REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JAN 28 4 29 PM '99

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
325 7th Street, NW

CITY, STATE and ZIP CODE
Washington, DC 20004

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 11/24/98 through 12/31/98		
6. (a) Cash on Hand January 1, 19 98		$ 510,304.30
(b) Cash on Hand at Beginning of Reporting Period	$ 209,955.03	
(c) Total Receipts (from Line 19)	$ 57,126.23	$ 838,992.98
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 267,081.26	$ 1,349,297.28
7. Total Disbursements (from Line 30)	$ 37,981.70	$ 1,120,197.72
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 229,099.56	$ 229,099.56
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 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
Al Jackson

Signature of Treasurer
Al Jackson

Date
1/27/99

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)

4-00173

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 11/24/98 TO 12/31/98

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)	24,586.12	268,180.58	11(a)(i)
ii. Unitemized	20,156.34	329,956.30	11(a)(ii)
iii. Total (add i and ii) ➤	44,742.46	598,136.88	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	5,500.00	6,000.00	11(c)
d. Total Contributions (add a iii, b and c) ➤	50,242.46	604,136.88	11(d)
12. Transfers From Affiliated/Other Party Committees	6,000.00	214,459.28	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	250.00	12,900.00	16
17. Other Federal Receipts (Dividends, interest, etc.)	633.77	7,496.82	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) ➤	57,126.23	838,992.98	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	57,126.23	838,992.98	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	231.70	146,450.40	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	231.70	146,450.40	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	37,750.00	922,863.28	23
24. Independent Expenditures (use Schedule E)	0.00	48,224.06	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	160.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	500.00	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	0.00	660.00	28(d)
29. Other Disbursements	0.00	2,000.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	37,981.70	1,120,197.72	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	37,981.70	1,120,197.72	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	50,242.46	604,136.88	32
33. Total Contribution Refunds (from line 28d)	0.00	660.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	50,242.46	603,476.88	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	231.70	146,450.40	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	231.70	146,450.40	37

4-00179

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 11 c

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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
Health Care Concerns PAC P.O. Box 37063 Kansas City, MO 64138		12/28/98	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 3,000.00		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
TENET Healthcare Corporation - PAC 3820 State Street Santa Barbara, CA 93105-3112		12/28/98	5,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 5,000.00		
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 > $		

SUBTOTAL of Receipts This Page (optional)	5,500.00
TOTAL This Period (last page this line number only)	5,500.00

6-00173

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 a I

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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
Andrea Coleman 2613 Powder Mill Lane Vienna, VA 22181	Inova Health System CEO	11/24/98	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
Harley Tabak 7064 Raleigh Tavern Dr Manassas, VA 20112	Prince William Health Sys. Exec. VP	11/24/98	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
David W. Wright 9105 Wood Spice Lane Lorton, VA 22079	Inova Alexandria Hospital Vice President	11/24/98	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
James M. Anderson Children's Hospital Med. Ctr. 3333 Burnet Avenue Cincinnati, OH 45229-3039	Children's Hospital Medical Center President & CEO	11/30/98	12.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 262.50		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dorman W. Fawley 11120 Woodlands Way Cincinnati, OH 45241	Health Alliance Offices Executive Vice President	11/30/98	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
Ray Woodham 2121 Osuna NE Albuquerque, NM 87106-1136	Presbyterian Healthcare Svcs Assoc. Executive	12/01/98	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 / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
David Baltzer 1901 Red Rock Drive Gallup, NM 87301-5683	Rehoboth McKinley Christian Hospital President	12/01/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		

SUBTOTAL of Receipts This Page (optional) 1,762.50

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 a i

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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. Mary Lou Coors PO Box 25555 Albuquerque, NM 87102 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	St. Joseph Rehabilitation Center Occupation: Vice President–Operation Aggregate Year-to-Date > $ 545.00	12/01/98	270.00
B. Polly Pine 1313 East 32nd Street Silver City, NM 88061-2104 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Gila Regional Medical Center Occupation: Administrator Aggregate Year-to-Date > $ 250.00	12/01/98	125.00
C. Timothy F. Gans 802 Boston Post Road Weston, MA 02193 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Massachusetts Hospital Association Occupation: VP Government Advocacy Aggregate Year-to-Date > $ 250.00	12/04/98	250.00
D. James T. Kirkpatrick 73 North Avenue Mendon, MA 01756 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Massachusetts Hospital Association Occupation: Director of Healthcare Finance Aggregate Year-to-Date > $ 250.00	12/04/98	250.00
E. Lawrence E. Seck 11 Harrison Avenue S. Walpole, MA 02071 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Massachusetts Hospital Association Occupation: Senior Vice President Aggregate Year-to-Date > $ 250.00	12/04/98	250.00
F. David W. Benfer 1510 White Eagle Drive Naperville, IL 60564-8200 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	St. Joseph Medical Center Occupation: President & CEO Aggregate Year-to-Date > $ 250.00	12/09/98	125.00
G. Ronald Damasauskas 1151 E. Warrenville Rd. Naperville, IL 60563-9339 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Illinois Hospital & HealthSystems Association Occupation: Group VP Aggregate Year-to-Date > $ 320.00	12/09/98	5.60

