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 MAR 20 P 4:35

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 02/01/00 through 02/29/00		
6. (a) Cash on Hand January 1, 19 00		$ 585,796.20
(b) Cash on Hand at Beginning of Reporting Period	$ 575,250.16	
(c) Total Receipts (from Line 19)	$ 43,549.33	$ 63,057.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 618,799.49	$ 648,853.70
7. Total Disbursements (from Line 30)	$ 67,969.77	$ 98,023.98
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 550,829.72	$ 550,829.72
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

Date 3/20/00

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 9/93)

4-00178

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 02/01/00 TO: 02/29/00

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)	17,594.27	30,919.27	11(a)(i)
ii. Unitemized	6,582.16	12,200.54	11(a)(ii)
iii. Total (add i and ii) ➤	24,176.43	43,119.81	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) ➤	24,176.43	43,119.81	11(d)
12. Transfers From Affiliated/Other Party Committees	17,000.00	17,000.00	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	2,000.00	2,000.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	372.90	937.69	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) ➤	43,549.33	63,057.50	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	43,549.33	63,057.50	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	16,419.77	16,577.36	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	16,419.77	16,577.36	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	51,550.00	74,350.00	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	7,096.62	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	67,969.77	98,023.98	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	67,969.77	98,023.98	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	24,176.43	43,119.81	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	24,176.43	43,119.81	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	16,419.77	16,577.36	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	16,419.77	16,577.36	37

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. Deloras L. Jones 1950 Franklin Oakland, CA 94612-5103 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Kaiser Permanente Occupation: Regional Nursing Consultant Aggregate Year-to-Date > $ 250.00	02/02/00	250.00
B. Rita M. Turley RN 1233 North 30th Street Suite 300 Billings, MT 59101-0165 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Saint Vincent Hospital and Health Center Occupation: Regional VP, Patient Services Aggregate Year-to-Date > $ 500.00	02/02/00	500.00
C. Joseph A. Parker 1675 Terrell Mill Road Marietta, GA 30067-9378 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Georgia Hospital Association Occupation: President Aggregate Year-to-Date > $ 500.00	02/02/00	500.00
D. Janis C. Kohlbrenner RN, PhD 301 Prospect Avenue Syracuse, NY 13203 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Saint Joseph's Hospital Health Center Occupation: Vice President Aggregate Year-to-Date > $ 500.00	02/02/00	500.00
E. Marjorie Beyers PhD,RN, FAAN 25676 Cuba Road Barrington, IL 60010-2464 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Organization of Nurse Executives Occupation: Former Executive Director Aggregate Year-to-Date > $ 500.00	02/02/00	500.00
F. Lois L. Kercher RN, MSN 1060 First Colonial Avenue Virginia Beach, VA 23454-3002 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Sentara Healthcare Occupation: Vice President Aggregate Year-to-Date > $ 500.00	02/02/00	500.00
G. George F. Lynn 6725 Delilah Road PO Box 1460 Egg Harbor Township, NJ 08234-9798 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AtlantiCare Health System Occupation: CEO Aggregate Year-to-Date > $ 500.00	02/02/00	500.00

SUBTOTAL of Receipts This Page (optional) 3,250.00

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

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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. Gail L. Warden 250 Washington Road Grosse Pointe, MI 48230-1614 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Henry Ford Health System President & Chief Executive Officer Aggregate Year-to-Date > $ 500.00	02/02/00	500.00
B. J. Alexander McMahon Duke University Durham, NC 27708 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Fuqua School of Business Duke University Chairman Aggregate Year-to-Date > $ 250.00	02/02/00	250.00
C. Michael P. O'Boyle 910 William Meade Ct. Davidsonville, MD 21035 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	MedStar Health Senior Vice President/CFO Aggregate Year-to-Date > $ 375.00	02/02/00	375.00
D. Carol A. Watson 701 10th Street, SE Cedar Rapids, IA 52403-1292 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mercy Medical Center Senior Vice President Aggregate Year-to-Date > $ 500.00	02/02/00	250.00
E. Robert C. Kidd II Post Office Box 249 Cheyenne, WY 82003-0249 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wyoming Hospital Association President Aggregate Year-to-Date > $ 500.00	02/02/00	500.00
F. Richard E. Meiers 932 Ward Avenue Suite 430 Honolulu, HI 96814-2131 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Healthcare Association of Hawaii President Aggregate Year-to-Date > $ 250.00	02/02/00	250.00
G. Kenneth A. Shull FACHE Post Office Box 6009 West Columbia, SC 29171-6009 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	South Carolina Hospital Association President Aggregate Year-to-Date > $ 500.00	02/02/00	500.00

