REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED FEDERAL ELECTION COMMISSION MAIL ROOM
FEB 19 1 [illegible] '99

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
American Hospital Association PAC

ADDRESS (number and street) ☐ Check if different than previously reported
325 7th Street, NW

CITY, STATE and ZIP CODE
Washington, DC 20004

2. FEC IDENTIFICATION NUMBER
C00106146

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

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 01/01/99 through 01/31/99		
6. (a) Cash on Hand January 1, 19 99		$ 228,[illegible]
(b) Cash on Hand at Beginning of Reporting Period	$ 229,099.56	
(c) Total Receipts (from Line 19)	$ 62,012.12	$ 62,[illegible]
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 291,111.68	$ 29[illegible]
7. Total Disbursements (from Line 30)	$ 16,554.58	$ 16,[illegible]
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 274,557.10	$ 274,[illegible]
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	

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

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

Type or Print Name of Treasurer
Al Jackson

Signature of Treasurer
Al Jackson

Date 2/14/[illegible]

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
(Rev. 9/93)

4-06/99

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

(revised

NAME OF COMMITTEE: American Hospital Association PAC

REPORT COVERING PERIOD FROM 01/01/99 TO: 01/31/99

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	18,815.00	18,8[illegible]	11(a)(i)
ii. Unitemized	11,040.85	11,0[illegible]	11(a)(ii)
iii. Total (add i and ii) ➤	29,855.85	29,8[illegible]	11(a)(iii)
b. Political Party Committees	0.00	0	11(b)
c. Other Political Committees (such as PACs)	0.00	0	11(c)
d. Total Contributions (add a iii, b and c) ➤	29,855.85	29,8[illegible]	11(d)
12. Transfers From Affiliated/Other Party Committees	31,855.72	31,8[illegible]	12
13. All Loans Received	0.00	[illegible]	13
14. Loan Repayments Received	0.00	[illegible]	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	[illegible]	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	[illegible]	16
17. Other Federal Receipts (Dividends, Interest, etc.)	300.55	3[illegible]	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	[illegible]	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	62,012.12	62,0[illegible]	19
20. Total Federal Receipts (subtract line 16 from line 19) ➤	62,012.12	62,0[illegible]	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	[illegible]	21(a)(i)
ii. Non-Federal Share	0.00	[illegible]	21(a)(ii)
b. Other Federal Operating Expenditures	54.58	[illegible]	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	54.58	[illegible]	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	[illegible]	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	16,500.00	16,[illegible]	23
24. Independent Expenditures (use Schedule E)	0.00	[illegible]	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	[illegible]	25
26. Loan Repayments Made	0.00	[illegible]	26
27. Loans Made	0.00	[illegible]	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0.00	[illegible]	28(a)
b. Political Party Committees	0.00	[illegible]	28(b)
c. Other Political Committees (such as PACs)	0.00	[illegible]	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	0.00	[illegible]	28(d)
29. Other Disbursements	0.00	[illegible]	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	16,554.58	16,[illegible]	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	16,554.58	16,[illegible]	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	29,855.85	29,[illegible]	32
33. Total Contribution Refunds (from line 28d)	0.00	[illegible]	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	29,855.85	29,[illegible]	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	54.58	[illegible]	35
36. Offsets to Operating Expenditures (from line 15)	0.00	[illegible]	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	54.58	[illegible]	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 9

FOR LINE NUMBER 17

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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
Joseph Walkovich P.O. Box 90 Wallingford, CT 06492-0090 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Connecticut Hospital Association Occupation: Associate VP Aggregate Year-to-Date $ 250.00	01/26/99	50.00
Peter B. Davis St. Joseph Healthcare 172 Kinsley Street Nashua, NH 03061 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	St. Joseph Healthcare Occupation: President/CEO Aggregate Year-to-Date $ 250.00	01/04/99	50.00
Thomas P. Pipicelli 214 Atkins Street Meriden, CT 06450 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	William W. Backus Hospital Occupation: President & CEO Aggregate Year-to-Date $ 250.00	01/04/99	50.00
David E. Jaffe 325 Ninth Ave. Box 359717 Seattle, WA 98104-2499 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Harborview Medical Center Occupation: Executive Director & CEO Aggregate Year-to-Date $ 250.00	01/04/99	50.00
Arnold R (Chip) Thomas Jr. North Dakota Healthcare Assn. P.O. Box 7340 Bismarck, ND 58507-7340 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	North Dakota Healthcare Association Occupation: President Aggregate Year-to-Date $ 300.00	01/04/99	300.00
F. Wade Johnson 120 Rolling Hills Circle Grand Forks, ND 58201 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	North Dakota Healthcare Association Occupation: Association Director Aggregate Year-to-Date $ 300.00	01/04/99	300.00
Steve A. Williams 1017 Essex Court Goshen, KY 40126 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Alliant Health System Occupation: President Aggregate Year-to-Date $ 250.00	01/04/99	250.00

