REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

DEC 12 9 17 AM '97

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

ADDRESS (number and street) ☐ Check if different than previously reported
335 7th Street, NW

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	☐ 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 11/01/97 through 11/30/97		
6. (a) Cash on Hand January 1, 1997		$ 210,745.92
(b) Cash on Hand at Beginning of Reporting Period	$ 374,905.93	
(c) Total Receipts (from line 19)	$ 138,438.86	$ 633,325.42
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 513,344.79	$ 844,071.34
7. Total Disbursements (from Line 30)	$ 37,913.99	$ 368,640.54
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	$ 475,430.80	$ 475,430.80
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:
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 III

Date
12/10/97

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)

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: 11/01/97 TO: 11/30/97

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)	33,807.36	218,479.34
ii. Unitemized	40,378.54	250,484.27
iii. Total (add i and ii) >	74,185.90	468,963.61
b. Political Party Committees	0.00	0.00
c. Other Political Committees (such as PACs)	0.00	2,000.00
d. Total Contributions (add aiii,b and c) >	74,185.90	470,963.61
12. Transfers From Affiliated/Other Party Committees	63,500.00	156,720.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	752.96	5,641.81
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add 11d,12,13,14,15,16,17,and 18) >	138,438.86	633,325.42
20. Total Federal Receipts (subtract line 18 from line 19) >	138,438.86	633,325.42
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	0.00	0.00
ii. Non-Federal Share	0.00	0.00
b. Other Federal Operating Expenditures	133.99	18,776.44
c. Total Operating Expenditures (Add ai,aii, and b) >	133.99	18,776.44
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	37,780.00	344,957.50
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C.441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees	0.00	0.00
b. Political Party Committees	0.00	0.00
c. Other Political Committees (Such As PACs)	0.00	0.00
d. Total Contribution Refunds (Add a,b, and c) >	0.00	0.00
29. Other Disbursements	0.00	4,906.60
30. Total Disbursements (Add 21c,22,23,24,25,26,27,28d, and 29) >	37,913.99	368,640.54
31. Total Federal Disbursements (Subtract line 21 all from line 30) >	37,913.99	368,640.54
III. Net Contributions/Operating Expenditures		
32. Total Contributions (Other than loans) (from line 11d)	74,185.90	470,963.61
33. Total Contribution Refunds (from line 28d)	0.00	0.00
34. Net Contributions (Other than loans) (subtract line 33 from 32)	74,185.90	470,963.61
35. Total Federal Operating Expenditures (add 21 ai and 21 b) >	133.99	18,776.44
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00
37. Net Operating Expenditures (subtract line 36 from 35) >	133.99	18,776.44

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 29
	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
Donald H. Zornes 2860 Maple Road Columbus, NE 68601	Columbus Community Hospital, Inc. Occupation: Administrator	11/03/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Charles J. Stine 1073 West Highland Hermiston, OR 97838	Good Shepherd Community Hospital Occupation: Consultant	11/03/97	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
Pamela Austin Thompson RN, MSN 412 Depot Street Andover, NH 03216	Dartmouth-Hitchcock Medical Center Occupation: VP, Nursing	11/03/97	175.00
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
Marlene Krein Mercy Hospital 1031 Seventh Street Devils Lake, ND 58301-2798	Mercy Hospital Occupation: Administrator	11/03/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
John J. Buckley Jr. 735 Lake Shore Drive Murphysboro, IL 62966	Health Services of Southern Illinois Occupation: CEO	11/03/97	2.50
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 252.50		
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Wayne F. Fesler IHHA 1151 E. Warrenville Rd. Naperville, IL 60566	Illinois Hospital & HealthSystems Association Occupation: Senior VP, Operations	11/03/97	8.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 322.00		
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Richard A. Hamilton IHHA 1151 E. Warrenville Rd. Naperville, IL 60566	Illinois Hospital & HealthSystems Association Occupation: Vice President, Finance	11/03/97	8.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 322.00		