SUBTOTAL of Receipts This Page (optional) 2,625.00

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Alicia Mitchell 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Hospital Association Occupation: Director, Media Relations Aggregate Year-to-Date > $ 250.00	02/02/00	250.00
B. Mary A. Pittman P.H. One North Franklin Chicago, IL 60606-2003 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Hospital Research & Educational Trust Occupation: President Aggregate Year-to-Date > $ 500.00	02/02/00	500.00
C. Joyce E. Johnson 11704 Dinwiddie Drive Rockville, MD 20852-4462 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Washington Hospital Center Occupation: Sr. Vice President Aggregate Year-to-Date > $ 250.00	02/02/00	250.00
D. David E. Phelps 725 North Street Pittsfield, MA 01201-4109 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Berkshire Health Systems, Inc. Occupation: President Aggregate Year-to-Date > $ 250.00	02/02/00	250.00
E. Kathy Reno RN 800 West Central Road Arlington Heights, IL 60005-2392 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Northwest Community Healthcare Occupation: Executive VP/COO Aggregate Year-to-Date > $ 500.00	02/02/00	500.00
F. Kirk C. Tice Rahway Hospital 865 Stone Street Rahway, NJ 07065 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Rahway Hospital Occupation: President and CEO Aggregate Year-to-Date > $ 500.00	02/02/00	500.00
G. Jean Phillips Truscott RN 375 Park Avenue Durango, CO 81301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Mercy Medical Center Occupation: VP, Patient Care Services Aggregate Year-to-Date > $ 500.00	02/02/00	500.00

SUBTOTAL of Receipts This Page (optional) 2,750.00

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. Kirk G. Wilson 5000 Hennessy Boulevard Baton Rouge, LA 40808-4350 Receipt For: Primary General Other (specify):	Our Lady of the Lake Regional Medical Center President & CEO Aggregate Year-to-Date $ 250.00	02/02/00	250.00
B. Karen S. Haase-Herrick RN 6804 161st Place, SW Edmonds, WA 98026-4540 Receipt For: Primary General Other (specify):	Northwest Organization of Nurse Executives Executive Director Aggregate Year-to-Date $ 250.00	02/04/00	250.00
C. Carol Bradley RN 1628 Laurel Street So. Pasadena, CA 91030-3097 Receipt For: Primary General Other (specify):	Association of California Nurse Leaders/AONE Consultant Aggregate Year-to-Date $ 500.00	02/04/00	500.00
D. Terris E. Kennedy 5501 Seminary Road 103 S Falls Church, VA 22041-3901 Receipt For: Primary General Other (specify):	Department of Health & Human Services Nurse Consultant Aggregate Year-to-Date $ 250.00	02/04/00	250.00
E. Philip Authler RN 800 East Dakota Avenue Pierre, SD 57501-3313 Receipt For: Primary General Other (specify):	St. Mary's Healthcare Organization Director, Patient Care Services Aggregate Year-to-Date $ 250.00	02/04/00	250.00
F. Dallas Lorraine Carroll One North Franklin Chicago, IL 60606 Receipt For: Primary General Other (specify):	American Hospital Association Vice President Aggregate Year-to-Date $ 1,000.00	02/07/00	1,000.00
G. Diana J. Weaver RN 121 Old Hickory Lane Versailles, KY 40383 Receipt For: Primary General Other (specify):	GSC Healthcare Senior VP, Patient Services Aggregate Year-to-Date $ 250.00	02/07/00	250.00

SUBTOTAL of Receipts This Page (optional) 2,750.00

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. 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 > $ 1,500.00	02/08/00	1,000.00
B. Joseph E. Morris III 2003 Lincoln Way Coeur D Alene, ID 83814-2677 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Kootenai Medical Center Occupation: CEO Aggregate Year-to-Date > $ 250.00	02/14/00	250.00
C. Eileen M. Collins 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 > $ 400.00	02/15/00	400.00
D. Michael J. Rock 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	02/15/00	250.00
E. Herman Baumann III One North Franklin Street Chicago, IL 60606 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Hospital Association Occupation: National Director Aggregate Year-to-Date > $ 250.00	02/15/00	250.00
F. Barbara Harness Lorsbach One North Franklin Street Chicago, IL 60606 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Hospital Association Occupation: Sr. Vice President Aggregate Year-to-Date > $ 1,000.00	02/22/00	1,000.00
G. Kathleen M. Whyte 307 Park Lake Circle PO Box 531107 Orlando, FL 32803-3923 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Florida Hospital Association Occupation: VP/Federal Relations Aggregate Year-to-Date > $ 1,000.00	02/24/00	1,000.00