SUBTOTAL of Receipts This Page (optional) 1,275.60

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

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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. Andrew C. Drayfus 62 Otis St. Newtonville, MA 02160 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Massachusetts Hospital Association Occupation: VP, Public Advocacy and Policy Aggregate Year-to-Date > $ 250.00	12/09/98	250.00
B. Richard L. Averbuch Five New England Executive Par Burlington, MA 01803 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Massachusetts Hospital Association Occupation: Senior Director of Policy Aggregate Year-to-Date > $ 250.00	12/09/98	250.00
C. Pat Merryweather-Arges 1151 E. Warrenville Road Naperville, IL 60563-9339 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Illinois Hospital & HealthSystems Association Occupation: Management Aggregate Year-to-Date > $ 367.20	12/09/98	9.57
D. Gordon M. Sprenger 5601 Smetana Drive Minneapolis, MN 55440 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Allina Health System Occupation: Executive Officer Aggregate Year-to-Date > $ 750.00	12/09/98	125.00
E. Stephen Rogness 2550 University Ave., W, #350S St. Paul, MN 55114 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Minnesota Hospital & Healthcare Partnership Occupation: President Aggregate Year-to-Date > $ 250.00	12/09/98	250.00
F. Chris W. Barnette 3615 19th Street Lubbock, TX 79410-1203 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Covenant Health System Occupation: Executive VP/COO Aggregate Year-to-Date > $ 500.00	12/09/98	500.00
G. Norman E. Glem 317 N. 41st Avenue Yakima, WA 98908 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Yakima Valley Memorial Hospital Occupation: VP/CFO Aggregate Year-to-Date > $ 350.00	12/09/98	250.00

SUBTOTAL of Receipts This Page (optional) 1,634.57

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

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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. Ann C. Guild 1151 E. Warrenville Rd. Naperville, IL 60563-8339 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Illinois Hospital & HealthSystems Association Occupation: Asst. Vice President Aggregate Year-to-Date $ 300.87	12/09/98	4.57
B. David L. Woodrum 625 North Michigan Avenue Suite 500 Chicago, IL 60611-3110 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Woodrum Group Occupation: Executive Aggregate Year-to-Date $ 1,000.00	12/09/98	500.00
C. John J. Buckley Jr. 608 East College Street PO Box 3988 Carbondale, IL 62901-3309 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Southern Illinois Healthcare Occupation: CEO Aggregate Year-to-Date $ 260.00	12/09/98	10.00
D. Russell M. Myers 2811 Tiaton Drive Yakima, WA 98902-3799 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Yakima Valley Memorial Hospital Occupation: Assistant Vice President Aggregate Year-to-Date $ 350.00	12/09/98	250.00
E. Richard W. Linneweh Jr. 4702 Richey Road Yakima, WA 98908-2547 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Yakima Valley Memorial Hospital Occupation: President & CEO Aggregate Year-to-Date $ 500.00	12/09/98	250.00
F. David R. Newton 143 Caulfield Rd. Torrington, CT 06790 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Central Connecticut Health Alliance Occupation: President & CEO Aggregate Year-to-Date $ 250.00	12/09/98	250.00
G. David Feinwachs 2550 University Avenue West Suite 350 Saint Paul, MN 55114-1052 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Minnesota Hospital & Healthcare Partnership Occupation: General Counsel Aggregate Year-to-Date $ 250.00	12/09/98	125.00

SUBTOTAL of Receipts This Page (optional) 1,389.57

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
Marie Beatrice Grause RN, JD 6415 Ridge Drive Bethesda, MD 20816 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Massachusetts Hospital Association Occupation: Government Relations Aggregate Year-to-Date > $ 500.00	12/09/98	250.00
B. Full Name, Mailing Address and ZIP Code Scott Wordelman 11685 Lake Blvd., N. Chisago City, MN 55013 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Chisago Health Services Occupation: President & CEO Aggregate Year-to-Date > $ 312.50	12/09/98	125.00
C. Full Name, Mailing Address and ZIP Code John E. Blair 704 Cherry Court Itasca, IL 60143-1463 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Ravenswood Hospital Medical Center Occupation: President & CEO Aggregate Year-to-Date > $ 250.00	12/09/98	250.00
D. Full Name, Mailing Address and ZIP Code Jill Egan 1151 E. Warrenville Rd. Naperville, IL 60563-9339 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Illinois Hospital & Health Systems Association Occupation: V.P., Constituencies Aggregate Year-to-Date > $ 324.92	12/09/98	1.00
E. Full Name, Mailing Address and ZIP Code Jill Egan 1151 E. Warrenville Rd. Naperville, IL 60563-9339 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Illinois Hospital & Health Systems Association Occupation: V.P., Constituencies Aggregate Year-to-Date > $ 333.62	12/09/98	8.70
F. Full Name, Mailing Address and ZIP Code Richard A. Hamilton 1151 E. Warrenville Rd. Naperville, IL 60563-9339 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Illinois Hospital & HealthSystems Association Occupation: Vice President, Finance Aggregate Year-to-Date > $ 353.60	12/09/98	8.40
G. Full Name, Mailing Address and ZIP Code Susan Kaufman 1151 E. Warrenville Rd. Naperville, IL 60563-9339 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Illinois Hospital & HealthSystems Association Occupation: Senior Director Aggregate Year-to-Date > $ 311.55	12/09/98	4.35

SUBTOTAL of Receipts This Page (optional) 647.45

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

4-00173

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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. Kenneth C. Robbins 1151 East Warrenville Road Naperville, IL 60563-9339 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Illinois Hospital & HealthSystems Association President Aggregate Year-to-Date $ 353.02	12/09/98	8.40
B. Steven B. Scheer 1151 East Warrenville Road Naperville, IL 60563-9339 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Illinois Hospital & HealthSystems Association Executive Vice President Aggregate Year-to-Date $ 354.75	12/09/98	9.52
C. 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 $ 500.00	12/09/98	250.00
D. Joyce A. Murphy 2100 Dorchester Ave. Boston, MA 02124-5666 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Carney Hospital President & CEO Aggregate Year-to-Date $ 250.00	12/09/98	250.00
E. Steve Perlin 1151 E. Warrenville Rd. Naperville, IL 60563-9339 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Illinois Hospital & HealthSystems Association CEO Aggregate Year-to-Date $ 375.00	12/09/98	125.00
F. William R. Rosen 35 Maynard Rd. Northampton, MA 01060-2809 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Humana Administrator Aggregate Year-to-Date $ 250.00	12/09/98	250.00
G. Michael Schwartz 800 Biesterfield Road Elk Grove Village, IL 60007-3397 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Alexian Brothers Medical Center Hospital Management Aggregate Year-to-Date $ 255.00	12/09/98	5.00