SUBTOTAL of Receipts This Page (optional) 50.00

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

4-80173

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 2 OF 9

FOR LINE NUMBER 13

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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
Rick Napper PO Box 386 Marion, KY 42064 Receipt For: Primary General Other (specify):	Crittenden Health System CEO Aggregate Year-to-Date $ 250.00	01/06/99	50.00
Thomas W. Smith 1085 Riva Ridge Drive Danville, KY 40422-9013 Receipt For: Primary General Other (specify):	Ephriam McDowell Regional Medical Center Hospital Executive Aggregate Year-to-Date $ 600.00	01/06/99	100.00
Michael T. Rust KHA 2501 Nelson Miller Parkway Louisville, KY 40224 Receipt For: Primary General Other (specify):	KHA President Aggregate Year-to-Date $ 350.00	01/04/99	50.00
Nancy Rust 2501 Nelson Miller Parkway Louisville, KY 40245-5219 Receipt For: Primary General Other (specify):	Home Maker Aggregate Year-to-Date $ 350.00	01/04/99	50.00
Wally O. Montgomery M.D. 2600 Marlborough Way Paducah, KY 42001-5283 Receipt For: Primary General Other (specify):	KHA Board Member Aggregate Year-to-Date $ 350.00	01/04/99	350.00
Rex F. Jones 60 Mercy Court Irvine, KY 40336 Receipt For: Primary General Other (specify):	Marcum & Wallace Memorial Hospital Board Member Aggregate Year-to-Date $ 600.00	01/04/99	600.00
Bruce D. Begley PO Box 48 Henderson, KY 42420 Receipt For: Primary General Other (specify):	Methodist Hospital Executive Director Aggregate Year-to-Date $ 300.00	01/04/99	300.00

SUBTOTAL of Receipts This Page (optional) 0.00

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

4-06128

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11a

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or 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 Each Receipt This Period
A. Patrick Donahue 4694 US Highway 60 Morganfield, KY 42437 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Union County Methodist Hospital Occupation: Administrator Aggregate Year-to-Date $ 300.00	01/04/99	00.00
B. Pam Robinnette May PO Box 1439 Pikeville, KY 41502 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Pikeville Methodist Hospital Occupation: Hospital Attorney Aggregate Year-to-Date $ 500.00	01/04/99	00.00
C. Sharon K. Hager 400 West Market Street Louisville, KY 40202-3302 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Pikeville Methodist Hospital Occupation: Hospital Attorney Aggregate Year-to-Date $ 500.00	01/04/99	00.00
D. Frank A. Butler 500 Rose Street Lexington, KY 40536-0084 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	University of Kentucky Hospital Occupation: Director Aggregate Year-to-Date $ 250.00	01/04/99	50.00
E. James H. Taylor 5803 Brittany Woods Circle Louisville, KY 40202-1675 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	University of Louisville Hospital Occupation: CEO Aggregate Year-to-Date $ 600.00	01/04/99	600.00
F. Larry O. Barton 3618 Londonderry Lane Paducah, KY 42001-6537 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Western Baptist Hospital Occupation: CEO Aggregate Year-to-Date $ 350.00	01/04/99	350.00
G. Barbara Harness Lorsbach American Hospital Association One North Franklin Street Chicago, IL 60606 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Hospital Association Occupation: Vice President Aggregate Year-to-Date $ 250.00	01/04/99	250.00

SUBTOTAL of Receipts This Page (optional) 50.00

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

4-00178

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 4 OF 9

FOR LINE NUMBER 1[illegible]

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NAME OF COMMITTEE (in Full)
American Hospital Association PAC

Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt Period
A. Full Name, Mailing Address and ZIP Code Susan E. Nestor 26 Foxboro Rd. Saint Louis, MO 63124-1201 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Daughters of Charity National Health System Occupation: Sr. VP Aggregate Year-to-Date $ 500.00	01/05/99	00.00
B. Full Name, Mailing Address and ZIP Code Jon C. Hilsabeck Texas Hospital Association P.O. Box 15587 Austin, TX 78761-5587 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Texas Hospital Association Occupation: Dir Hosp Gov. Affair Aggregate Year-to-Date $ 250.00	01/05/99	50.00
C. Full Name, Mailing Address and ZIP Code John E. Hornbeak Southwest Texas Methodist 7550 IH-10 West, Ste. 1000 San Antonio, TX 78229 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Southwest Texas Methodist Hospital Occupation: President & CEO Aggregate Year-to-Date $ 250.00	01/05/99	50.00
D. Full Name, Mailing Address and ZIP Code James Roosevelt Jr. Exchange Place, 53 State St. Boston, MA 02109 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: CareGoup/Mount Auburn Hospital Occupation: Vice Chairman of the Board Aggregate Year-to-Date $ 250.00	01/05/99	50.00
E. Full Name, Mailing Address and ZIP Code John S. Banas Jr., MD 100 Madison Avenue Morristown, NJ 07960-6013 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Atlantic Health System Occupation: Administrator Aggregate Year-to-Date $ 250.00	01/05/99	250.00
F. Full Name, Mailing Address and ZIP Code Paul S. Cooper 12 Vickers Avenue Bridgeton, NJ 08302 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: South Jersey Health System Occupation: CEO Aggregate Year-to-Date $ 250.00	01/05/99	250.00
G. Full Name, Mailing Address and ZIP Code David A. Fletcher Elizabeth General Medical Ctr. 925 East Jersey Street Elizabeth, NJ 07201 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Elizabeth General Medical Center Occupation: President & CEO Aggregate Year-to-Date $ 250.00	01/05/99	250.00

SUBTOTAL of Receipts This Page (optional) 00.00

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

PAGE 5 OF 9

FOR LINE NUMBER 11a

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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. Harriet S. Goldman DDS 1500 Palisade Avenue Apt. 11F Fort Lee, NJ 07024-5337 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Atlantic Health System Occupation: Administrator Aggregate Year-to-Date > $ 250.00	01/05/99	50.00
B. John R. Kopicki 105 Holly Street Cranford, NJ 07016 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Muhlenberg Regional Medical Center, Inc. Occupation: President & CEO Aggregate Year-to-Date > $ 250.00	01/05/99	50.00
C. John K. Lloyd 2313 Orchard Crest Manasquan, NJ 08736 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Meridian Health System Occupation: President & CEO Aggregate Year-to-Date > $ 250.00	01/05/99	50.00
D. Alan E. Matock 2 Mountain Ridge Drive Cedar Grove, NJ 07009 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Atlantic Health System Occupation: Director Aggregate Year-to-Date > $ 250.00	01/05/99	50.00
E. Richard E. Murray 63 Harrowgate Drive Cherry Hill, NJ 08003 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Kennedy Health System Occupation: President Aggregate Year-to-Date > $ 250.00	01/05/99	250.00
F. Richard P. Ohs 325 Columbia Turnpike Florham Park, NJ 07932-1212 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Atlantic Health System Occupation: President & CEO Aggregate Year-to-Date > $ 250.00	01/05/99	250.00
G. Thomas J. Smith MD 63 Sherwood Drive Morristown, NJ 07960-6369 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Atlantic Health System Occupation: Administrator Aggregate Year-to-Date > $ 250.00	01/05/99	250.00

SUBTOTAL of Receipts This Page (optional) ..... > 1250.00

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

4-00123

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 6 OF 9

FOR LIEU NUMBER 118

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NAME OF COMMITTEE (in Full)
American Hospital Association PAC

Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt Period
A. Full Name, Mailing Address and ZIP Code Richard M. Weinberg MD c/o HRP - Room 114 2 Gatehall Drive, Ste. 1 North Parsippany, NJ 07054 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Network Development - AHS Occupation Vice President, Network Dev. Aggregate Year-to-Date $ 250.00	01/05/99	50.00
B. Full Name, Mailing Address and ZIP Code Robert J. Sabo 10661 NW 3rd Street Plantation, FL 33324-1539 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Ernst & Young LLP Occupation Partner Aggregate Year-to-Date $ 240.00	01/05/99	40.00
C. Full Name, Mailing Address and ZIP Code Paul Sallwasser 301 Windmill Palm Ave. Plantation, FL 33324-2170 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Ernst & Young LLP Occupation CPA Aggregate Year-to-Date $ 240.00	01/05/99	40.00
D. Full Name, Mailing Address and ZIP Code Douglas L. Cooper 1361 Torrington Ave. Wellington, FL 33414 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Ernst & Young LLP Occupation CPA Aggregate Year-to-Date $ 280.00	01/05/99	80.00
E. Full Name, Mailing Address and ZIP Code James Randy Justice 2041 N.W. 29th Rd. Boca Raton, FL 33431 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Ernst & Young LLP Occupation CPA Aggregate Year-to-Date $ 280.00	01/05/99	280.00
F. Full Name, Mailing Address and ZIP Code Thomas L. Werner Florida Hospital 601 East Rollins Street Orlando, FL 32803-1489 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Florida Hospital Medical Center Occupation President/CEO Aggregate Year-to-Date $ 560.00	01/05/99	560.00
G. Full Name, Mailing Address and ZIP Code R.G. Sweet Valley Baptist Medical Ctr. 2101 Pease St. Harlingen, TX 78551-2588 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Valley Baptist Medical Center Occupation Sr. Vice President Aggregate Year-to-Date $ 350.00	01/05/99	350.00

