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
One North Franklin

CITY, STATE and ZIP CODE
Chicago, IL 60606

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM
JUL 19 3 19 PM '96

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 06/01/96 through 06/30/96		
6. (a) Cash on Hand January 1, 19 96		$ 342,656.02
(b) Cash on Hand at Beginning of Reporting Period	$ 257,338.06	
(c) Total Receipts (from Line 19)	$ 84,571.21	$ 193,191.62
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 341,909.27	$ 535,847.84
7. Total Disbursements (from Line 30)	$ 47,511.20	$ 241,449.77
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 294,398.07	$ 294,398.07
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 13,000.00	

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

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

Type or Print Name of Treasurer
Sidney Jacobs

Signature of Treasurer
Sidney Jacobs

Date
7/18/96

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

FEC FORM 3X
(revised 9/93)

4-00173

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

(revised 1/1/91)

NAME OF COMMITTEE: American Hospital Associatin PAC

REPORT COVERING PERIOD FROM 06/01/96 TO: 06/30/96

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees	11,741.25	26,051.25	
i. Itemized (use Schedule A)			11
ii. Uniterized	62,214.70	100,581.55	11
iii. Total (add i and ii) ➤	73,955.95	126,632.80	11
b. Political Party Committees	- 0 -	- 0 -	11
c. Other Political Committees (such as PACs)	- 0 -	- 0 -	11
d. Total Contributions (add a iii, b and c) ➤	73,955.95	126,632.80	11
12. Transfers From Affiliated/Other Party Committees	10,000.00	62,425.00	12
13. All Loans Received	- 0 -	- 0 -	13
14. Loan Repayments Received	- 0 -	- 0 -	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	- 0 -	- 0 -	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	- 0 -	800.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	615.26	3,334.02	17
18. Transfers from Nonfederal Account for Joint Activity	- 0 -	- 0 -	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	84,571.21	193,191.82	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	84,571.21	193,191.82	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)	- 0 -	- 0 -	
i. Federal Share			21
ii. Non-Federal Share	- 0 -	- 0 -	21
b. Other Federal Operating Expenditures	7,511.20	28,988.59	21
c. Total Operating Expenditures (add a i, a ii, and b) ➤	7,511.20	28,988.59	21
22. Transfers to Affiliated/Other Party Committees	- 0 -	- 0 -	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	40,000.00	212,461.18	23
24. Independent Expenditures (use Schedule E)	- 0 -	- 0 -	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	- 0 -	- 0 -	25
26. Loan Repayments Made	- 0 -	- 0 -	26
27. Loans Made	- 0 -	- 0 -	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	- 0 -	- 0 -	28
b. Political Party Committees	- 0 -	- 0 -	28
c. Other Political Committees (such as PACs)	- 0 -	- 0 -	28
d. Total Contribution Refunds (add a, b and c) ➤	- 0 -	- 0 -	28
29. Other Disbursements	- 0 -	- 0 -	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	47,511.20	241,449.77	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	47,511.20	241,449.77	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	73,955.95	126,632.80	32
33. Total Contribution Refunds (from line 28d)	- 0 -	- 0 -	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	73,955.95	126,632.80	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	7,511.20	28,988.59	35
36. Offsets to Operating Expenditures (from line 15)	- 0 -	- 0 -	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	7,511.20	28,988.59	37

FE6A/K059

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

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

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 Cramer Group 136 11th Street, SE Washington, DC 20003	13,000 *Disputed Debt. See 6/20/96 report for original disclosure.	0	0	13,000
Nature of Debt (Purpose): Polling Services				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				

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

FE6A#068

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 5
	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. JoAnn B. Beck 20 Bendwood Drive Sugar Land, TX 77478 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Greater Houston Hospital Council Occupation: Administrator Aggregate Year-to-date > $ 250.00	06/12/96	250.00
B. Richard C. Wopat University Hospital 191 N. Main Street Lebanon, OR 97355 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	University Hospital Occupation: M.D. Aggregate Year-to-date > $ 250.00	06/14/96	250.00
C. Brian D. Gilbert Wrangell General Hospital First Avenue & Bennett St. Wrangell, AK 99929 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Wrangell General Hospital & Long Term Care Occupation: Administrator Aggregate Year-to-date > $ 250.00	06/14/96	250.00
D. Maura Mitchell 18 Joy Street Boston, MA 02114 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Boston University Medical Center Occupation: Vice President, Nursing Aggregate Year-to-date > $ 250.00	06/17/96	250.00
E. Mary White 6035 Ida Way Englewood, CO 80110 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Rose Medical Center Occupation: Hospital Administrator Aggregate Year-to-date > $ 250.00	06/17/96	250.00
F. Mary A. Pittman Hospital Research & Ed. Trust One North Franklin Chicago, IL 60606 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Hospital Research & Educational Trust Occupation: President, HRET Aggregate Year-to-date > $ 250.00	06/19/96	250.00
G. Michael J. Rock AHA 325 7th Street, NW Washington, DC 20004 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	American Hospital Association Occupation: Lobbyist Aggregate Year-to-date > $ 250.00	06/19/96	250.00