SUBTOTAL of Receipts This Page (optional) 897.92

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

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
Clarence J. Silvia 100 Grand Street New Britain, CT 06050	New Britain General Hospital	12/09/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: President & CEO		
	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
Anthony Tedeschi 115 Christina Circle Wheaton, IL 60187	Central DuPage Hospital	12/09/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Management		
	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
Margaret A. Toomey 70 Lothrop Street Beverly, MA 01915	Caregroup	12/09/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Dir. of Government Relations		
	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
Peter L. Tyor 1151 E. Warrenville Rd Naperville, IL 60563-9339	Illinois Hospital & HealthSystems Association	12/09/98	8.70
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PAC Administration		
	Aggregate Year-to-Date > $ 335.13		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Cynthia Nixon 601 Colliers Way Weirton, WV 26062-5091	Weirton Medical Center	12/16/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Chief Financial Officer		
	Aggregate Year-to-Date > $ 500.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Spencer Foreman M.D. 111 East 210th Street Bronx, NY 10467-2401	Montefiore Medical Center	12/16/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: President		
	Aggregate Year-to-Date > $ 250.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bland J. Burkhardt 422 Byrd Boulevard Greenville, SC 29605	Greenville Hospital System	12/16/98	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Sr. V.P.		
	Aggregate Year-to-Date > $ 250.00		

SUBTOTAL of Receipts This Page (optional)	1,508.70
TOTAL This Period (last page this line number only)	

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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. P. Donald Muhlenthaler FACHE Weirton Medical Center 601 Colliers Way Weirton, WV 26062-5091 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Weirton Medical Center President/CEO Aggregate Year-to-Date > $ 250.00	12/16/98	250.00
B. Edward J. Connors R.R. 1, Box 3290 Hyde Park, VT 05655-9759 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Catholic Health East Health Care Executive Aggregate Year-to-Date > $ 500.00	12/16/98	500.00
C. Phillip H. Goodwin 501 Morris Charleston, WV 25301-1300 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CAMCARE INC. President/CEO Aggregate Year-to-Date > $ 250.00	12/16/98	250.00
D. Carolyn C. Roberts 356 Tenney Hill Rd. Hyde Park, VT 05655 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Copley Health System President/CEO Aggregate Year-to-Date > $ 500.00	12/16/98	500.00
E. G. Wil Trower 2500 N.E. 7th Place Fort Lauderdale, FL 33304-3518 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	North Broward Hospital District Administrator Aggregate Year-to-Date > $ 400.00	12/16/98	400.00
F. Dean C. Kaster 3 Oak Knob Court Simpsonville, SC 29681-4736 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Roger C. Peace/Greenville Hospital System Director of Planning Aggregate Year-to-Date > $ 260.00	12/16/98	260.00
G. Pamela Austin Thompson RN, MSN 412 Depot Street Andover, NH 03216 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Dartmouth Hitchcock Memorial Hospital VP, Nursing Aggregate Year-to-Date > $ 500.00	12/17/98	250.00

SUBTOTAL of Receipts This Page (optional) 2,410.00

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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
Richard L. Mendoza 301 Harding Clayton, NM 88415 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Union County General Hospital CEO Aggregate Year-to-Date $ 750.00	12/17/98	250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
John J. Finan Jr. 4200 Essen Lane Baton Rouge, LA 70809-2196 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Franciscan Missionaries Our Lady Health System President Chief Executive Officer Aggregate Year-to-Date $ 500.00	12/17/98	500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Philip D. Cusano 36 Kent Lane Trumbull, CT 06611-1013 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Stamford Health System President & CEO Aggregate Year-to-Date $ 250.00	12/17/98	250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Robert L. Green 105 Continental Place Brentwood, TN 37027 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Quorum Health Resources Sr. Vice President Aggregate Year-to-Date $ 250.00	12/17/98	250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Frank J. Kelly 24 Hospital Avenue Danbury, CT 06810-6099 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Danbury Health System President & CEO Aggregate Year-to-Date $ 250.00	12/17/98	250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
John Votto 2150 Cabin Ave. New Britian, CT 06053 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hospital for Special Care President/CFO Aggregate Year-to-Date $ 250.00	12/17/98	250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Thomas H. Litz 11 Red Fox Run Manalapan, NJ 07728 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CentraState Healthcare System Hospital Administrator Aggregate Year-to-Date $ 250.00	12/22/98	250.00

SUBTOTAL of Receipts This Page (optional) 2,000.00

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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. Laurence M. Merlis 8 Briarwood Road Rumson, NJ 07760-9817 Receipt For: Primary / General / Other (specify):	Meridian Health System Occupation: Executive Vice President Aggregate Year-to-Date > $ 250.00	12/22/98	250.00
B. Jean M. McMahon 100 Madison Avenue Morristown, NJ 07960 Receipt For: Primary / General / Other (specify):	Morristown Memorial Hospital Occupation: V.P. & General Manager Aggregate Year-to-Date > $ 250.00	12/22/98	250.00
C. George F. Lynn 11 Fisher Road Linwood, NJ 08221-6713 Receipt For: Primary / General / Other (specify):	AtlantiCare Health System Occupation: CEO Aggregate Year-to-Date > $ 250.00	12/22/98	250.00
D. Louis Yore 164 Middlesex Avenue Englewood Cliffs, NJ 07675 Receipt For: Primary / General / Other (specify):	Pascack Valley Hospital Occupation: CEO Aggregate Year-to-Date > $ 250.00	12/22/98	250.00
E. Michael J. Sniffen 49 Drum Hill Drive Summit, NJ 07901 Receipt For: Primary / General / Other (specify):	Atlantic Health System Occupation: CEO Aggregate Year-to-Date > $ 250.00	12/22/98	250.00
F. Michael W. Azzara 955 Hillcrest Road Ridgewood, NJ 07450 Receipt For: Primary / General / Other (specify):	The Valley Hospital Occupation: President Aggregate Year-to-Date > $ 250.00	12/22/98	250.00
G. Richard A. Pitman 219 West Van Sant Aveneu Linwood, NJ 08221-1732 Receipt For: Primary / General / Other (specify):	Shore Memorial Hospital Occupation: President Aggregate Year-to-Date > $ 250.00	12/22/98	250.00