SUBTOTAL of Receipts This Page (optional) ..... > 4,150.00

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Charles F. Pierce Jr. 307 Park Lake Circle Orlando, FL 32803-3923 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Florida Hospital Association Occupation: President Aggregate Year-to-Date > $ 1,600.00	02/24/00	1,600.00
B. K. Richelle Hayes 307 Park Lake Circle PO Box 531107 Orlando, FL 32803-3923 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Florida Hospital Association Occupation: Vice President Aggregate Year-to-Date > $ 400.00	02/24/00	400.00
C. 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 > $ 523.81	Payroll Deduction	23.81 ($23.81 Biweekly)
D. Alicia Mitchell 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Hospital Association Occupation: Director, Media Relations Aggregate Year-to-Date > $ 295.46	Payroll Deduction	45.46 ($22.73 Biweekly)
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)	2,069.27
TOTAL This Period (last page this line number only)	17,594.27

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 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
Texas Hospital Association - PAC P.O. Box 15587 Austin, TX 78761-5587		02/02/00	2,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 2,000.00		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Pennsylvania HOSPAC 4750 Lindle Road Harrisburg, PA 17111-2428		02/02/00	10,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 10,000.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
NY Hospital & Healthcare Assoc. PAC 74 North Pearl Street Albany, NY 12207-2721		02/14/00	5,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 5,000.00		
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) > 17,000.00

TOTAL This Period (last page this line number only) > 17,000.00

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 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 / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Kind for Congress 505 King Street Suite 105 La Crosse, WI 54601-9204		02/02/00	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify): 2000	Aggregate Year-to-Date > $ 1,000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Doug Ose for Congress 455 Capitol Mall Suite 801 Sacramento, CA 95814-4404		02/08/00	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify): 2000	Aggregate Year-to-Date > $ 1,000.00		
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)	2,000.00
TOTAL This Period (last page this line number only)	2,000.00

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 / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
CITIBANK P.O. Box 19748 Washington, DC 20036		02/29/00	372.90
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 937.69		
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)	372.90
TOTAL This Period (last page this line number only)	372.90

4-00173

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 21B

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: Primary / General / Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
A. Public Opinion Strategies 1033 North Fairfax Suite 120 Alexandria, VA 22314	Polling Services	02/08/00	13,000.00
B. Public Opinion Strategies 1033 North Fairfax Suite 120 Alexandria, VA 22314	In-kind for Doug Ose, H-3-CA. See line 23. Disbursement for: X Primary / General / Other (specify) 2000	02/09/00	-4,875.00
C. Public Opinion Strategies 1033 North Fairfax Suite 120 Alexandria, VA 22314	Polling Services	02/29/00	13,000.00
D. Public Opinion Strategies 1033 North Fairfax Suite 120 Alexandria, VA 22314	In-kind to J.D. Hayworth, H-6-AZ. See line 23. Disbursement for: X Primary / General / Other (specify) 2000	02/29/00	-4,875.00
E.			
F.			
G.			
H.			
I.			

SUBTOTAL of Disbursements This Page (optional)	16,250.00
TOTAL This Period (last page this line number only)	16,250.00

4-00175

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bonior for Congress P.O. Box 65873 Washington, DC 20035-5873	David E. Bonior, U.S. HOUSE 10th MI Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	02/08/00	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bonior for Congress P.O. Box 65873 Washington, DC 20035-5873	David E. Bonior, U.S. HOUSE 10th MI Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	02/08/00	250.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Brady for Congress PO Box 708 Bloomington, IL 61702	Bill Brady, U.S. HOUSE 15th IL Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	02/08/00	2,500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Public Opinion Strategies 1033 North Fairfax Suite 120 Alexandria, VA 22314	In-kind for Doug Ose, U.S. HOUSE 3rd CA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	02/09/00	4,875.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DASHPAC 424 C Street, NE First Floor Washington, DC 20002	2000 Contribution Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 2000	02/14/00	5,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Santorum 2000 P.O. Box 10495 Pittsburgh, PA 15234	Rick Santorum, U.S. SENATE PA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	02/14/00	1,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Jennifer Dunn 790 North Vermont, SE Arlington, VA 22203	Jennifer B. Dunn, U.S. HOUSE 8th WA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	02/14/00	1,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of John Tanner P.O. Box 70926 Washington, DC 20024	John S. Tanner, U.S. HOUSE 8th TN Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	02/14/00	500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bill Thomas Campaign Committee P.O. Box 23175 Washington, DC 20026	William M. Thomas, U.S. HOUSE 21st CA Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	02/14/00	1,500.00

