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 RO
APR 16 1 02 PM '99

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 03/01/99 through 03/31/99		
6. (a) Cash on Hand January 1, 19 99		$ 229,099.56
(b) Cash on Hand at Beginning of Reporting Period	$ 248,469.03	
(c) Total Receipts (from Line 19)	$ 9,500.25	$ 92,509.18
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 257,969.28	$ 321,608.74
7. Total Disbursements (from Line 30)	$ 28,797.68	$ 92,437.14
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 229,171.60	$ 229,171.60
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	

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

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

Type or Print Name of Treasurer
Al Jackson

Signature of Treasurer
Al Jackson

Date
4/15/99

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

FEC FORM 3X
(revised 9/93)

440173

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 03/01/99 TO 03/31/99

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)	3,972.62	33,561.43	11(a)(i)
ii. Unitemized	5,240.34	20,727.02	11(a)(ii)
iii. Total) (add i and ii) ➤	9,212.96	54,288.45	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) ➤	9,212.96	54,288.45	11(d)
12. Transfers From Affiliated/Other Party Committees	0.00	37,355.72	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.)	287.29	865.01	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) ➤	9,500.25	92,509.18	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	9,500.25	92,509.18	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	3,147.68	3,287.14	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	3,147.68	3,287.14	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	25,650.00	89,150.00	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	0.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	28,797.68	92,437.14	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	28,797.68	92,437.14	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	9,212.96	54,288.45	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	9,212.96	54,288.45	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	3,147.68	3,287.14	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	3,147.68	3,287.14	37

4-90173

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 2

FOR LINE NUMBER 11 a i

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ronald G. Spaeth 718 Glenview Avenue Highland Park, IL 60035-2497 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Highland Park Hospital President Aggregate Year-to-Date $ 250.00	03/09/99	250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Lauren A. Barnett One North Franklin Street Chicago, IL 60606 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Society for Healthcare Strategy & Mkt. Development Executive Director Aggregate Year-to-Date $ 250.00	03/09/99	250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Nancy J. Paxton 10 Mill Creek Court Greensboro, NC 27407-5034 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Moses H. Cone Health Systems Nurse Executive Aggregate Year-to-Date $ 250.00	03/09/99	175.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dianne J. Anderson MS RN 100 Park Street Glens Falls, NY 12801-4447 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Glenn Falls Hospital Vice President Patient Services Aggregate Year-to-Date $ 250.00	03/09/99	250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Shirley A. Girouard 248 8th Street, SE Washington, DC 20003-2107 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	NACHRI Vice President Aggregate Year-to-Date $ 250.00	03/09/99	250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
H. Stephen Liaber 101 North Aldine Park Ridge, IL 60068-3007 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Hospital Association Vice President, PMG Aggregate Year-to-Date $ 500.00	03/09/99	500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Claire Murray 1300 Massachusetts Ave. Troy, NY 12180 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Seton Health System VP, Patient Services Aggregate Year-to-Date $ 250.00	03/09/99	250.00

SUBTOTAL of Receipts This Page (optional)	1,925.00
TOTAL This Period (last page this line number only)	

4-001T3

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. Jim Raiter 325 Seventh Street, NW Suite 700 Washington, DC 20004-2801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Hospital Association Sr. Associate Director Aggregate Year-to-Date $ 250.00	03/09/99	250.00
B. Stephen F. Wang Glen Eagles Drive Basking Ridge, NJ 07920 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Atlantic Health System Vice President Aggregate Year-to-Date $ 250.00	03/09/99	250.00
C. Barry S. Weinstein 11050 Woodlands Way Cincinnati, OH 45241 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Children's Hospital Medical Center Executive Vice President Aggregate Year-to-Date $ 250.00	03/12/99	250.00
D. Philip Authier R.N. 800 East Dakota Avenue Pierre, SD 57501-3313 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	St. Mary's Healthcare Center Director, Patient Care Services Aggregate Year-to-Date $ 250.00	03/17/99	250.00
E. C. Wayne Rice Ph.D. 11700 Parkview Road Brecksville, OH 44141 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Greater Cleveland Hospital Association President Aggregate Year-to-Date $ 500.00	03/22/99	500.00
F. Kathy Reno RN 800 West Central Road Arlington Heights, IL 60005-2392 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Northwest Community Healthcare Exec. Vice President/COO Clinical S Aggregate Year-to-Date $ 500.00	03/22/99	500.00
G. Barbara Harness Lorsbach One North Franklin Street Chicago, IL 60606 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Hospital Association Vice President Aggregate Year-to-Date $ 321.43	Payroll Deduction	47.62 ($23.81 Biweekly)

SUBTOTAL of Receipts This Page (optional) 2,047.62

TOTAL This Period (last page this line number only) 3,972.62

4-00173

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CITIBANK P.O. Box 19748 Washington, DC 20036		03/31/99	287.29
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $ 865.01		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	287.29
TOTAL This Period (last page this line number only)	287.29

4-00173

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 21B

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NAME OF COMMITTEE (in Full)
American Hospital Association PAC

A. 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
Internal Revenue Service IRS Center Kansas City, MO 64999	1998 Federal Tax	03/12/99	2,589.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Illinois Department of Revenue P.O. Box 19006 Springfield, IL 62794	1998 Illinois Tax	03/12/99	467.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	3,056.00
TOTAL This Period (last page this line number only)	3,056.00