SUB TOTAL of Receipts This Page (Optional) ---------->	943.50
TOTAL this Period (Last page this line number only) ---------->	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 2 OF 29
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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
Pat Merryweather-Argus IHHA 1151 E. Warrenville Road Naperville, IL 60566	Illinois Hospital & HealthSystems Association Occupation: IHHA Staffer	11/03/97	8.02
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 323.68		

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Kenneth C. Robbins IHHA 1151 East Warrenville Road Naperville, IL 60566	Illinois Hospital & HealthSystems Association Occupation: President	11/03/97	7.83
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 344.41		

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Steven B. Scheer IHHA 1151 East Warrenville Road Naperville, IL 60566	Illinois Hospital & HealthSystems Association Occupation: Executive Vice President	11/03/97	8.02
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 322.18		

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Edward B. Case 327 Greenbriar Estates Drive Des Peres, MO 63122	BJC Health System Occupation: Executive VP, Finance and Administration	11/03/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Michael Allen DeHaven 23 Fair Oaks St. Louis, MO 63124	BJC Health System Occupation: Vice President & General Counsel	11/03/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Ned Taddeucci BJC Health System 444 Forest Park Ave., Ste. 500 St Louis, MO 63108-2212	BJC Health System Occupation: Director, Bi-State Government Relations	11/03/97	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	Date (Month day, Year)	Amount of Each Receipt this Period
J. Russell Carnahan 3150 Allen Avenue St. Louis, MO 63104	BJC Health System Occupation: Manager, Government Relations	11/03/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		

SUB TOTAL of Receipts This Page (Optional) ---------->	1,023.87
TOTAL this Period (Last page this line number only) ---------->	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 3 OF 29
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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
Richard L. Conklin 4753 Quail Run Road Farmington, MO 63640	Parkland Health Center-Farmington Occupation: Hospital Administrator	11/03/97	150.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 400.00		

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
Joseph A. Thompson 4190 Belfort Road Suite 425 Jacksonville, FL 32216	DeLay-Thompson & Company Occupation: Consultant	11/04/97	400.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 400.00		

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
Christine McEntee American Hospital Association One North Franklin Chicago, IL 60606	American Hospital Association Occupation: Executive Vice President	Payroll Deduction	22.73 ($22.73 Biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 486.10		

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
William C. Christenson American Hospital Association Five New England Exec. Park Burlington, MA 01803	American Hospital Association Occupation: Regional Director	Payroll Deduction	22.73 ($22.73 Biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 434.14		

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
Richard J. Pollack American Hospital Association 325 7th Street, NW Washington, DC 20004	American Hospital Association Occupation: Exec. Vice President, Public Affairs	Payroll Deduction	41.67 ($41.67 Biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 910.36		

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
Lori Schor American Hospital Association 325 Seventh Street, NW Washington, DC 20004	American Hospital Association Occupation: Associate Director, AHAPAC	Payroll Deduction	20.83 ($20.83 Biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 416.60		

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
Robert J. Donovan 234 South Madison Street Hinsdale, IL 60521	American Hospital Association Occupation: Director	Payroll Deduction	22.73 ($22.73 Biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 501.38		

