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

2. FEC IDENTIFICATION NUMBER
C00106146

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

APR 13 10 25 AM '97

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 03/01/97 through 03/31/97		
6. (a) Cash on Hand January 1, 19 97		$ 210,745.92
(b) Cash on Hand at Beginning of Reporting Period	$ 258,199.00	
(c) Total Receipts (from Line 19)	$ 11,932.27	$ 77,743.39
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 270,131.27	$ 288,489.31
7. Total Disbursements (from Line 30)	$ 31,249.95	$ 49,607.99
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 238,881.32	$ 238,881.32
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 13,000.00	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer
Al Jackson

Signature of Treasurer
Al Jackson III

Date
4/11/97

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)

FE8AN135

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

(revised 1/1/91)

NAME OF COMMITTEE: American Hospital Association PAC

REPORT COVERING PERIOD FROM 03/01/97 TO: 03/31/97

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)	3,666.68	31,595.86	11(a)(i)
ii. Unitemized	1,771.41	35,575.92	11(a)(ii)
iii. Total (add i and ii) ➤	5,438.09	67,171.78	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) ➤	5,438.09	67,171.78	11(d)
12. Transfers From Affiliated/Other Party Committees	6,000.00	9,200.00	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.)	494.18	1,371.61	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) ➤	11,932.27	77,743.39	19
20. Total Federal Receipts (subtract line 16 from line 19) ➤	11,932.27	77,743.39	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	1,599.95	1,657.99	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	1,599.95	1,657.99	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	29,650.00	45,450.00	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	0.00	2,500.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	31,249.95	49,607.99	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	31,249.95	49,607.99	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	5,438.09	67,171.78	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	5,438.09	67,171.78	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	1,599.95	1,657.99	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	1,599.95	1,657.99	37

FE8ON130

Page ____ of ____ for
LINE NUMBER _____
(Use separate schedules for each numbered line)

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
American Hospital Association PAC				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor The Cromer Group 136 11th Street, SE Washington, DC 20003	13,000.00 * Disputed original	0 Debt. See	0 6/20/96 report	13,000.00 for
Nature of Debt (Purpose): Polling Services				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				

1) SUBTOTALS This Period This Page (optional)	13,000.00
2) TOTALS This Period (last page in this line only)	0
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	13,000.00

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 3
	FOR LINE NUMBER 11 a i

SCHEDULE A ITEMIZED RECEIPTS

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in full)
American Hospital Association PAC

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Lanny A. Kope PHM Health Services Network CHRZ Box 212 E Payson, AZ 85541	PMH Health Resources, Inc.	03/07/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Occupation: Trustee		
	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
Lucinda A. Bradley 310 E. Circle Drive North Platte, NE 69101	Great Plains Regional Medical Center	03/07/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Occupation: President		
	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
Richard J. Pollack American Hospital Association 325 7th Street, NW Washington, DC 20004	American Hospital Association	Payroll Deduction	83.34 ($41.67 Biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Occupation: Vice President, Federal Relations		
	Aggregate Year-to-date > $ 285.31		

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Sidney Jacob American Hospital Association One North Franklin Chicago, IL 60606	American Hospital Association	Payroll Deduction	41.66 ($20.83 Biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Occupation: Assistant Treasurer		
	Aggregate Year-to-date > $ 304.15		

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Mary Crealy American Hospital Association 325 7th Street, NW Washington, DC 20004	American Hospital Association	Payroll Deduction	20.84 ($10.42 Biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Occupation: Washington Counsel		
	Aggregate Year-to-date > $ 302.10		

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Carla L. Luggiero American Hospital Association 325 7th Street, NW Washington, DC 20004	American Hospital Association	Payroll Deduction	20.84 ($10.42 Biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Occupation: Federal Relations		
	Aggregate Year-to-date > $ 343.70		

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Joseph M. Letnaunchyn Assoc. of Delaware Hospitals 1280 S. Governors Ave. Dover, DE 19904-4802	Association of Delaware Hospitals	03/17/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Occupation: President		
	Aggregate Year-to-date > $ 250.00		

SUB TOTAL of Receipts This Page (Optional) ..... >	916.68
TOTAL this Period (Last page this line number only) ..... >	

