REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

SEP 20 4 28 PM '96

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, N.W.

CITY, STATE and ZIP CODE
Washington, DC 20004

2. FEC IDENTIFICATION NUMBER
C00106146

3. [X] 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 [X] 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 [X] NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 08/01/96 through 08/31/96		
6. (a) Cash on Hand January 1, 19 96		$ 342,656.02
(b) Cash on Hand at Beginning of Reporting Period	$ 321,739.63	
(c) Total Receipts (from Line 19)	$ 59,411.40	$ 318,128.60
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 381,151.03	$ 660,784.62
7. Total Disbursements (from Line 30)	$ 52,746.48	$ 332,380.07
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 328,404.55	$ 328,404.55
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	
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
Alfred Jackson, III

Signature of Treasurer
Alf Jackson III

Date 9/19/96

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)

FE6AA000

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 08/01/96 TO: 08/31/96

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	7,425.00	46,124.59	11(a)
ii. Unitemized	31,411.82	171,202.66	11(a)
iii. Total (add i and ii) ➤	38,836.82	217,327.25	11(a)
b. Political Party Committees	-0-	-0-	11(b)
c. Other Political Committees (such as PACs)	-0-	2,000.00	11(c)
d. Total Contributions (add a III, b and c) ➤	38,836.82	219,327.25	11(d)
12. Transfers From Affiliated/Other Party Committees	19,805.00	92,230.00	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-	1,800.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	769.58	4,771.35	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) ➤	59,411.40	318,128.60	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	59,411.40	318,128.60	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	-0-	-0-	21(a)i
ii. Non-Federal Share	-0-	-0-	21(a)ii
b. Other Federal Operating Expenditures	20,136.48	56,658.89	21(b)
c. Total Operating Expenditures (add a I, a II, and b) ➤	20,136.48	56,658.89	21(c)
22. Transfers to Affiliated/Other Party Committees	-0-	-0-	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	32,375.00	275,486.18	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(a)
b. Political Party Committees	-0-	-0-	28(b)
c. Other Political Committees (such as PACs)	-0-	-0-	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	-0-	-0-	28(d)
29. Other Disbursements	235.00	235.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	52,746.48	332,380.07	30
31. Total Federal Disbursements (subtract line 21 a II from line 30) ➤	52,746.48	332,380.07	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	38,836.82	219,327.25	32
33. Total Contribution Refunds (from line 28d)	-0-	-0-	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	38,836.82	219,327.25	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	20,136.48	56,658.89	35
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	20,136.48	56,658.89	37

FE2AH068

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page 1 of 1 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 disclosure	0	0	13,000 for original
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

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

PAGE 1 OF 4

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
Robert W. Adams 2422 Munford Drive Fallston, MD 21047	St. Agnes Hospital Occupation: Executive V.P.	08/05/96	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
Ronald O. Wood 1679 Campbell Road Forest Hill, MD 21050	Franklin Square Hospital Center Occupation: CEO	08/05/96	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
Nancy J. Harpst 114 New Castle Court Frederick, MD 21702	Frederick Memorial Hospital Occupation: QA/UR Dept.	08/05/96	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
John Biebel 2602 Carroll Lake St. Tampa, FL 33618	St. Joseph's-St. Anthony's Health System Occupation: President/CEO	08/05/96	400.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 400.00		
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Johnette Vodenicker 6 Timber Trail Ormond Beach, FL 32174	Memorial Hospital- W. Volusia Occupation: Sr. VP/Administrator	08/05/96	400.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 400.00		
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Joe Morris Kootenai Medical Center 2003 Lincoln Way Coeur d'Alene, ID 83814	Kootenai Medical Center Occupation: Chief Executive Officer	08/09/96	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Kenneth Courey 25 Pocono Road Denville, NJ 07834	Northwest Covenant Healthcare System Occupation: CEO	08/12/96	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		

SUB TOTAL of Receipts This Page (Optional) >	2,300.00
TOTAL this Period (Last page this line number only) >	

Use seperate schedule(s) for each category of the Detailed Summary Page	PAGE 2 OF 4
	FOR LINE NUMBER 11 a i

