REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

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

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 FEB 17 P 4:35

2. FEC IDENTIFICATION NUMBER
C00106146

3. [X] This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

☐ July 31 Mid Year Report (Non-election Year Only)

☐ Termination Report

Monthly Report Due On:

[X] February 20	☐ June 20	☐ October 20
☐ March 20	☐ July 20	☐ November 20
☐ April 20	☐ August 20	☐ December 20
☐ May 20	☐ September 20	☐ January 31

☐ Twelfth day report 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 [X] NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 01/01/00 through 01/31/00		
6. (a) Cash on Hand January 1, 19 00		$ 585,796.20
(b) Cash on Hand at Beginning of Reporting Period	$ 585,796.20	
(c) Total Receipts (from Line 19)	$ 19,508.17	$ 19,508.17
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 605,304.37	$ 605,304.37
7. Total Disbursements (from Line 30)	$ 30,054.21	$ 30,054.21
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 575,250.16	$ 575,250.16
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
2/16/00

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 9/92)

4-001.R

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

(revised 1/1/91)

NAME OF COMMITTEE American Hospital Association PAC

REPORT COVERING PERIOD FROM 01/01/00 TO: 01/31/00

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)	13,325.00	13,325.00	11(a)(i)
ii. Unitemized	5,618.38	5,618.38	11(a)(ii)
iii. Total (add i and ii) ➤	18,943.38	18,943.38	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) ➤	18,943.38	18,943.38	11(d)
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	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	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	564.79	564.79	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) ➤	19,508.17	19,508.17	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	19,508.17	19,508.17	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	157.59	157.59	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	157.59	157.59	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	22,800.00	22,800.00	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	7,096.62	7,096.62	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	30,054.21	30,054.21	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	30,054.21	30,054.21	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	18,943.38	18,943.38	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	18,943.38	18,943.38	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	157.59	157.59	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	157.59	157.59	37

4-00173

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 a i

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Ronald B. Goodspeed MD 363 Highland Avenue Fall River, MA 02720 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Southcoast Hospitals Group President Aggregate Year-to-Date $ 250.00	01/06/00	250.00
B. Norman E. Wright 148 Main Street Montpelier, VT 05602-2913 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Vermont Association of Hospitals & Health Systems President Aggregate Year-to-Date $ 250.00	01/06/00	250.00
C. Fred L. Brown FACHE 120 S. Central Avenue Suite 1200 Saint Louis, MO 63105-1705 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	BJC Health System Vice Chairman Aggregate Year-to-Date $ 500.00	01/06/00	500.00
D. Charles N. Ellis 402 Woodland Hills Court Madison, MS 39110-7819 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Quorum Health Resources Group Vice President Aggregate Year-to-Date $ 250.00	01/06/00	250.00
E. Donald C. Wegmiller 608 Second Avenue South Suite 370 Minneapolis, MN 55402-1916 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HealthCare Compensation Strategies President & CEO Aggregate Year-to-Date $ 500.00	01/06/00	500.00
F. Martin K. Miller 1225 Murray Road East Montpelier, VT 05651 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Vermont Association of Hospitals & Health Systems Lawyer Aggregate Year-to-Date $ 250.00	01/06/00	250.00
G. Marna P. Borgstrom 20 York Street Guilford, CT 06437 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Yale-New Haven Hospital Executive Vice President Aggregate Year-to-Date $ 250.00	01/06/00	250.00

SUBTOTAL of Receipts This Page (optional) 2,260.00

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

4-00179

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. Bruce D. Begley 4030 Shady Hollow Drive Henderson, KY 42420-9270 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Methodist Hospital Occupation: Executive Director Aggregate Year-to-Date $ 600.00	01/06/00	600.00
B. Thomas P. Nickels 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Hospital Association Occupation: Vice President Aggregate Year-to-Date $ 500.00	01/06/00	500.00
C. Phillip S. Schaengold J.D. 4515 N. 35th Road Arlington, VA 22207-4545 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	George Washington University Hospital Occupation: CEO Aggregate Year-to-Date $ 250.00	01/06/00	250.00
D. Frank A. Butler 800 Rose Street Room N106 Lexington, KY 40536-0001 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	University of Kentucky Hospital Occupation: Hospital Director Aggregate Year-to-Date $ 500.00	01/06/00	500.00
E. Patrick Donahue 4604 US Highway 60W Morganfield, KY 42437-6515 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Methodist Hospital Union County Occupation: Administrator Aggregate Year-to-Date $ 500.00	01/06/00	500.00
F. Ellen K. Hamilton 801 Middleford Road Seaford, DE 19973-1102 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Nanticoke Health Services Occupation: Vice President, Patient Care Aggregate Year-to-Date $ 250.00	01/06/00	250.00
G. Verena Jo Briley-Hudson MN, RN Post Office Box 449 Hines, IL 60141-0449 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Department of Veterans Affairs Occupation: Nurse Executive Aggregate Year-to-Date $ 250.00	01/06/00	250.00