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

FOR LINE NUMBER 11 a i

SCHEDULE A ITEMIZED RECEIPTS

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In full)
American Hospital Association PAC

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
A. Terry R. White MetroHealth System 2500 MetroHealth Dr. Cleveland, OH 44109 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer: MetroHealth System Occupation: Hospital Executive Aggregate Year-to-date > $ 250.00	03/17/97	250.00
B. Kathleen G. Murray North Western Memorial Hosp. 303 E. Superior Rm. 254 Chicago, IL 60611 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer: Northwestern Memorial Hospital Occupation: EVP/COO Aggregate Year-to-date > $ 250.00	03/17/97	250.00
C. Joseph E. Morris Kootenai Medical Center 2003 Lincoln Way Coeur d'Alene, ID 83814 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer: Kootenai Medical Center Occupation: Chief Executive Officer Aggregate Year-to-date > $ 250.00	03/25/97	250.00
D. Janet L. Brown 201 Shady Lane Church Hill, TN 37642 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer: Holston Valley Hospital & Medical Center Occupation: Trustee Aggregate Year-to-date > $ 250.00	03/25/97	250.00
E. Joseph A. Parker Georgia Hospital Assoc. 1675 Terrell Mill Rd. Marietta, GA 30067 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer: Georgia Hospital Associatinn Occupation: President Aggregate Year-to-date > $ 500.00	03/25/97	500.00
F. Raymond F. Crerand Providence Health System 500 17th Ave., Mail 3400 Seattle, WA 98124 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer: Providence Health System Occupation: Health Care Aggregate Year-to-date > $ 500.00	03/28/97	500.00
G. Brian D. Gilbert Wrangell General Hospital First Avenue & Bennett St. Wrangell, AK 99929 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer: Wrangell General Hospital & Long Term Care Occupation: Hospital Administrator Aggregate Year-to-date > $ 250.00	03/28/97	250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 3 OF 3
	FOR LINE NUMBER 11 a i

SCHEDULE A ITEMIZED RECEIPTS

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In full)
American Hospital Association PAC

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
George Kuykendall San Antonio Community Hosp. 999 San Bernardino Rd. Upland, CA 91786	San Antonio Community Hospital Occupation: President & CEO	03/28/97	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		
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 > $		

SUB TOTAL of Receipts This Page (Optional) >	500.00
TOTAL this Period (Last page this line number only) >	3,666.68

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

SCHEDULE A ITEMIZED RECEIPTS

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In full)
American Hospital Association PAC

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
California Healthcare Association PAC PO Box 1100 Sacramento, CA 95812-1100		03/12/97	6,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 6,000.00		
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 > $		

SUB TOTAL of Receipts This Page (Optional) ..... >	6,000.00
TOTAL this Period (Last page this line number only) ..... >	6,000.00

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

SCHEDULE A ITEMIZED RECEIPTS

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In full)
American Hospital Association PAC

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
CITIBANK P.O. Box 19748 Washington, DC 20036	INTEREST INCOME Occupation	03/31/97	484.32
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,336.39		
B. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		
C. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		
D. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		
E. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		
F. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		
G. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		

SUB TOTAL of Receipts This Page (Optional) >	484.32
TOTAL this Period (Last page this line number only) >	484.32

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

SCHEDULE B — ITEMIZED DISBURSEMENTS

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name, Mailing Address and Zip Code Illinois Department of Revenue P.O. Box 19008 Springfield, IL 62794	Purpose of Disbursement State Income Taxes on PAC Operating Account Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year) 03/13/97	Amount of Each Disb. this Period 243.18
B. Full Name, Mailing Address and Zip Code Internal Revenue Service IRS Center Kansas City, MO 64999	Purpose of Disbursement Federal Income Taxes on PAC Operating Account Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year) 03/13/97	Amount of Each Disb. this Period 1,272.37
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period

SUB TOTAL of Disbursements this page (Optional) ..... >	1,515.55
TOTAL this Period (Last page this line number only) ..... >	1,515.55

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

SCHEDULE B — ITEMIZED DISBURSEMENTS

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)
American Hospital Association PAC