SUB TOTAL of Receipts This Page (Optional) >	680.69
TOTAL this Period (Last page this line number only) >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 4 OF 29
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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 Ellen A. Pryga American Hospital Association 325 7th Street, NW Washington, DC 20004	Name of Employer American Hospital Association Occupation Director Policy Development	Date (Month day,Year) Payroll Deduction	Amount of Each Receipt this Period 10.42 ($10.42 Biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		
B. Full Name, Mailing Address and Zip Code John F. Barry American Hospital Association 5 New England Executive Park Burlington, MA 01803-5006	Name of Employer American Hospital Association Occupation Regional Legislative Dir.	Date (Month day,Year) Payroll Deduction	Amount of Each Receipt this Period 20.83 ($20.83 Biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 458.20		
C. Full Name, Mailing Address and Zip Code Mark Sckleckl American Hospital Association 325 7th Street, NW Washington, DC 20004	Name of Employer American Hospital Association Occupation PAC Administrator	Date (Month day,Year) Payroll Deduction	Amount of Each Receipt this Period 21.74 ($21.74 Biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 454.66		
D. Full Name, Mailing Address and Zip Code Herb B. Kuhn American Hospital Association 325 7th Street, NW Washington, DC 20004	Name of Employer American Hospital Association Occupation Vice President Cong Exec Branch Rel	Date (Month day,Year) Payroll Deduction	Amount of Each Receipt this Period 20.83 ($20.83 Biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 468.20		
E. Full Name, Mailing Address and Zip Code Anne L. Nicoll American Hospital Association 325 7th Street, NW Washington, DC 20004	Name of Employer American Hospital Association Occupation Congressional Relations	Date (Month day,Year) Payroll Deduction	Amount of Each Receipt this Period 10.42 ($10.42 Biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 208.40		
F. Full Name, Mailing Address and Zip Code Sidney Jacob American Hospital Association One North Franklin Chicago, IL 60606	Name of Employer American Hospital Association Occupation Assistant Treasurer	Date (Month day,Year) Payroll Deduction	Amount of Each Receipt this Period 20.83 ($20.83 Biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 616.60		
G. Full Name, Mailing Address and Zip Code George F. Bergstrom American Hospital Association One North Franklin Street Chicago, IL 60606	Name of Employer American Hospital Association Occupation Association Exec.	Date (Month day,Year) Payroll Deduction	Amount of Each Receipt this Period 11.37 ($11.37 Biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 281.50		

SUB TOTAL of Receipts This Page (Optional) >	116.44
TOTAL this Period (Last page this line number only) >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 5 OF 29
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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
Molly Collins American Hospital Association 325 7th Street, NW Washington, DC 20004 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Employer: American Hospital Association Occupation: Policy Development Division Aggregate Year-to-date > $ 354.20	Payroll Deduction	14.59 ($14.59 Biweekly)
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Anthony J. Giardina American Hospital Assn. 4000 Kruse Way Pl Bld 2 Ste100 Lake Oswego, OR 97035-2543 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Employer: American Hospital Association Occupation: Regional Executive Aggregate Year-to-date > $ 400.00	Payroll Deduction	25.00 ($25.00 Biweekly)
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Caroline Hiasom American Hospital Association 325 7th Street, NW Washington, DC 20004 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Employer: American Hospital Association Occupation: Project Director Aggregate Year-to-date > $ 204.66	Payroll Deduction	11.37 ($11.37 Biweekly)
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Paul Bolster American Hospital Association 1675 Terrell Mill Rd., #250 Marietta, GA 30067 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Employer: American Hospital Association Occupation: So. Regional Legis. Director Aggregate Year-to-date > $ 416.60	Payroll Deduction	20.83 ($20.83 Biweekly)
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Richard J. Davidson American Hospital Association 325 7th Street, NW Washington, DC 20004 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Employer: American Hospital Association Occupation: President Aggregate Year-to-date > $ 764.79	Payroll Deduction	58.83 ($58.83 Biweekly)
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Janet Trettner American Hospital Association 325 Seventh Street, NW Washington, DC 20004 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Employer: American Hospital Association Occupation: Director Aggregate Year-to-date > $ 250.00	Payroll Deduction	10.42 ($10.42 Biweekly)
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Mary Grealy American Hospital Association 325 7th Street, NW Washington, DC 20004 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Employer: American Hospital Association Occupation: Sr. Washington Counsel Aggregate Year-to-date > $ 458.40	Payroll Deduction	10.42 ($10.42 Biweekly)