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. Ronald J. DelMauro 94 Old Short Hills Road Livingston, NJ 07039 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Saint Barnabas Medical Center CEO Aggregate Year-to-date > $ 500.00	08/12/96	500.00
B. George F. Lynn 1925 Pacific Avenue Atlantic City, NJ 08401 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Atlantic City Medical Center President Aggregate Year-to-date > $ 500.00	08/12/96	500.00
C. Lynn B. Nemeth 760 Alexander Road CN-1 Princeton, NJ 08540-0001 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	New Jersey Hospital Association COO Aggregate Year-to-date > $ 250.00	08/12/96	250.00
D. Michael J. Sulffen Overlook Hospital 99 Beauvoir Ave. at Sylvan Rd. Summit, NJ 07901 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Overlook Hospital CEO Aggregate Year-to-date > $ 250.00	08/12/96	250.00
E. Donna R. Pizzulli 760 Alexander Rd. Princeton, NJ 08540-0264 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	New Jersey Hospital Association Vice President Aggregate Year-to-date > $ 250.00	08/12/96	250.00
F. Joseph A. Trunfio 25 Pocono Road Denville, NJ 07834 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Northwest Covenant Healthcare System President Aggregate Year-to-date > $ 500.00	08/12/96	500.00
G. Wayne C. Schiffner Northwest Covenant Medical Cen 25 Pocono Road Denville, NJ 07834 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Northwest Covenant Healthcare System COO Aggregate Year-to-date > $ 375.00	08/12/96	375.00

SUB TOTAL of Receipts This Page (Optional) ..... >	2,625.00
TOTAL this Period (Last page this line number only) ..... >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 3 OF 4
	FOR LINE NUMBER 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
Richard Fairclough 25 Pococo Road Denville, NJ 07834 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	SSM Ambulance Care Corp. Occupation: Vice President Aggregate Year-to-date > $ 375.00	08/12/96	375.00
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
David P. Tilton 6725 Delilah Road P.O. Box 1460 Pleasantville, NJ 08232-6460 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Atlanticare Health System. Occupation: President Aggregate Year-to-date > $ 250.00	08/12/96	250.00
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Chester B. Kaletkowski 175 Madison Avenue Mt. Holly, NJ 08060 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Memorial Hosp. of Burlington Occupation: CEO Aggregate Year-to-date > $ 500.00	08/12/96	500.00
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
John C. Shershow 25 Pocono Road Denville, NJ 07834 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Northwest Covenant Medical Center Occupation: Senior Vice President Aggregate Year-to-date > $ 250.00	08/12/96	250.00
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Richard E. Murray 1099 White Horse Road Voorhees, NJ 08043 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Kennedy Memorial Hospitals Occupation: President Aggregate Year-to-date > $ 250.00	08/12/96	250.00
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Donald R. Carlson San Juan Regional Medical Ctr. 801 West Maple Street Farmington, NM 87401 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	San Juan Regional Medical Center Occupation: President and CEO Aggregate Year-to-date > $ 250.00	08/19/96	250.00
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Jon Gates 300 East 23rd Cheyenne, WY 82001 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	United Medical Center Occupation: Administrator Aggregate Year-to-date > $ 250.00	08/19/96	250.00

SUB TOTAL of Receipts This Page (Optional) ..... >	2,125.00
TOTAL this Period (Last page this line number only) ..... >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 4 OF 4
	FOR LINE NUMBER 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	Date (Month day, Year)	Amount of Each Receipt this Period
Paul Bolster American Hospital Association 4360 Georgetown Square, Suite Atlanta, GA 30338	American Hospital Association Occupation: Regional Leg. Director	08/19/96	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	Date (Month day, Year)	Amount of Each Receipt this Period
Ronald M. Wisbey 6494 South Wind Circle Columbia, MD 21044	Adventist Health System Occupation: Trustee	08/19/96	125.00
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
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) ..... >	375.00
TOTAL this Period (Last page this line number only) ..... >	7,425.00

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	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
North Carolina Hospital Assoc. P.O. Box 80428 Raleigh, NC 21623	Occupation	08/21/96	2,780.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 17,780.00		

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
California Heathcare Association PAC P.O. Box 1252 Sacramento, CA 95812	Occupation	08/30/96	17,025.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 34,050.00		