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Citizens for Bunning 1717 Dixie Highway, #1800 Fort Wright, KY 41011	Jim Bunning, U.S. HOUSE 4th KY Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	03/19/97	5,000.00
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Jon Christensen for Congress P.o. Box 540621 Omaha, NE 68154-0621	Jon Christensen, U.S. HOUSE 2nd NE Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	03/19/97	1,000.00
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Friends of Kent Conrad P.O. Box 812 Bismarck, ND 58502	Kent Conrad, U.S. SENATE ND Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 2000	03/10/97	1,000.00
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Deal for Congress 8907 Karver Lane Annandale, VA 22003	Nathan Deal, U.S. HOUSE 9th GA Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	03/13/97	500.00
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Chet Edwards for Congress P.O. Box 2884 Washington, DC 20013	Chet Edwards, U.S. HOUSE 11th TX Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	03/26/97	1,000.00
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Engel for Congress 115 D Street, S.E., #102 Washington, DC 20003	Eliot L. Engel, U.S. HOUSE 17th NY Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	03/26/97	500.00
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
John Ensign for Congress 4012 South Rainbow Boulevard Las Vegas, NV 89103	John Ensign, U.S. HOUSE 1st NV Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	03/13/97	1,000.00
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Faircloth for Senate 1998 P.O. Box 26585 Raleigh, NC 27611-6585	Lauch Faircloth, U.S. SENATE NC Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	03/26/97	1,000.00
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Franks for Congress Committee P.O. Box 661 New Providence, NJ 07974	Bob Franks, U.S. HOUSE 7th NJ Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	03/13/97	500.00

SUB TOTAL of Disbursements this page (Optional) ..... >	11,500.00
TOTAL this Period (Last page this line number only) ..... >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 2 OF 4
	FOR LINE NUMBER 23

SCHEDULE B — ITEMIZED DISBURSEMENTS

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement For	Date (Month day, Year)	Amount of Each Disb. this Period
A. Friends of Newt Gingrich 1085 Holcomb Bridge Road, Suite 190A Roswell, GA 30076	Newt Gingrich, U.S. HOUSE 6th GA Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	03/19/97	1,000.00
B. The Grassley Committee PO Box 6193 Alexandria, VA 22306	Charles E. Grassley, U.S. SENATE IA Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	03/10/97	1,000.00
C. Hulshof for Congress 1005 Cherry St. Ste. 203 Columbia, MO 65201	Kenny Hulshof, U.S. HOUSE 9th MO Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	03/13/97	500.00
D. Kempthorne for Senate '98 PO Box 1866 Boise, ID 83701	Dirk Kempthorne, U.S. SENATE ID Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	03/10/97	1,000.00
E. Lazio for Congress 3869 Beech Down Drive Chantilly, VA 22021-3348	Rick A. Lazio, U.S. HOUSE 2nd NY Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	03/10/97	850.00
F. Matsui for Congress Committee P.O. Box 523024 Springfield, VA 22152	Robert T. Matsui, U.S. HOUSE 5th CA Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	03/10/97	1,000.00
G. Karen McCarthy for Congress P. O. Box 2882 St. Louis, MO	Karen McCarthy, U.S. HOUSE 5th MO Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	03/19/97	1,000.00
H. Dan Miller for Congress 1001 3rd Avenue West, Suite 350 Bradenton, FL 34205	Dan Miller, U.S. HOUSE 13th FL Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	03/13/97	1,000.00
I. Sue Myrick for Congress P.O. Box 3091 Falls Church, VA 22043-0091	Sue Myrick, U.S. HOUSE 9th NC Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	03/19/97	500.00

SUB TOTAL of Disbursements this page (Optional) ..... >	7,850.00
TOTAL this Period (Last page this line number only) ..... >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 3 OF 4
	FOR LINE NUMBER 23

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)
American Hospital Association PAC