SUBTOTAL of Receipts This Page (optional) 1,750.00

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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. Christopher M. Dedlez 164 Bingham Avenue Rumson, NJ 07760-1837 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Saint Barnabas Health Care System CEO Aggregate Year-to-Date $ 1,113.30	12/22/98	150.00
B. Edda M. Benedek 328 Ridgewood Avenue Glen Ridge, NJ 07028 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Atlantic Health System VP/MA Aggregate Year-to-Date $ 250.00	12/22/98	250.00
C. Thomas A. Biga St. Barnabas HealthCare Sys. 94 Old Short Hills Rd. Livingston, NJ 07039 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Saint Barnabas Health Care System Executive Director Aggregate Year-to-Date $ 250.00	12/22/98	250.00
D. Jay H. Curwin MD 14 East Cove Lane Morristown, NJ 07960-2700 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Atlantic Health System Administrator Aggregate Year-to-Date $ 250.00	12/22/98	250.00
E. Andrew S. Davidson 300 Elliott Ave. West Ste.300 Seattle, WA 98119-4102 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Washington State Hospital Association Director, Government Relations Aggregate Year-to-Date $ 250.00	12/22/98	250.00
F. Donald H. Wernsing MD 4 O'Shea Lane Summit, NJ 07901-1733 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Atlantic Health System Medical Director Aggregate Year-to-Date $ 250.00	12/22/98	250.00
G. Leonard G. Feld MD 2 Kings Ridge Road Randolph, NJ 07869-2743 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Atlantic Health System Administrator Aggregate Year-to-Date $ 250.00	12/22/98	250.00

SUBTOTAL of Receipts This Page (optional) 1,650.00

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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. Michael Maron 718 Teaneck Road Teaneck, NJ 07666 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Holy Name Hospital President & CEO Aggregate Year-to-Date $ 250.00	12/22/98	250.00
B. Marie Cassese 10 Rainbow Drive Millington, NJ 07946 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Atlantic Health System President Aggregate Year-to-Date $ 250.00	12/22/98	250.00
C. Robert Mechanic 133 Larch Rd. Cambridge, MA 02138-3316 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Massachusetts Hospital Association VP Aggregate Year-to-Date $ 250.00	12/22/98	250.00
D. Mark Mandell MD 43 Yacht Club Drive Lake Hopatcong, NJ 07849-1313 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Atlantic Health System Administrator Aggregate Year-to-Date $ 250.00	12/22/98	250.00
E. Evelyn M. Stanton MD 51 Avenue B Bayonne, NJ 07002-1927 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Atlantic Health System Administrator Aggregate Year-to-Date $ 250.00	12/22/98	250.00
F. Carol L. Paul 100 Madison Avenue Morristown, NJ 07960-6013 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Atlantic Health System Hospital Administrator Aggregate Year-to-Date $ 250.00	12/22/98	250.00
G. Randy Revelle 2609 39th West Seattle, WA 98199-3124 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Washington State Hospital Association Program Director Aggregate Year-to-Date $ 250.00	12/22/98	250.00

SUBTOTAL of Receipts This Page (optional) 1,750.00

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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. Jeanne Schwartz 77 Houston Place Haworth, NJ 07641-1626 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Atlantic Health System Occupation: Administrator Aggregate Year-to-Date > $ 250.00	12/22/98	250.00
B. Daniel J. Schwartz MD 22 Rickland Drive Randolph, NJ 07869-4338 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Atlantic Health System Occupation: Administrator Aggregate Year-to-Date > $ 250.00	12/22/98	250.00
C. Stephen L. Winters MD 100 Madison Avenue Morristown, NJ 07960-6013 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Atlantic Health System Occupation: President Aggregate Year-to-Date > $ 250.00	12/22/98	250.00
D. James Wong MD 77 Pippins Way Morristown, NJ 07960-6986 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Atlantic Health Systems Occupation: Administrator Aggregate Year-to-Date > $ 250.00	12/22/98	250.00
E. Ronald Damasauskas 1151 E. Warrenville Rd. Naperville, IL 60563-9339 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Illinois Hospital & HealthSystems Association Occupation: Group VP Aggregate Year-to-Date > $ 325.60	12/28/98	5.60
F. James M. Moore 4405 W. Longmeadow Court Peoria, IL 61615-8929 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	St. Francis Medical Center Occupation: Management Aggregate Year-to-Date > $ 265.50	12/28/98	15.50
G. Pat Merryweather-Arges 1151 E. Warrenville Road Naperville, IL 60563-9339 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Illinois Hospital & HealthSystems Association Occupation: Management Aggregate Year-to-Date > $ 376.77	12/28/98	9.57

SUBTOTAL of Receipts This Page (optional) 1,030.67

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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
Rob Madsen IHHA 1151 E. Warrenville Road Naperville, IL 60566 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Illinois Hospital & HealthSystems Association Occupation: Management Aggregate Year-to-Date > $ 500.00	12/28/98	250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Donald A. Wilson Kansas Hospital Association 215 S.E. 8th Street Topeka, KS 66603-3906 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Kansas Hospital Association Occupation: President Aggregate Year-to-Date > $ 500.00	12/28/98	500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Donald A. Wilson Kansas Hospital Association 215 S.E. 8th Street Topeka, KS 66603-3906 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Kansas Hospital Association Occupation: President Aggregate Year-to-Date > $ 552.50	12/28/98	52.50
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
James Kowalczyk 1151 E. Warrenville Rd. Naperville, IL 60566 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Illinois Hospital & Health Systems Association Occupation: Group VP Aggregate Year-to-Date > $ 253.50	12/28/98	3.50
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ann C. Guild 1151 E. Warrenville Rd. Naperville, IL 60563-9339 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Illinois Hospital & HealthSystems Association Occupation: Asst. Vice President Aggregate Year-to-Date > $ 305.44	12/28/98	4.57
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
James W. Boyle 7828 Twilight Lane Lenexa, KS 66217-9406 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Shawnee Mission Medical Center Occupation: Administrator Aggregate Year-to-Date > $ 275.00	12/28/98	125.00
G. 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. 608 East College Street PO Box 3988 Carbondale, IL 62901-3309 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Southern Illinois Healthcare Occupation: CEO Aggregate Year-to-Date > $ 262.50	12/28/98	22.50

