000.00 |
| G. Full Name, Mailing Address and Zip Code | Purpose of Disbursement / Disbursement For | Date (Month day,Year) | Amount of Each Disb. this Period |
| Friends of Dave Weldon<br>P.O. Box 16021<br>Alexandria, VA 22302 | Dave Weldon, U.S. HOUSE 15th FL<br>[X] Primary [ ] General [ ] Other (Specify) 1996 | 05/29/96 | 1,000.00 |
| H. Full Name, Mailing Address and Zip Code | Purpose of Disbursement / Disbursement For | Date (Month day,Year) | Amount of Each Disb. this Period |
| | [ ] Primary [ ] General [ ] Other (Specify) | | |
| I. Full Name, Mailing Address and Zip Code | Purpose of Disbursement / Disbursement For | Date (Month day,Year) | Amount of Each Disb. this Period |
| | [ ] Primary [ ] General [ ] Other (Specify) | | |

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|---|---|
| SUB TOTAL of Disbursements this page (Optional) ----------> *Payment for polling services has not been made. See Schedule D. | 5,000 |
| TOTAL this Period (Last page this line number only) ----------> | 43,475 |

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 6-20-96 |
| ☐ | 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<br>and/or DATE OF RECEIPT |

PREPARER: [illegible]

DATE PREPARED: 6-27-96

FEC FORM 70-2 (12/92)