A. Full Name, Mailing Address and Zip Code Friends of Senator Nickles P.O. Box 1549 Ponca, OK 74602	Purpose of Disbursement Don Nickles, U.S. SENATE OK Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	Date (Month day,Year) 03/10/97	Amount of Each Disb. this Period 1,000.00
B. Full Name, Mailing Address and Zip Code Pallone for Congress P.O. Box 3176 Long Branch, NJ 07740	Purpose of Disbursement Frank Pallone, U.S. HOUSE 6th NJ Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	Date (Month day,Year) 03/13/97	Amount of Each Disb. this Period 500.00
C. Full Name, Mailing Address and Zip Code Pascrell for Congress 63 Quartz Lane Paterson, NJ 07501	Purpose of Disbursement Bill Pascrell, U.S. HOUSE 8th NJ Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	Date (Month day,Year) 03/18/97	Amount of Each Disb. this Period 600.00
D. Full Name, Mailing Address and Zip Code Quinn for Congress 790 North Vermont Street Arlington, VA 22203	Purpose of Disbursement Jack Quinn, U.S. HOUSE 30th NY Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	Date (Month day,Year) 03/10/97	Amount of Each Disb. this Period 500.00
E. Full Name, Mailing Address and Zip Code Friends of Jim Saxton P.O. Box 795 Mount Holly, NJ 08060	Purpose of Disbursement Jim Saxton, U.S. HOUSE 3rd NJ Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	Date (Month day,Year) 03/18/97	Amount of Each Disb. this Period 500.00
F. Full Name, Mailing Address and Zip Code The Schaefer To Congress Committee P.O. Box 1654 Englewood, CO 80150	Purpose of Disbursement Dan Schaefer, U.S. HOUSE 6th CO Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	Date (Month day,Year) 03/13/97	Amount of Each Disb. this Period 500.00
G. Full Name, Mailing Address and Zip Code Friends of Eric Serna for Congress 1996 Warner Dr. Sante Fe, NM 87505	Purpose of Disbursement Eric Serna, U.S. HOUSE 3rd NM Disbursement For: [ ] Primary [ ] General [X] Other (Specify) 1997 Special	Date (Month day,Year) 03/26/97	Amount of Each Disb. this Period 500.00
H. Full Name, Mailing Address and Zip Code Volunteers for Shimkus 1025 South Second St. Springfield, IL 62704	Purpose of Disbursement John M. Shimkus, U.S. HOUSE 20th IL Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	Date (Month day,Year) 03/13/97	Amount of Each Disb. this Period 3,000.00
I. Full Name, Mailing Address and Zip Code Jerry Solomon for Congress Committee 6126 11th Road, North Arlington, VA 22205	Purpose of Disbursement Gerald B. H. Solomon, U.S. HOUSE 22nd NY Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	Date (Month day,Year) 03/13/97	Amount of Each Disb. this Period 1,000.00

SUB TOTAL of Disbursements this page (Optional) ---------->	8,100.00
TOTAL this Period (Last page this line number only) ---------->	

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

SCHEDULE B — ITEMIZED DISBURSEMENTS

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)
American Hospital Association PAC

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement For	Date (Month day,Year)	Amount of Each Disb. this Period
John Spratt for Congress Committee Post Office Box 2884 Washington, DC 20013	John M. Spratt, U.S. HOUSE 5th SC Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	03/19/97	500.00
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement For	Date (Month day,Year)	Amount of Each Disb. this Period
Karen Thurman for Congress Committee P.O. Box 2816 Gainesville, FL 32602	Karen L. Thurman, U.S. HOUSE 5th FL Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	03/10/97	1,000.00
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement For	Date (Month day,Year)	Amount of Each Disb. this Period
Rick White for Congress Committee P.O. Box 8156 Kirkland, WA 98036	Rick White, U.S. HOUSE 1st WA Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	03/10/97	500.00
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement For	Date (Month day,Year)	Amount of Each Disb. this Period
Rick White for Congress Committee P.O. Box 8156 Kirkland, WA 98036	Rick White, U.S. HOUSE 1st WA Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	03/26/97	200.00
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement For	Date (Month day,Year)	Amount of Each Disb. this Period
	Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)		
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement For	Date (Month day,Year)	Amount of Each Disb. this Period
	Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)		
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement For	Date (Month day,Year)	Amount of Each Disb. this Period
	Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)		
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement For	Date (Month day,Year)	Amount of Each Disb. this Period
	Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)		
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement For	Date (Month day,Year)	Amount of Each Disb. this Period
	Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)		

SUB TOTAL of Disbursements this page (Optional) ..... >	2,200.00
TOTAL this Period (Last page this line number only) ..... >	29,650.00

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☑	Hand Delivered	DATE OF RECEIPT 4/18/97
☐	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

PREPARER

4/18/97
DATE PREPARED

FEC FORM 70-2 (12/92)