SUBTOTAL of Receipts This Page (optional) 0.00

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

4-00172

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 7 OF 9

FOR LINE NUMBER 12

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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 Received This Period
A. Samuel O. Artiles Bella Vista Hospital P.O. Box 1750 Mayaguez, PR 00681 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Bella Vista Hospital President Aggregate Year-to-Date $ 250.00	01/08/99	50.00
B. Jenny R. James 24 Hospital Avenue Danbury, CT 06810 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Danbury Hospital Vice President Aggregate Year-to-Date $ 250.00	01/08/99	50.00
C. Arthur N. Tedesco 24 Hospital Avenue Danbury, CT 06810 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Danbury Hospital Sr. VP, Treasury Aggregate Year-to-Date $ 250.00	01/08/99	50.00
D. Douglas R. Beaton 27 Discovery Hill Rd. East Sandwich, MA 02537 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Southcoast Hospitals Group Trustee Aggregate Year-to-Date $ 250.00	01/07/99	50.00
E. Joan H. Lewis D.C. Hospital Association 1250 Eye Street, NW, Ste. 700 Washington, DC 20005-3922 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	District of Columbia Hospital Association Vice President Aggregate Year-to-Date $ 250.00	01/08/99	250.00
F. Robert A. Malson D.C. Hospital Association 1250 Eye Street, N.W., #700 Washington, DC 20005-3930 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	District of Columbia Hospital Association President Aggregate Year-to-Date $ 250.00	01/06/99	250.00
G. Edward L. Foster 2003 Nancy Drive Tupelo, MS 38801-1029 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	MHA CEO Aggregate Year-to-Date $ 250.00	01/08/99	250.00

SUBTOTAL of Receipts This Page (optional) 50.00

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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FOR LINE NUMBER 11F

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt Period
A. Full Name, Mailing Address and ZIP Code Claude W. Harbarger 103 Trailwood Cove Brandon, MS 39042-8332 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer St. Dominic-Jackson Memorial Hospital Occupation President Aggregate Year-to-Date $ 300.00	01/08/99	00.00
B. Full Name, Mailing Address and ZIP Code Kurt W. Metzner 5353 Carolwood Drive Jackson, MS 39211 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Mississippi Baptist Medical Center Occupation President & CEO Aggregate Year-to-Date $ 250.00	01/08/99	50.00
C. Full Name, Mailing Address and ZIP Code James D. Baker 15929 Albany Drive Biloxi, MS 39532-2702 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Biloxi Regional Medical Center Occupation Administrator Aggregate Year-to-Date $ 300.00	01/08/99	00.00
D. Full Name, Mailing Address and ZIP Code Richard W. Manning South Panola Community Hosp. PO Box 433 Batesville, MS 38606 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer South Panola Community Hospital Occupation Administrator Aggregate Year-to-Date $ 300.00	01/08/99	00.00
E. Full Name, Mailing Address and ZIP Code Mary M. Patterson 612 Camden Park Drive Ridgeland, MS 39157-3616 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Mississippi Hospital Association Occupation Vice-President for Policy Aggregate Year-to-Date $ 300.00	01/08/99	00.00
F. Full Name, Mailing Address and ZIP Code Melvin Walker 463 Pear Cove Southaven, MS 38671-9847 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Baptist Memorial Hospital-Desoto Occupation Administrator Aggregate Year-to-Date $ 300.00	01/08/99	300.00
G. Full Name, Mailing Address and ZIP Code James L. Head Jr. SCHA 101 Medical Circle West Columbia, SC 29171-6009 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer South Carolina Health Alliance Occupation Sr. Vice President Aggregate Year-to-Date $ 250.00	01/11/99	250.00