SUBTOTAL of Receipts This Page (optional) 958.07

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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. Fred Lucky 215 SE 8th Street PO Box 2308 Topeka, KS 66603-3906 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: KHA/American Hospital Association Occupation: Vice President Aggregate Year-to-Date > $ 249.68	12/28/98	166.66
B. Maynard F. Oliverius 3324 Alameda Drive Topeka, KS 66614-5107 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Stormont-Vail Healthcare Occupation: Hospital Administration Aggregate Year-to-Date > $ 297.50	12/28/98	297.50
C. David Harris 1151 E. Warrenville Rd. Naperville, IL 60563-9339 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Illinois Hospital & HealthSystems Association Occupation: Sr. VP Aggregate Year-to-Date > $ 272.50	12/28/98	10.00
D. John E. Blair 704 Cherry Court Itasca, IL 60143-1463 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Ravenswood Hospital Medical Center Occupation: President & CEO Aggregate Year-to-Date > $ 252.50	12/28/98	2.50
E. James W. McDowell 700 Country Club Road Centralia, IL 62801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: St. Mary's Hospital Occupation: President and CEO Aggregate Year-to-Date > $ 250.00	12/28/98	250.00
F. Kathleen Dunn 1151 E. Warrenville Rd. Naperville, IL 60566 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Illinois Hospital & Health Systems Association Occupation: Assistant VP Aggregate Year-to-Date > $ 250.00	12/28/98	125.00
G. Jill Egan 1151 E. Warrenville Rd. Naperville, IL 60563-9339 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Illinois Hospital & Health Systems Association Occupation: V.P., Constituencies Aggregate Year-to-Date > $ 342.32	12/28/98	8.70

SUBTOTAL of Receipts This Page (optional) ..... > 860.38

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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. Richard A. Hamilton 1151 E. Warrenville Rd. Naperville, IL 60563-9339 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Illinois Hospital & HealthSystems Association Occupation: Vice President, Finance Aggregate Year-to-Date $ 362.00	12/28/98	8.40
B. Susan Kaufman 1151 E. Warrenville Rd. Naperville, IL 60563-9339 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Illinois Hospital & HealthSystems Association Occupation: Senior Director Aggregate Year-to-Date $ 315.90	12/28/98	4.35
C. Kenneth C. Robbins 1151 East Warrenville Road Naperville, IL 60563-9339 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Illinois Hospital & HealthSystems Association Occupation: President Aggregate Year-to-Date $ 361.42	12/28/98	8.40
D. Steven B. Scheer 1151 East Warrenville Road Naperville, IL 60563-9339 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Illinois Hospital & HealthSystems Association Occupation: Executive Vice President Aggregate Year-to-Date $ 364.27	12/28/98	9.52
E. Marcia Bubak 1903 Daisy Manhattan, KS 66502-4948 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mercy Health Center of Manhattan Occupation: Director Aggregate Year-to-Date $ 251.10	12/28/98	251.10
F. Brock Nelson 2525 Chicago Avenue South Minneapolis, MN 55404-4518 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Children's Hospitals and Clinics Occupation: Chief Executive Officer Aggregate Year-to-Date $ 250.00	12/28/98	250.00
G. Steve Perlin 1151 E. Warrenville Rd. Naperville, IL 60563-9339 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Illinois Hospital & HealthSystems Association Occupation: CEO Aggregate Year-to-Date $ 415.50	12/28/98	40.50

SUBTOTAL of Receipts This Page (optional) 572.27

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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. Randall Peterson 2213 Leland Way Salina, KS 67401 Receipt For: Primary General Other (specify):	Salina Regional Health Center CEO Aggregate Year-to-Date $ 250.00	12/28/98	250.00
B. Peter L. Tyor 1151 E. Warrenville Rd Naperville, IL 60563-9339 Receipt For: Primary General Other (specify):	Illinois Hospital & HealthSystems Association PAC Administration Aggregate Year-to-Date $ 343.63	12/28/98	8.70
C. Karen Milgate American Hospital Association 325 Seventh Street, NW Washington, DC 20004 Receipt For: Primary General Other (specify):	American Hospital Association Sr. Assoc. Director, Policy Aggregate Year-to-Date $ 217.40	Payroll Deduction	10.87 ($10.87 Biweekly)
D. Deborah Williams AHA 325 7th Street, NW Washington, DC 20004 Receipt For: Primary General Other (specify):	American Hospital Association Sr. Assoc. Director, Policy Aggregate Year-to-Date $ 238.56	Payroll Deduction	34.08 ($11.36 Biweekly)
E. Barbara Tomar American Hospital Association 325 7th Street, NW Washington, DC 20004 Receipt For: Primary General Other (specify):	American Hospital Association Policy Development Aggregate Year-to-Date $ 239.13	Payroll Deduction	32.60 ($10.87 Biweekly)
F. Deborah Weiner 325 7th Street N.W. Washington, DC 20004-2801 Receipt For: Primary General Other (specify):	American Hospital Association Associate Director Aggregate Year-to-Date $ 478.26	Payroll Deduction	65.20 ($21.74 Biweekly)
G. Alfred Jackson III American Hospital Association 325 7th Street, NW Washington, DC 20004 Receipt For: Primary General Other (specify):	American Hospital Association Vice President Field OPS Aggregate Year-to-Date $ 478.26	Payroll Deduction	65.20 ($21.74 Biweekly)