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
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	03/08/99	1,000.00
B. Full Name, Mailing Address and ZIP Code Americans for a Republican Majority PAC 117 Second Street, NE Ste. 2 Washington, DC 20002	Purpose of Disbursement 1999 Contribution Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 1999	03/08/99	1,000.00
C. Full Name, Mailing Address and ZIP Code National Republican Congressional Committee 320 First Street, SE Washington, DC 20003	Purpose of Disbursement 1999 Contribution Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 1999	03/08/99	5,000.00
D. Full Name, Mailing Address and ZIP Code Minge for Congress 146 North Carolina Avenue, S.E. Washington, DC 20003	Purpose of Disbursement David Minge, U.S. HOUSE 2nd MN Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	03/08/99	500.00
E. Full Name, Mailing Address and ZIP Code Team Emerson 2210 Lakewood Drive Cape Girardeau, MO 63701	Purpose of Disbursement Jo Ann Emerson, U.S. HOUSE 8th MO Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	03/08/99	500.00
F. Full Name, Mailing Address and ZIP Code Friends of Slade Gorton 2366 Eastlake Avenue East, Suite 314 Seattle, WA 98102	Purpose of Disbursement Slade Gorton, U.S. SENATE WA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	03/08/99	1,000.00
G. Full Name, Mailing Address and ZIP Code Lloyd Doggett for U.S. Congress Committee P.O. Box 5843 Austin, TX 78763	Purpose of Disbursement Lloyd Doggett, U.S. HOUSE 10th TX Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	03/08/99	500.00
H. Full Name, Mailing Address and ZIP Code Hulshof for Congress 1005 Cherry St. Ste. 203 Columbia, MO 65201	Purpose of Disbursement Kenny Hulshof, U.S. HOUSE 9th MO Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	03/08/99	1,000.00
I. Full Name, Mailing Address and ZIP Code Bonior for Congress P.O. Box 65873 Washington, DC 20035-5873	Purpose of Disbursement David E. Bonior, U.S. HOUSE 10th MI Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	03/09/99	1,000.00

SUBTOTAL of Disbursements This Page (optional) 11,500.00

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

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Max Sandlin for Congress Committee PO Box 1261 Marshall, TX 75671	Max Sandlin, U.S. HOUSE 1st TX Disbursement for: [ ] Primary [ ] General [X] Other (specify) 1996 Primary Debt Retirement	03/11/99	1,000.00
B. Fletcher for Congress PO Box 4703 Lexington, KY 40544	Ernest Fletcher, U.S. HOUSE 6th KY Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	03/15/99	500.00
C. Sweeney for Congress 120 Woodin Road Clifton Park, NY 12065	John Sweeney, U.S. HOUSE 22nd NY Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	03/15/99	500.00
D. John Thune for Congress 514 S. Minnesota Ste. 14 Sioux Falls, SD 57102	John Thune, U.S. HOUSE AL SD Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	03/15/99	500.00
E. 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	03/15/99	250.00
F. Kay Granger Campaign Fund 308 Williams Road Fort Worth, TX 76120	Kay Granger, U.S. HOUSE 12th TX Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	03/19/99	1,000.00
G. Don Sherwood for Congress 10 Bridgeover Tunkhannock, PA 18657	Don Sherwood, U.S. HOUSE 10th PA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	03/19/99	500.00
H. The Freedom Project 111 C Street,SE Lower Unit Washington, DC 20003	1999 Contribution Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 1999	03/19/99	1,000.00
I. Pat Toomey for Congress Committee PO Box 90156 Allentown, PA 18109	Pat Toomey, U.S. HOUSE 15th PA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	03/19/99	150.00

SUBTOTAL of Disbursements This Page (optional)	5,400.00
TOTAL This Period (last page this line number only)	

4-00173

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)
American Hospital Association PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Ken Lucas for Congress Committee 8100 Burlington Pike Ste. 334 Florence, KY 41042	Ken Lucas, U.S. HOUSE 4th KY [ ] Primary [ ] General [X] Other (specify) 1998 General Debt	03/19/99	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Citizens for Sarbanes P.O. Box 26222 Baltimore, MD 21210	Paul S. Sarbanes, U.S. SENATE MD [X] Primary [ ] General [ ] Other (specify) 2000	03/19/99	1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Nita Lowey for Congress 3467 Mildred Drive Falls Church, VA 22042	Nita M. Lowey, U.S. HOUSE 18th NY [X] Primary [ ] General [ ] Other (specify) 2000	03/22/99	5,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Combest Congressional Comm. Po Box 10667 Lubbock, TX 79408	Larry Combest, U.S. HOUSE 19th TX [X] Primary [ ] General [ ] Other (specify) 2000	03/24/99	500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Charlie A. Gonzalez Congressional Campaign P.O. Box 12612 San Antonio, TX 78212	Charlie Gonzalez, U.S. HOUSE 20th TX [X] Primary [ ] General [ ] Other (specify) 2000	03/24/99	500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Minge for Congress 146 North Carolina Avenue, S.E. Washington, DC 20003	David Minge, U.S. HOUSE 2nd MN [X] Primary [ ] General [ ] Other (specify) 2000	03/24/99	500.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	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 [X] Primary [ ] General [ ] Other (specify) 2000	03/24/99	250.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
	[ ] Primary [ ] General [ ] Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
	[ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	8,750.00
TOTAL This Period (last page this line number only)	25,650.00

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 4-16-99
☐	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	

SW	4-16-99
PREPARER	DATE PREPARED

(4/98)