SUBTOTAL of Receipts This Page (optional) 2,850.00

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

4-00173

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
Mary K. Mologne 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Hospital Association Occupation: Director of Quality Initiatives Aggregate Year-to-Date > $ 250.00	01/06/00	250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Britt T. Reynolds 1140 Lexington Road Georgetown, KY 40324-9330 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Ephraim McDowell Regional Medical Center Occupation: CEO Aggregate Year-to-Date > $ 600.00	01/06/00	600.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Miles F. Shore MD 79 John F. Kennedy St. Cambridge, MA 02138-5801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Harvard University Medical School Occupation: Administrator Aggregate Year-to-Date > $ 250.00	01/06/00	250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Alan W. Brass FACHE 2121 Hughes Drive Toledo, OH 43606-3645 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Promedica Health System Occupation: President Aggregate Year-to-Date > $ 500.00	01/10/00	500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Henrietta S. Fielek 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Hospital Association Occupation: Vice President, Education Aggregate Year-to-Date > $ 500.00	01/10/00	500.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Carol P. Schadelbauer 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Hospital Association Occupation: Sr. Associate Director Aggregate Year-to-Date > $ 250.00	01/12/00	250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
James T. Moss 708 W. Forest Avenue Jackson, TN 38301-3901 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: West Tennessee Healthcare Inc. Occupation: President Aggregate Year-to-Date > $ 250.00	01/12/00	250.00

SUBTOTAL of Receipts This Page (optional) 2,800.00

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. Carol A. Watson 701 10th Street, SE Cedar Rapids, IA 52403-1292 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mercy Medical Center Occupation: Senior Vice President Aggregate Year-to-Date > $ 250.00	01/12/00	250.00
B. Susan E. Nestor Post Office Box 45998 Saint Louis, MO 63145-5998 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Ascension Health Occupation: Vice President Aggregate Year-to-Date > $ 500.00	01/12/00	500.00
C. Michael D. Wilson West 101 Eighth Ave. POB 2555 Spokane, WA 99204-2364 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Sacred Heart Medical Center Occupation: COO & Executive Vice President Aggregate Year-to-Date > $ 250.00	01/12/00	250.00
D. Robert G. Tusler Post Office Box 789 Union, SC 29379-0789 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wallace Thomson Hospital Occupation: Chief Financial Officer Aggregate Year-to-Date > $ 250.00	01/13/00	250.00
E. William H. Bryant 2847 Penn Forest Blvd. Ste. 200 Roanoke, VA 24018-4373 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Quorum Health Resources, LLC Occupation: Group Vice President Aggregate Year-to-Date > $ 250.00	01/13/00	250.00
F. Kevin T. Cimino 105 Continental Place Brentwood, TN 37027 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Quorum Health Resources, Inc. Occupation: Sr. Vice President Aggregate Year-to-Date > $ 250.00	01/13/00	250.00
G. James D. Bentley 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Hospital Association Occupation: Sr. Vice President Aggregate Year-to-Date > $ 500.00	01/14/00	500.00

SUBTOTAL of Receipts This Page (optional) 2,250.00

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

4-00070

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. James F. Hanko 3405 Riverside Drive NE Bemidji, MN 56601-5310 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	North Country Health Services President & CEO Aggregate Year-to-Date $ 375.00	01/17/00	375.00
B. Gordon M. Sprenger 5601 Smetana Drive Minneapolis, MN 55440 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Allina Health System Chief Executive Officer Aggregate Year-to-Date $ 300.00	01/17/00	300.00
C. David L. Woodrum 625 North Michigan Avenue Suite 500 Chicago, IL 60611-3110 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Woodrum Group Executive Aggregate Year-to-Date $ 500.00	01/17/00	500.00
D. Bruce J. Rueben 2550 University Avenue West Ste. 350-S Saint Paul, MN 55114-1052 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Minnesota Hospital and Healthcare Partnership President Aggregate Year-to-Date $ 375.00	01/17/00	375.00
E. Mary O'Connor 500 Hospital Drive Warrenton, VA 20186-3099 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Fauquier Hospital Director of Nursing Aggregate Year-to-Date $ 250.00	01/17/00	250.00
F. Mary K. Kohles-Baker RN 2268 DeFoors Ferry Rd. NW Atlanta, GA 30318-2324 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Kohles/Baker Transformation Internal Consultant Aggregate Year-to-Date $ 500.00	01/19/00	500.00
G. Barbara W. Moore 15855 Nineteen Mile Road Clinton Twp., MI 48038 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	St. Joseph's Mercy of Macomb Associate VP Aggregate Year-to-Date $ 500.00	01/19/00	500.00