SUBTOTAL of Receipts This Page (optional) 466.65

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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. Jonathan T. Lord M.D. American Hospital Association 325 Seventh St., NW Washington, DC 20004 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Hospital Association Occupation: Chief Operating Officer Aggregate Year-to-Date > $ 475.00	Payroll Deduction	25.00 ($25.00 Biweekly)
B. Neil J. Jesuele American Hospital Association 325 Seventh St., NW Washington, DC 20004 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Hospital Association Occupation: SVP, Member Relations Aggregate Year-to-Date > $ 478.26	Payroll Deduction	65.20 ($21.74 Biweekly)
C. James A. Ball FACHE 2160 S. 1300 East, Ste. 440 Salt Lake City, UT 84106-2813 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Hospital Association Occupation: Regional Executive Aggregate Year-to-Date > $ 500.00	Payroll Deduction	78.88 ($26.32 Biweekly)
D. Stephanie Nelson American Hospital Association 325 7th Street, NW Washington, DC 20004 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Hospital Association Occupation: Regional Legislative Director Aggregate Year-to-Date > $ 478.26	Payroll Deduction	65.20 ($21.74 Biweekly)
E. Ellen A. Pryga American Hospital Association 325 7th Street, NW Washington, DC 20004 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Hospital Association Occupation: Director Policy Development Aggregate Year-to-Date > $ 239.13	Payroll Deduction	32.60 ($10.87 Biweekly)
F. John F. Barry 5 New England Executive Park Burlington, MA 01803-5010 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Hospital Association Occupation: Regional Legislative Dir. Aggregate Year-to-Date > $ 478.26	Payroll Deduction	65.20 ($21.74 Biweekly)
G. Mark Sekiecki American Hospital Association 325 7th Street, NW Washington, DC 20004 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Hospital Association Occupation: PAC Administrator Aggregate Year-to-Date > $ 478.26	Payroll Deduction	65.20 ($21.74 Biweekly)

SUBTOTAL of Receipts This Page (optional) 397.28

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

4-00173

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. Marcia L. Desmond 5412 Idylwild Trail Suite 108 Boulder, CO 80301-3523 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Hospital Association Occupation: Regional Legislative Director Aggregate Year-to-Date > $ 239.13	Payroll Deduction	32.60 ($10.87 Biweekly)
B. George F. Bergstrom American Hospital Association One North Franklin Street Chicago, IL 60606 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Hospital Association Occupation: Association Exec. Aggregate Year-to-Date > $ 250.00	Payroll Deduction	39.44 ($13.16 Biweekly)
C. Eileen M. Collins American Hospital Association 325 7th Street, NW Washington, DC 20004 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Hospital Association Occupation: Policy Development Division Aggregate Year-to-Date > $ 334.09	Payroll Deduction	47.71 ($15.91 Biweekly)
D. Anthony J. Giardina 400 Kruse Way Place Building 2 Suite 100 Lake Oswego, OR 97035-2543 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Hospital Association Occupation: Regional Executive Aggregate Year-to-Date > $ 500.00	Payroll Deduction	88.12 ($29.42 Biweekly)
E. Michael J. Rock AHA 325 7th Street, NW Washington, DC 20004 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Hospital Association Occupation: Sr. Assoc. Dir. of Legislation Aggregate Year-to-Date > $ 239.13	Payroll Deduction	32.60 ($10.87 Biweekly)
F. Herb B. Kuhn American Hospital Association 325 7th Street, NW Washington, DC 20004 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Hospital Association Occupation: Vice President, Public Affairs Aggregate Year-to-Date > $ 478.26	Payroll Deduction	65.20 ($21.74 Biweekly)
G. Linda M. Magno American Hospital Association 325 7th Street, NW Washington, DC 20004 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Hospital Association Occupation: Director Aggregate Year-to-Date > $ 239.13	Payroll Deduction	32.60 ($10.87 Biweekly)

SUBTOTAL of Receipts This Page (optional) 338.27

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 a I

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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. Donna J. Melkonian American Hospital Association One North Franklin Street Chicago, IL 60606 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Hospital Association Occupation: Director - Financial Policy Aggregate Year-to-Date > $ 238.56	Payroll Deduction	34.08 ($11.35 Biweekly)
B. Calbreith L. Simpson 325 Seventh Street, NW Washington, DC 20004-2801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Hospital Association Occupation: Regional Executive Aggregate Year-to-Date > $ 489.13	Payroll Deduction	32.60 ($10.87 Biweekly)
C. James D. Bentley American Hospital Association 325 7th Street, NW Washington, DC 20004 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Hospital Association Occupation: Sr. Vice President Aggregate Year-to-Date > $ 478.26	Payroll Deduction	65.20 ($21.74 Biweekly)
D. Ronald O. Purcell 802 West Bannock Street Suite 500 POB 1278 Boise, ID 83702-5837 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Hospital Association Occupation: Regional Executive Aggregate Year-to-Date > $ 478.26	Payroll Deduction	65.20 ($21.74 Biweekly)
E. Fredric J. Entin American Hospital Association One North Franklin Street Chicago, IL 60606 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Hospital Association Occupation: Attorney Aggregate Year-to-Date > $ 250.00	Payroll Deduction	39.44 ($13.16 Biweekly)
F. Richard J. Pollack American Hospital Association 325 7th Street, NW Washington, DC 20004 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Hospital Association Occupation: Executive Vice President Aggregate Year-to-Date > $ 958.33	Payroll Deduction	124.93 ($41.67 Biweekly)
G. Paul Bolster 1675 Terrell Mill Rd. Suite #250 Marietta, GA 30067-8339 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Hospital Association Occupation: Regional Executive Aggregate Year-to-Date > $ 478.26	Payroll Deduction	65.20 ($21.74 Biweekly)