SUB TOTAL of Receipts This Page (Optional) ..... > 1,750.00

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

PAGE 2 OF 5

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. Terry Townsend Texas Hospital Association 6225 U.S. Highway 290 East Austin, TX 78761-5587 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Texas Hospital Association President Aggregate Year-to-date > $ 1,000.00	06/20/96	1,000.00
B. Mark D. Pilla 99 Highway 37 West Toms River, NJ 08755 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Community-Kimball Health Care System President & CEO Aggregate Year-to-date > $ 500.00	06/21/96	500.00
C. Stanley J. Birch Carrier Foundation P.O. Box 147 Belle Mead, NJ 08502 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Carrier Foundation CEO Aggregate Year-to-date > $ 500.00	06/21/96	500.00
D. Gary S. Carter New Jersey Hospital Assn. 746-760 Alexander Rd. CN-1 Princeton, NJ 08543-0001 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	New Jersey Hospital Association President Aggregate Year-to-date > $ 525.00	06/21/96	525.00
E. Christopher M. Dadlez Monmouth Medical Center 300 Second Avenue Long Branch, NJ 07740 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Monmouth Medical Center CEO Aggregate Year-to-date > $ 500.00	06/21/96	500.00
F. John R. Ernst 200 Trenton Road Browns Mills, NJ 08015 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Deborah Heart & Lung Center Exec. Dir. Aggregate Year-to-date > $ 500.00	06/21/96	500.00
G. David A. Fletcher Elizabeth General Medical Cent 925 East Jersey Street Elizabeth, NJ 07201 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Elizabeth General Medical Center President & CEO Aggregate Year-to-date > $ 250.00	06/21/96	250.00

SUB TOTAL of Receipts This Page (Optional) ..... > 3,775.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 3 OF 5
	FOR LINE NUMBER 11 a i

SCHEDULE A ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in full)
American Hospital Association PAC

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Daniel A. Kane Englewood Hospital & Medical C 350 Engle Street Englewood, NJ 07631	Englewood Hospital & Medical Center President & CEO	06/21/96	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	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
Thomas H. Litz 901 West Main Street Freehold, NJ 07728	CentraState Healthcare System Hospital Administrator	06/21/96	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		

C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Spero Margeotes 200 Trenton Road Browns Mill, NJ 08015	Deborah Heart and Lung Center CEO	06/21/96	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		

D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Richard P. Miller 1000 Atlantic Avenue Camden, NJ 08104	West Jersey Health System COO	06/21/96	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		

E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Charlene Shapiro 760 Alexander Rd. Princeton, NJ 08540	New Jersey Hospital Association Vice President	06/21/96	262.50
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year to date > $ 262.50		

F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Edgar Lawrence The Maryland Hospital Associat 1301 York Rd., Suite 800 Lutherville, MD 21093	Maryland Hospital Association Executive Vice President	06/21/96	275.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 275.00		

G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Beverly L. Miller 1906 Autumn Frost Lane Baltimore, MD 21209	Maryland Hospital Association V.P. for Prof. Activities	06/21/96	275.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 275.00		

SUB TOTAL of Receipts This Page (Optional) >	3,062.50
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 1