SUBTOTAL of Receipts This Page (optional) 2,800.00

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

4-00173

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 a

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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. Judith R. Miller 24 D Alton Place Belmont, MA 02478-3725 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: MG&A Healthcare Consultants Occupation: Principal Aggregate Year-to-Date > $ 500.00	01/19/00	500.00
B. James T. Moss 708 W. Forest Avenue Jackson, TN 38301-3901 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: West Tennessee Healthcare Inc. Occupation: President Aggregate Year-to-Date > $ 325.00	01/26/00	75.00
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	575.00
TOTAL This Period (last page this line number only)	13,325.00

4-00173

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CITIBANK P.O. Box 19748 Washington, DC 20036		01/31/00	564.79
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $ 564.79		

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)	564.79
TOTAL This Period (last page this line number only)	564.79

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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. Barrett For Congress 2711 N Avondale Blvd Milwaukee, WI 53210	Thomas M. Barrett, U.S. HOUSE 5th WI [X] Primary [ ] General [ ] Other (specify) 2000	01/05/00	3,000.00
B. Gekas For Congress 732 S 25th Street Harrisburg, PA 17111	George W. Gekas, U.S. HOUSE 17th PA [X] Primary [ ] General [ ] Other (specify) 2000	01/05/00	1,000.00
C. Gale for Congress 509 East 4th Suite D Post Office Box 801 North Platte, NE 69103	John Gale, U.S. HOUSE 3rd NE [X] Primary [ ] General [ ] Other (specify) 2000	01/05/00	1,000.00
D. Norm Dicks For Congress Comm. Po Box 1663 Tacoma, WA 98401	Norm Dicks, U.S. HOUSE 6th WA [X] Primary [ ] General [ ] Other (specify) 2000	01/13/00	1,000.00
E. Radanovich for Congress 2377 West Shaw, #204 Fresno, CA 93711	George P. Radanovich, U.S. HOUSE 19th CA [X] Primary [ ] General [ ] Other (specify) 2000	01/13/00	400.00
F. Tiberi 2000 865 Macon Alley Columbus, OH 43206	Pat Tiberi, U.S. HOUSE 12th OH [X] Primary [ ] General [ ] Other (specify) 2000	01/13/00	200.00
G. Merrill Cook 2000 Re-Election Committee 1800 Beneficial Life Tower PO Box 11336 Salt Lake City, UT 84111	Merrill Cook, U.S. HOUSE 2nd UT [X] Primary [ ] General [ ] Other (specify) 2000	01/13/00	200.00
H. Pete King For Congress Comm. 1442 Roth Road Seaford, NY 11783	Peter T. King, U.S. HOUSE 3rd NY [X] Primary [ ] General [ ] Other (specify) 2000	01/26/00	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 [X] Primary [ ] General [ ] Other (specify) 2000	01/26/00	5,000.00

SUBTOTAL of Disbursements This Page (optional) 12,600.00

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

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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hillary Clinton for Senate 1730 M Street NW Suite 413 Washington, DC 20036	Hillary Clinton, U.S. SENATE NY Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	01/26/00	2,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Gary Miller for Congress Cmte 721 S. Brea Canyon Rd #7 Diamond Bar, CA 91789	Gary G. Miller, U.S. HOUSE 41st CA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	01/26/00	500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Menendez for Congress P.O. Box 523024 Springfield, VA 22152	Robert Menendez, U.S. HOUSE 13th NJ Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	01/31/00	2,500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Re-elect Brian Bilbray for Congress 4451 Brookfield Corp. Drive Ste. 200 Chantilly, VA 20151	Brian P. Bilbray, U.S. HOUSE 49th CA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	01/31/00	5,000.00
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)	10,000.00
TOTAL This Period (last page this line number only)	22,800.00

4-00173

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 29

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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 Disbursement This Period
The Fund for Political Education 325 7th Street, NW Ste. 700 Washington, DC 20004	Transfer of Misdeposited Check Disbursement for: Primary General Other (specify)	01/13/00	7,096.62
B. 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
C. 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
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)	7,096.62
TOTAL This Period (last page this line number only)	7,096.62

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 2-18-02
☐	First Class Mail	POSTMARKED
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☐	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	

Jm N	2-18-02
PREPARER	DATE PREPARED

(4/98)