SUBTOTAL of Receipts This Page (optional) 426.65

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

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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. Kenneth A. Backer American Hospital Association 325 7th Street, NW Washington, DC 20004 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Hospital Association Occupation: Dir. Nat'l Grassroots Project Aggregate Year-to-Date > $ 478.26	Payroll Deduction	65.20 ($21.74 Biweekly)
B. Richard H. Wade American Hospital Association 325 Seventh Street, NW Washington, DC 20004 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Hospital Association Occupation: Senior Vice President Aggregate Year-to-Date > $ 500.00	Payroll Deduction	71.42 ($23.81 Biweekly)
C. Stephen M. Ahnen American Hospital Association 325 7th Street, NW Washington, DC 20004 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Hospital Association Occupation: Vice President/Special Asst. Aggregate Year-to-Date > $ 478.26	Payroll Deduction	65.20 ($21.74 Biweekly)
D. Lori Schor American Hospital Association 325 Seventh Street, NW Washington, DC 20004 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Hospital Association Occupation: Associate Director, AHAPAC Aggregate Year-to-Date > $ 478.26	Payroll Deduction	65.20 ($21.74 Biweekly)
E. Carmela Coyle American Hospital Association 325 Seventh Street, NW Washington, DC 20004 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Hospital Association Occupation: Vice President Aggregate Year-to-Date > $ 478.26	Payroll Deduction	65.20 ($21.74 Biweekly)
F. Carla L. Luggiero American Hospital Association 325 7th Street, NW Washington, DC 20004 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Hospital Association Occupation: Legislative Affairs Aggregate Year-to-Date > $ 239.13	Payroll Deduction	32.60 ($10.87 Biweekly)
G. Sharon J. Swan American Hospital Association 325 7th Street, NW #700 Washington, DC 20004 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Hospital Association/AONE Occupation: Director of Policy, AONE Aggregate Year-to-Date > $ 500.00	Payroll Deduction	78.88 ($26.32 Biweekly)

SUBTOTAL of Receipts This Page (optional) 443.70

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

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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. Etta S. Fielek American Hospital Association 325 Seventh Street, NW Washington, DC 20004 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Hospital Association Occupation: Vice President Aggregate Year-to-Date > $ 478.26	Payroll Deduction	65.20 ($21.74 Biweekly)
B. Robyn Cooke American Hospital Assoc. 325 Seventh Street, NW Washington, DC 20004 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Hospital Association Occupation: Media Relations Asst. Aggregate Year-to-Date > $ 239.13	Payroll Deduction	32.60 ($10.87 Biweekly)
C. Caroline E. Hissom 325 7th Street, NW Suite 700 Washington, DC 20004-2801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Hospital Association Occupation: Associate Director Aggregate Year-to-Date > $ 434.80	Payroll Deduction	21.74 ($21.74 Biweekly)
D. Robert K. Kirk 1700 Sonny's Way Hollister, CA 95023-6632 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Hospital Association Occupation: Regional Executive Aggregate Year-to-Date > $ 478.26	Payroll Deduction	65.20 ($21.74 Biweekly)
E. Pamela L. Maher 3708 Brooks Place Suite 1 Sioux Falls, SD 57106-4207 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Hospital Association Occupation: Regional Executive Aggregate Year-to-Date > $ 477.27	Payroll Deduction	68.13 ($22.73 Biweekly)
F. Kristen Morris American Hospital Association 325 Seventh Street, Ste. 700 Washington, DC 20004 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Hospital Association Occupation: Federal Relations Aggregate Year-to-Date > $ 478.26	Payroll Deduction	65.20 ($21.74 Biweekly)
G. Jim Reiter AHA 325 7th St., NW #700 Washington, DC 20004 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Hospital Association Occupation: Communications Aggregate Year-to-Date > $ 239.13	Payroll Deduction	32.60 ($10.87 Biweekly)

SUBTOTAL of Receipts This Page (optional) 350.87

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

4-00173

SCHEDULE A **ITEMIZED RECEIPTS**

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FOR LINE NUMBER 11 a i

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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
Alex White Jr., CHE 6225 US Hwy 290 E., PO 15587 Austin, TX 78761-5587	American Hospital Association	Payroll Deduction	65.20 ($21.74 Biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Regional Executive Aggregate Year-to-Date > $ 476.28		
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 > $		

SUBTOTAL of Receipts This Page (optional)	65.20
TOTAL This Period (last page this line number only)	24,586.12

4-00113

SCHEDULE A **ITEMIZED RECEIPTS**

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FOR LINE NUMBER 12

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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
California Healthcare Association PAC PO Box 1100 Sacramento, CA 95812-1100		12/09/98	6,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 68,450.00		
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 > $		

SUBTOTAL of Receipts This Page (optional)	6,000.00
TOTAL This Period (last page this line number only)	6,000.00

4-00170

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 16

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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
Committee to Re-Elect Loretta Sanchez 9531 Via Ricardo Los Angeles, CA 91504		12/31/96	250.00
Receipt For: [ ] Primary [X] General [ ] Other (specify): 1998	Occupation		
	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
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation		
	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
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation		
	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
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation		
	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
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation		
	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
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation		
	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
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	250.00
TOTAL This Period (last page this line number only)	250.00

4-00178

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 17

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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. CITIBANK P.O. Box 19748 Washington, DC 20036 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 7,182.98	11/30/98	319.93
B. CITIBANK P.O. Box 19748 Washington, DC 20036 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 7,496.82	12/31/98	313.84
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) 633.77

TOTAL This Period (last page this line number only) 633.77

440173

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 21B

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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: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
A. American Express Ste. 001 Chicago, IL 60679	Service Charge	11/24/98	58.90
B. Mellon Bank, NA Merchant Card Services 2 Mellon Bank Ctr., Rm. 152-0515 Pittsburgh, PA 15259-0001	Service Charge	11/24/98	106.08
C. American Express Ste. 001 Chicago, IL 60679	Service Charge	11/30/98	7.54
D. Citibank, F.S.B. 1400 G Street, NW Washington, DC 20005	Service Charge	11/30/98	33.72
E. Mellon Bank, NA Merchant Card Services 2 Mellon Bank Ctr., Rm. 152-0515 Pittsburgh, PA 15259-0001	Service Charge	12/15/98	6.64
F. Citibank, F.S.B. 1400 G Street, NW Washington, DC 20005	Service Charge	12/31/98	21.72
G.			
H.			
I.			