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. Denise Matricciani, 4423 Necker Avenue, Baltimore, MD 21236	Maryland Hospital Association / Asst. Vice President, GR	06/21/96	275.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 275.00		
B. Calvin M. Pierson, Maryland Hospital Association, 1301 York Road, Suite 800, Lutherville, MD 21093	Maryland Hospital Association / President	06/21/96	275.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 275.00		
C. Horace W. Murphy, 9907 Mt. Tabor Road, Myersville, MD 21773	Washington County Hospital Association / President	06/21/96	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,000.00		
D. Patricia Goldman, American Hospital Association, 325 7th Street, NW, Washington, DC 20004	American Hospital Association / Government Relations	06/22/96	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		
E. Norman E. Wright, R.R. 3, Box 990, Putney, VT 05346	Vermont Hospital Association / President	06/25/96	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		
F. James H. Taylor, 2127 Shelburne Rd., Shelburne, VT 05482	Fletcher Allen Health Care / Hospital, CEO	06/25/96	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		
G. John L. Millard, 51 N. 12th Street, Kansas City, KS 66102	Bethany Medical Center / Administrator	06/25/96	353.75
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 353.75		

SUB TOTAL of Receipts This Page (Optional) ..... > 2,903.75

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

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 5 OF 5
	FOR LINE NUMBER 11 a 1

SCHEDULE A ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In full)
American Hospital Association PAC

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Carol A. Nierling 2015 N. Deerborn Circle Columbia, MO 65203	University of Missouri Hospitals & Clinics Occupation: Manager	06/26/96	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		
B. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
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) ..... >	250.00
TOTAL this Period (Last page this line number only) ..... >	11,741.25

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

SCHEDULE A ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In full)
American Hospital Association PAC

A. Full Name, Mailing Address and Zip Code North Carolina Hospital Assoc. PAC P.O. Box 80428 Raleigh, NC 21623	Name of Employer Occupation	Date (Month day, Year) 06/05/96	Amount of Each Receipt this Period 9,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 15,000.00		
B. Full Name, Mailing Address and Zip Code Montana Hospital Association PAC P.O. Box 5119 Helena, MT 59604	Name of Employer Occupation	Date (Month day, Year) 06/10/96	Amount of Each Receipt this Period 1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	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 > $		

SUB TOTAL of Receipts This Page (Optional) >	10,000.00
TOTAL this Period (Last page this line number only) >	10,000.00

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

SCHEDULE A ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In full)
American Hospital Association PAC

A. Full Name, Mailing Address and Zip Code CITIBANK P.O. Box 19748 Washington, DC 20036	Name of Employer Occupation	Date (Month day,Year) 06/28/96	Amount of Each Receipt this Period 176.87
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 307.31		
B. Full Name, Mailing Address and Zip Code Northern Trust Bank 50 South LaSalle Street Chicago, IL 60606	Name of Employer Occupation	Date (Month day,Year) 06/28/96	Amount of Each Receipt this Period 438.39
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 3,026.71		
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) >	615.26
TOTAL this Period (Last page this line number only) >	615.26

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

SCHEDULE B — ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
American Hospital Association PAC

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day,Year)	Amount of Each Disb. this Period
Public Opinion Strategies 1033 North Fairfax Suite 120 Alexandria, VA 22314	Polling Services Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	06/17/96	12,000.00
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day,Year)	Amount of Each Disb. this Period
Public Opinion Strategies 1033 North Fairfax Suite 120 Alexandria, VA 22314	Portion Allocated to Rep. Ensign Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	06/17/96	-4,500.00
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) ..... >	7,500.00
TOTAL this Period (Last page this line number only) ..... >	7,500.00

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 3
	FOR LINE NUMBER 23

SCHEDULE B — ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
American Hospital Association PAC

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Bill Caster for Congress New Hampshire Regional Medical Ctr. 2131 South 17th St. Wilmington, NC 28401	Bill Caster, U.S. House, 7th NC Disbursement For: [ ] Primary [ ] General [X] Other (Specify) 1996	06/04/96	1,000.00
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Craig for U.S. Senate Committee P.O. Box 2754 Boise, ID 83701	Larry E. Craig, U.S. SENATE ID Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996	06/26/96	1,000.00
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Fazio for Congress Committee P.O. Box 990 Washington, DC 20044	Vic Fazio, U.S. HOUSE 3rd CA Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996	06/26/96	1,000.00
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Martin Frost Campaign Committee 555 New Jersey Avenue, N.W., Suite 201 Washington, DC 20001	Martin Frost, U.S. HOUSE 24th TX Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996	06/26/96	500.00
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
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) 1996	06/26/96	4,000.00
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Congressman Bart Gordon Committee 555 New Jersey Avenue, N.W., Suite 201 Washington, DC 20001	Bart Gordon, U.S. HOUSE 6th TN Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1996	06/04/96	1,500.00
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Ben Graber for U.S. Congress 2929 University Drive Suite 202 Coral Springs, FL 33065	Ben Graber, U.S. HOUSE 19th FL Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1996	06/17/96	1,500.00
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Hoffman for Congress Committee P.O. Box 134 Collinsville, IL 62234	Jay Hoffman, U.S. HOUSE 20th IL Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996	06/21/96	2,500.00
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Hoyer for Congress 7905 Malcolm Road, Suite 102 Clinton, MD 20735	Steny H. Hoyer, U.S. HOUSE 5th MD Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996	06/17/96	2,000.00