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

SUB TOTAL of Receipts This Page (Optional) >	19,805.00
TOTAL this Period (Last page this line number only) >	19,805.00

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

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 > $ 1,009.98	08/30/96	502.76
B. Northern Trust Bank 50 South LaSalle Street Chicago, IL 60606 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 3,630.93	08/30/96	266.82
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 > $		

SUB TOTAL of Receipts This Page (Optional) ..... >	769.58
TOTAL this Period (Last page this line number only) ..... >	769.58

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

	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
A. Full Name, Mailing Address and Zip Code Peter D. Hart Research Associates, Inc. 1724 Connecticut Avenue, NW Washington, DC 20009	Polling Services Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)	08/21/96	13,000.00
B. Full Name, Mailing Address and Zip Code Peter D. Hart Research Associates, Inc. 1724 Connecticut Avenue, NW Washington, DC 20009	Portion Allocated to Rep. Orton Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)	08/21/96	-4,875.00
C. Full Name, Mailing Address and Zip Code The Tarrance Group 201 N. Union Street Suite 410 Alexandria, VA 22314	Polling Services Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)	08/21/96	12,000.00
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) ..... >	20,125.00
TOTAL this Period (Last page this line number only) ..... >	20,125.00

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 Baesler for Congress P.O. Box 2147 Lexington, KY 40595-2147	Purpose of Disbursement Scotty Baesler, U.S. HOUSE 6th KY Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996	Date (Month day,Year) 08/12/96	Amount of Each Disb. this Period 1,000.00
B. Full Name, Mailing Address and Zip Code Jon Christensen for Congress P.o. Box 540621 Omaha, NE 68154-0621	Purpose of Disbursement Jon Christensen, U.S. HOUSE 2nd NE Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996	Date (Month day,Year) 08/01/96	Amount of Each Disb. this Period 1,000.00
C. Full Name, Mailing Address and Zip Code Ehrlich for Congress P.O. Box 932 Hunt Valley, MD 21030	Purpose of Disbursement Robert L. Ehrlich, U.S. HOUSE 2nd MD Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996	Date (Month day,Year) 08/01/96	Amount of Each Disb. this Period 1,000.00
D. Full Name, Mailing Address and Zip Code People for English Committee P.O. Box 1940 Erie, PA 16512	Purpose of Disbursement Phil English, U.S. HOUSE 21st PA Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996	Date (Month day,Year) 08/13/96	Amount of Each Disb. this Period 5,000.00
E. Full Name, Mailing Address and Zip Code Bob Etheridge for Congress Committee P.O. Drawer 1059 Lillington, NC 27546	Purpose of Disbursement Bob Etheridge, 2nd NC Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996	Date (Month day,Year) 08/21/96	Amount of Each Disb. this Period 2,000.00
F. Full Name, Mailing Address and Zip Code The Tillie Fowler Campaign P.O. Box 380087 Jacksonville, FL 32205	Purpose of Disbursement Tillie K. Fowler, U.S. HOUSE 4th FL Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1996	Date (Month day,Year) 08/12/96	Amount of Each Disb. this Period 2,000.00
G. Full Name, Mailing Address and Zip Code Martin Frost Campaign Committee 555 New Jersey Avenue, N.W., Suite 201 Washington, DC 20001	Purpose of Disbursement Martin Frost, U.S. HOUSE 24th TX Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996	Date (Month day,Year) 08/01/96	Amount of Each Disb. this Period 1,500.00
H. Full Name, Mailing Address and Zip Code Friends of Phil Gramm P.O. Box 565087 Dallas, TX 75356	Purpose of Disbursement Phil Gramm, U.S. SENATE TX Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996	Date (Month day,Year) 08/01/96	Amount of Each Disb. this Period 1,000.00
I. Full Name, Mailing Address and Zip Code Knollenberg for Congress 512 Second Street, S.E. Washington, DC 20003	Purpose of Disbursement Joe Knollenberg, U.S. HOUSE 11th MI Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996	Date (Month day,Year) 08/01/96	Amount of Each Disb. this Period 500.00