SUBTOTAL of Disbursements This Page (optional) 231.70

TOTAL This Period (last page this line number only) 231.70

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 3

FOR LINE NUMBER 23

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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 Disbursement This Period
A. Kerrey for U.S. Senate 245 2nd Street, N.E., Suite 300 Washington, DC 20002	Bob Kerrey, U.S. SENATE NE [X] Primary [ ] General [ ] Other (specify) 2000	12/02/98	2,000.00
B. Kerrey for U.S. Senate 245 2nd Street, N.E., Suite 300 Washington, DC 20002	Bob Kerrey, U.S. SENATE NE [ ] Primary [X] General [ ] Other (specify) 2000	12/02/98	5,000.00
C. Friends for Harry Reid 509 Capitol Court, NE, #100 Washington, DC 20002	Harry M. Reid, U.S. SENATE NV [ ] Primary [ ] General [X] Other (specify) 1998 General Debt	12/02/98	1,000.00
D. Ryan for Congress PO Box 1919 Janesville, WI 53547	Paul Ryan, U.S. HOUSE 1st WI [ ] Primary [ ] General [X] Other (specify) 1998 General Debt	12/02/98	2,500.00
E. Inslee for Congress 104 North WEst Alexandria, VA 22314	Jay Inslee, U.S. HOUSE 1st WA [ ] Primary [ ] General [X] Other (specify) 1998 General Debt	12/02/98	2,500.00
F. BARID FOR CONGRESS 1516 Franklin Street Vancouver, WA 98660	Brian Baird, U.S. HOUSE 3rd WA [X] Primary [ ] General [ ] Other (specify) 2000	12/02/98	2,500.00
G. DeWine for U.S. Senate 8 East Broad Street, 15th Floor Columbus, OH 43215	Mike DeWine, U.S. SENATE OH [X] Primary [ ] General [ ] Other (specify) 2000	12/02/98	500.00
H. Bill Frist for U.S. Senate 425 Second Street, Northeast Washington, DC 20002	Bill Frist, U.S. SENATE TN [X] Primary [ ] General [ ] Other (specify) 2000	12/07/98	1,000.00
I. The Friends of Dick Lugar 8465 Keystone Xing, Suite 200 Indianapolis, IN 46240	Richard G. Lugar, U.S. SENATE IN [X] Primary [ ] General [ ] Other (specify) 2000	12/07/98	250.00

SUBTOTAL of Disbursements This Page (optional) 17,250.00

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER 23

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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 Disbursement This Period
A. Udall for Us All PO Box 208 Santa Fe, NM 87504	Tom Udall, U.S. HOUSE 3rd NM [ ] Primary [ ] General [X] Other (specify) 1998 General Debt	12/07/98	2,500.00
B. Friends of Kent Conrad P.O. Box 812 Bismarck, ND 58502	Kent Conrad, U.S. SENATE ND [X] Primary [ ] General [ ] Other (specify) 2000	12/07/98	4,000.00
C. Adam Smith PAC PO Box 2392 Tampa, FL 33601	1998 Contribution [ ] Primary [ ] General [ ] Other (specify) 1998	12/07/98	2,000.00
D. DeWine for U.S. Senate 8 East Broad Street, 15th Floor Columbus, OH 43215	Mike DeWine, U.S. SENATE OH [X] Primary [ ] General [ ] Other (specify) 2000	12/07/98	500.00
E. Evergreen Fund 607 - 14th Street, NW Ste. 800 Washington, DC 20005	1998 Contribution [ ] Primary [ ] General [ ] Other (specify) 1998	12/11/98	2,000.00
F. Mainstream America PAC PO Box 4287 Baton Rouge, LA 70821-4287	1998 Contribution [ ] Primary [ ] General [ ] Other (specify) 1998	12/15/98	5,000.00
G. Lone Star Fund PO Box 4219 Dallas, TX 75208	1998 Contribution [ ] Primary [ ] General [ ] Other (specify) 1998	12/15/98	2,000.00
H. Abraham for Senate Committee 39500 14 Mile Road, #212 Walled Lake, MI 48390	Spencer Abraham, U.S. SENATE MI [X] Primary [ ] General [ ] Other (specify) 2000	12/15/98	1,000.00
I. Georgian's for Isakson 6065 Roswell Road P.O. Box 2274 Atlanta, GA 30328	Johnny Isakson, U.S. HOUSE 6th GA [ ] Primary [ ] General [X] Other (specify) 1999 Special Election	12/19/98	5,000.00

SUBTOTAL of Disbursements This Page (optional) 24,000.00

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

4-00173

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 3 OF 3

FOR LINE NUMBER 23

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 Robert Wexler For Congress Comm. 2500 North Military Trail #288 Boca Raton, FL 33431	Purpose of Disbursement Voided Check Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1998	Date (month, day, year) 12/31/98	Amount of Each Disbursement This Period -1,000.00
B. Full Name, Mailing Address and ZIP Code Meek for Congress 216 7th Street, SE Washington, DC 20003	Purpose of Disbursement Voided Check Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1998	Date (month, day, year) 12/31/98	Amount of Each Disbursement This Period -500.00
C. Full Name, Mailing Address and ZIP Code Senate Victory Fund 507 Capitol Court NE #100 Washington, DC 20002	Purpose of Disbursement Voided Check Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 1998	Date (month, day, year) 12/31/98	Amount of Each Disbursement This Period -2,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	-3,500.00
TOTAL This Period (last page this line number only)	37,750.00

4-00173

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 1/29/99	Date of Receipt
☐	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	

Am	1/29/99
PREPARER	DATE PREPARED

(4/98)