SUBTOTAL of Disbursements This Page (optional) 17,125.00

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

6-00173

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Dave Wu for Congress 233 SE Second Ave. Hillsboro, OR 97123	Dave Wu, U.S. HOUSE 1st OR Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	02/14/00	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Lachner for Congress PO Box 856 Lake Forest, IL 60045	Tom Lachner, U.S. HOUSE 10th IL Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	02/14/00	5,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Trotter 2000 for Congress 8704 South Constance Ave. #325 and #326 Chicago, IL 60617	Donne Trotter, U.S. HOUSE 1st IL Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	02/14/00	1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hoyer for Congress 7905 Malcolm Road, Suite 102 Clinton, MD 20735	Steny H. Hoyer, U.S. HOUSE 5th MD Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	02/14/00	1,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bob Filner for Congress P.O. Box 127868 San Diego, CA 92112	Bob Filner, U.S. HOUSE 50th CA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	02/14/00	500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Committee to Re-Elect Congresswomen Roukema P.O. Box 625 Ridgewood, NJ 07451	Marge Roukema, U.S. HOUSE 5th NJ Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	02/14/00	1,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Boswell for Congress RR 1 BOX 130 Davis City, IA 50065	Leonard L. Boswell, U.S. HOUSE 3rd IA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	02/22/00	500.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Conrad Burns 2000 Post Office Box 70397 Washington, DC 20024	Conrad Burns, U.S. SENATE MT Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	02/22/00	1,000.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Martin Frost Campaign Committee PO Box 4219 Dallas, TX 75208	Martin Frost, U.S. HOUSE 24th TX Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	02/22/00	2,000.00

SUBTOTAL of Disbursements This Page (optional)	12,500.00
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

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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
Citizens for Harkin 236 Massachusetts Ave., NE, Suite 206 Washington, DC 20002	Tom Harkin, U.S. SENATE IA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2002	02/22/00	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends Of John Peterson 248 N Main Street Pleasantville, PA 16341	John E. Peterson, U.S. HOUSE 5th PA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	02/22/00	1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Congressional Majority Committee 3 Lenox Street Chevy Chase, MD 20815	2000 Contribution Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 2000	02/24/00	1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Great Dane PAC PO Box 220291 Chantilly, VA 20151	2000 Contribution Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 2000	02/24/00	5,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The Mike Thompson for Congress Committee PO Box 1998 St. Helena, CA 94574	Michael Thompson, U.S. HOUSE 1st CA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	02/24/00	1,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Crane for Congress Committee P. O. Box 8534 Rolling Meadows, IL 60008-8534	Philip M. Crane, U.S. HOUSE 6th IL Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	02/24/00	1,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Don Sherwood for Congress 10 Bridgeover Tunkhannock, PA 18657	Don Sherwood, U.S. HOUSE 10th PA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	02/24/00	150.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Becerra for Congress PO Box 75214 Washington, DC 20013-5214	Xavier Becerra, U.S. HOUSE 30th CA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	02/29/00	1,000.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bob Etheridge for Congress Committee P.O. Drawer 1059 Lillington, NC 27546	Bob Etheridge, U.S. HOUSE 2nd NC Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	02/29/00	500.00

SUBTOTAL of Disbursements This Page (optional)	11,650.00
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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Tiberi 2000 865 Macon Alley Columbus, OH 43206	Pat Tiberi, U.S. HOUSE 12th OH Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	02/29/00	1,000.00
B. Visclosky for Congress Committee 838 67th Lane Merrillville, IN 46410	Peter J. Visclosky, U.S. HOUSE 1st IN Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	02/29/00	2,400.00
C. National Republican Congressional Committee 320 First Street, SE Washington, DC 20003	2000 Contribution Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 2000	02/29/00	2,000.00
D. Public Opinion Strategies 1033 North Fairfax Suite 120 Alexandria, VA 22314	In-kind to J.D. Heyworth, U.S. HOUSE 6th AZ Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	02/29/00	4,875.00
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) 10,275.00

TOTAL This Period (last page this line number only) 51,550.00

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	Date of Receipt 3-20-00
☐	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	

[signature] 3-21-00

PREPARER DATE PREPARED

(4/98)