SUB TOTAL of Disbursements this page (Optional) ..... >	15,000.00
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	PAGE 2 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	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Ron Lewis for Congress Committee 1700 West Abingdon Drive, #101 Alexandria, VA 22314	Ron Lewis, U.S. HOUSE 2nd KY Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996	08/12/96	500.00
B. Full Name, Mailing Address and Zip Code McIntosh for Congress P.O. Box 2424 Muncie, IN 47307	Purpose of Disbursement David M. McIntosh, U.S. HOUSE 2nd IN Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996	08/01/96	3,000.00
C. Full Name, Mailing Address and Zip Code Moran for Congress P.O. Box 128 Hays, KS 67601	Purpose of Disbursement Jerry Moran, U.S. HOUSE 1st KS Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1996	08/01/96	1,000.00
D. Full Name, Mailing Address and Zip Code Nelson for Senate 110 B East Broad Street Falls Church, VA 22046	Purpose of Disbursement Ben Nelson, U.S. SENATE NE Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996	08/01/96	5,000.00
E. Full Name, Mailing Address and Zip Code Peter D. Hart Research Associates, Inc. 1724 Connecticut Avenue, NW Washington, DC 20009	Purpose of Disbursement In-Kind Poll--Rep. Bill Orton (UT-03) Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996	08/21/96	4,875.00 (In-Kind)
F. Full Name, Mailing Address and Zip Code Orton for Congress 400 North Freedom Blvd., #7 Provo, UT 84601	Purpose of Disbursement In-Kind Poll--Rep. Bill Orton (UT-03) Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996	08/21/96	4,875.00 (Memo In-Kind)
G. Full Name, Mailing Address and Zip Code Hal Rogers for Congress 7605 Timberly Court McLean, VA 22102	Purpose of Disbursement Harold Rogers, U.S. HOUSE 5th KY Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996	08/12/96	500.00
H. Full Name, Mailing Address and Zip Code Sabo for Congress 644 North Carolina Avenue, SE Washington, DC 20003	Purpose of Disbursement Martin Olav Sabo, U.S. HOUSE 5th MN Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1996	08/01/96	1,000.00
I. Full Name, Mailing Address and Zip Code Sabo for Congress 644 North Carolina Avenue, SE Washington, DC 20003	Purpose of Disbursement Voided Check Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1996	08/01/96	-500.00

SUB TOTAL of Disbursements this page (Optional) ..... >	15,375.00
TOTAL this Period (Last page this line number only) ..... >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 3 OF 3
	FOR LINE NUMBER 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
Friends of Jim Saxton P.O. Box 795 Mount Holly, NJ 08060	Jim Saxton, U.S. HOUSE 3rd NJ Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996	08/20/96	500.00
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day,Year)	Amount of Each Disb. this Period
Committee to Re-Elect Congressman Chris Smith 217 Hancock Avenue Bridgewater NJ, 08	Christopher H. Smith, U.S. HOUSE 4th NJ Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996	08/20/96	1,000.00
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day,Year)	Amount of Each Disb. this Period
Mike Ward for Congress 1250 Bardstown Road Louisville, KY 40204-9879	Mike Ward, U.S. HOUSE 3rd KY Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996	08/12/96	500.00
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day,Year)	Amount of Each Disb. this Period
	Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)		
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day,Year)	Amount of Each Disb. this Period
	Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)		
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day,Year)	Amount of Each Disb. this Period
	Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)		
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day,Year)	Amount of Each Disb. this Period
	Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)		
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day,Year)	Amount of Each Disb. this Period
	Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)		
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day,Year)	Amount of Each Disb. this Period
	Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)		

SUB TOTAL of Disbursements this page (Optional) ..... >	2,000.00
TOTAL this Period (Last page this line number only) ..... >	32,375.00

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
			FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name, Mailing Address and Zip Code AHA Administrative Account 325 7th Street Washington, DC 20004	Purpose of Disbursement Transfer to Administrative Account Disbursement For: [ ] Primary [ ] General [ ] Other (Specify) 1996	Date (Month day, Year) 08/20/96	Amount of Each Disb. this Period 235.00
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
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) ..... >	235.00
TOTAL this Period (Last page this line number only) ..... >	235.00

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 9-20-96
☐	First Class Mail	POSTMARKED
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☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

PREPARER

9-23-96
DATE PREPARED

FEC FORM 70-2 (12/92)