SUBTOTAL of Receipts This Page (optional) 00.00

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

4-00-13

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 9 OF 9

FOR LINE NUMBER 11a

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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
Lawrence D. Frybil P. O. Box 45998 Saint Louis, MO 63145-5998 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Daughters of Charity National Health System Occupation: Regional Executive/CEO Aggregate Year-to-Date $ 500.00	01/12/99	00.00
Michael R. Gallacher Sharon Hospital 50 Hospital Hill Rd. Sharon, CT 06069 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Sharon Hospital Occupation: President Aggregate Year-to-Date $ 250.00	01/15/99	50.00
Teresa C. Asman 701 Grove Road Greenville, SC 29605-5601 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Greenville Hospital System Occupation: Director of Service Excellence Aggregate Year-to-Date $ 215.00	01/19/99	15.00
Ronald B. Goodspeed MD Southcoast Hospitals Group 393 Highland Avenue Fall River, MA 02720 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Southcoast Hospitals Group Occupation: President Aggregate Year-to-Date $ 250.00	01/13/99	250.00
Marjorie Beyers 25876 Cuba Road Barrington, IL 60010 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Organization of Nurse Executives Occupation: Exec. Director AONE Aggregate Year-to-Date $ 250.00	01/19/99	250.00
Jon E. Gudemann MD 9455 Watertown Plank Road Milwaukee, WI 53226-3559 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Milwaukee County Mental Health Complex Occupation: Director Aggregate Year-to-Date $ 250.00	01/20/99	250.00
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) 15.00

TOTAL This Period (last page this line number only) 15.00

4-03/20

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 1a

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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. Texas Hospital Association - PAC P.O. Box 15587 Austin, TX 78761-5587 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 19,355.72	01/05/99	$ 55.72
B. California Healthcare Association PAC PO Box 1100 Sacramento, CA 95812-1100 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 12,500.00	01/08/99	$ 00.00
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) ..... > $ 55.72

TOTAL This Period (last page this line number only) ..... > $ 55.72

4-00173

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11

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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. CITIBANK P.O. Box 19748 Washington, DC 20036 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 300.55	01/26/96	00.55
B. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		

SUBTOTAL of Receipts This Page (optional) $0.55

TOTAL This Period (last page this line number only) $0.55

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 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
The Tillie Fowler Campaign P.O. Box 360067 Jacksonville, FL 32205	Voided Check-Oct. 1998 Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1998	01/06/99	[illegible].00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
David Phelps for Congress 35 Dewey Road Eldorado, IL 62930	David Phelps, U.S. HOUSE 19th IL Disbursement for: [ ] Primary [ ] General [X] Other (specify) 1998 General Debt	01/07/99	[illegible].00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Robert Wexler For Congress Comm. 2500 North Military Trail #268 Boca Raton, FL 33431	Robert Wexler, U.S. HOUSE 19th FL Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	01/15/99	[illegible].00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Lampson For Congress '98 PO Box 21378 Beaumont, TX 77720	Nick Lampson, U.S. HOUSE 9th TX Disbursement for: [ ] Primary [ ] General [X] Other (specify) 1998 General Debt	01/20/99	[illegible]0.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Republican Majority Fund P.O. Box 1550 Ponca City, OK 74602	1999 Contribution Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 1999	01/21/99	[illegible]0.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Citizens for Ron Klink Committee P.O. Box 15491 Pittsburgh, PA 15237	Ron Klink, U.S. HOUSE 4th PA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	01/22/99	[illegible]0.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Pete King for Congress Committee 8101 Edsall Road, #1205 Alexandria, VA 22304	Peter T. King, U.S. HOUSE 3rd NY Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	01/2[illegible]/99	[illegible]0.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Committee for a Progressive Congress 555 New Jersey Avenue, NW, Suite 201 Washington, DC 20001	1999 Contribution Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 1999	01/25/99	[illegible]0.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Fitzgerald for US Senate 128 N. Columbus Street Alexandria, VA 22314	Peter Fitzgerald, U.S. SENATE IL Disbursement for: [ ] Primary [ ] General [X] Other (specify) 1998 General Debt	01/27/99	[illegible]0.00

SUBTOTAL of Disbursements This Page (optional) ..... [illegible]00.00

TOTAL This Period (last page this line number only) ..... [illegible]00.00

4-00178

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☑	Hand Delivered	Date of Receipt 2-19-98
☐	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):	Postmark and/or Receipt
☐	Electronic Filing	
PREPARER		DATE PREPARED

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