SUB TOTAL of Disbursements this page (Optional) ..... >	15,000.00
TOTAL this Period (Last page this line number only) ..... >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 2 OF 3
	FOR LINE NUMBER 23

SCHEDULE B — ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Isakson for U.S. Senate 6065 Roswell Road P.O. Box 2274 Atlanta, GA 30328	Johnny Isakson, U.S. SENATE GA Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1996	06/14/96	1,000.00
B. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (Month day, Year)**	**Amount of Each Disb. this Period**
Citizens for Joe Kennedy P.O. Box 846 Cambridge, MA 02142	Joseph P. Kennedy, U.S. HOUSE 8th MA Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1996	06/04/96	500.00
C. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (Month day, Year)**	**Amount of Each Disb. this Period**
Re-Elect Congressman Joe Moakley Committee P.O. Box 1073 Boston, MA 02205-9832	John Joseph Moakley, U.S. HOUSE 9th MA Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1996	06/26/96	500.00
D. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (Month day, Year)**	**Amount of Each Disb. this Period**
National Leadership PAC 635 B Pennsylvania Ave. Washington, DC 20005	Contribution Disbursement For: [ ] Primary [ ] General [ ] Other (Specify) 1996	06/04/96	5,000.00
E. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (Month day, Year)**	**Amount of Each Disb. this Period**
Citizens for Dave Obey P.O. Box 65671 Washington, DC 20035	David R. Obey, U.S. HOUSE 7th WI Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1996	06/14/96	3,000.00
F. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (Month day, Year)**	**Amount of Each Disb. this Period**
Pickering for Congress c/o 2105 Mt. Vernon Avenue, No. 1 Alexandria, VA 22301	Chip Pickering, U.S. HOUSE 3rd MS Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996	06/04/96	1,000.00
G. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (Month day, Year)**	**Amount of Each Disb. this Period**
Prosser for Congress Committee P.O. Box 1097 Appleton, WI 54912	Dave Prosser, U.S. HOUSE 8th WI Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1996	06/18/96	1,500.00
H. Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (Month day, Year)**	**Amount of Each Disb. this Period**
Public Opinion Strategies 1033 North Fairfax Suite 120 Alexandria, VA 22314	In-Kind Polling Services See Below Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996	06/11/96	4,500.00 (In-Kind)
I. 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	In-Kind Polling Services John Ensign, U.S. HOUSE, 1st NV Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996	06/11/96	4,500.00 (Memo In-Kind)

SUB TOTAL of Disbursements this page (Optional) ..... >	17,000.00
TOTAL this Period (Last page this line number only) ..... >	

SCHEDULE B — ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 3

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 Rangel for Congress Committee 2030 Allen Place, NW Washington, DC 20009	Purpose of Disbursement Charles B. Rangel, U.S. HOUSE 15th NY Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1996	Date (Month day, Year) 06/04/96	Amount of Each Disb. this Period 4,500.00
B. Full Name, Mailing Address and Zip Code Rangel for Congress Committee 2030 Allen Place, NW Washington, DC 20009	Purpose of Disbursement Charles B. Rangel, U.S. HOUSE 15th NY Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996	Date (Month day, Year) 06/04/96	Amount of Each Disb. this Period 500.00
C. Full Name, Mailing Address and Zip Code Joe Scarborough for Congress P.O. Box 13012 Pensacola, FL 32591	Purpose of Disbursement Joe Scarborough, U.S. HOUSE 1st FL Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1996	Date (Month day, Year) 06/27/96	Amount of Each Disb. this Period 3,000.00
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)	Date (Month day, Year)	Amount of Each 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) ---------->	8,000.00
TOTAL this Period (Last page this line number only) ---------->	40,000.00

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 7/19/96
☐	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

PKY	7/19/96
PREPARER	DATE PREPARED

FEC FORM 70-2 (12/92)