SUB TOTAL of Receipts This Page (Optional) ..... >	151.46
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 6 OF 29
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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. Linda M. Magno American Hospital Association 325 7th Street, NW Washington, DC 20004 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer: American Hospital Association Occupation: Director Aggregate Year-to-date > $ 250.00	Payroll Deduction	10.42 ($10.42 Biweekly)
B. Donna J. Melkonian American Hospital Association One North Franklin Street Chicago, IL 60606 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer: American Hospital Association Occupation: Director - Financial Policy Aggregate Year-to-date > $ 281.50	Payroll Deduction	11.37 ($11.37 Biweekly)
C. Calbreith L. Simpson American Hospital Association 325 Seventh Street, NW Washington, DC 20004 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer: American Hospital Association Occupation: Regional Executive Aggregate Year-to-date > $ 233.40	Payroll Deduction	10.42 ($10.42 Biweekly)
D. James D. Bentley American Hospital Association 325 7th Street, NW Washington, DC 20004 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer: American Hospital Association Occupation: Sr. Vice President Aggregate Year-to-date > $ 458.48	Payroll Deduction	20.84 ($20.84 Biweekly)
E. Ronald O. Purcell American Hospital Association 802 W. Bannock St, Ste 500 Boise, ID 83701 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer: American Hospital Association Occupation: Regional Executive Aggregate Year-to-date > $ 244.07	Payroll Deduction	11.91 ($11.91 Biweekly)
F. Pamela I. Maples American Hospital Association 3708 Brooks Place, Ste. 1 Sioux Falls, SD 75106 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer: American Hospital Association Occupation: Regional Executive Aggregate Year-to-date > $ 204.66	Payroll Deduction	11.37 ($11.37 Biweekly)
G. Kenneth A. Becker American Hospital Association 325 7th Street, NW Washington, DC 20004 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer: American Hospital Association Occupation: Nat'l Political/Grassroots Project Dir Aggregate Year-to-date > $ 458.20	Payroll Deduction	20.83 ($20.83 Biweekly)

SUB TOTAL of Receipts This Page (Optional) ..... >	97.16
TOTAL this Period (Last page this line number only) ..... >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 7 OF 29
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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 H. Wade American Hospital Association 325 Seventh Street, NW Washington, DC 20004 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	American Hospital Association Occupation: Senior Vice President Aggregate Year-to-date > $ 487.60	Payroll Deduction	20.84 ($20.84 Biweekly)
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Stephen M. Ahnen American Hospital Association 325 7th Street, NW Washington, DC 20004 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	American Hospital Association Occupation: Vice President/Special Asst. to Pres. Aggregate Year-to-date > $ 507.72	Payroll Deduction	20.84 ($20.84 Biweekly)
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Carmela Coyle American Hospital Association 325 Seventh Street, NW Washington, DC 20004 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	American Hospital Association Occupation: Vice President Aggregate Year-to-date > $ 413.06	Payroll Deduction	21.74 ($21.74 Biweekly)
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Carla L. Luggiero American Hospital Association 325 7th Street, NW Washington, DC 20004 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	American Hospital Association Occupation: Legislative Affairs Aggregate Year-to-date > $ 500.00	Payroll Deduction	10.42 ($10.42 Biweekly)
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Sharon J. Swan American Hospital Association 325 7th Street, NW Washington, DC 20004 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	American Hospital Association Occupation: Director of Policy, AONE Aggregate Year-to-date > $ 458.20	Payroll Deduction	20.83 ($20.83 Biweekly)
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Carolyn Foccina American Hospital Association 121 South Broad St., 20th Flr. Philadelphia, PA 19107 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	American Hospital Association Occupation: Regional Executive Aggregate Year-to-date > $ 434.14	Payroll Deduction	22.73 ($22.73 Biweekly)
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Alicia Mitchell American Hospital Associatinn 325 Seventh Street, NW Washington, DC 20004 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	American Hospital Association Occupation: Media Relations Representative Aggregate Year-to-date > $ 231.53	Payroll Deduction	10.87 ($10.87 Biweekly)

SUB TOTAL of Receipts This Page (Optional) ..... >	128.27
TOTAL this Period (Last page this line number only) ..... >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 8 OF 29
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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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
Etta S. Fielek American Hospital Association 325 Seventh Street, NW Washington, DC 20004	American Hospital Association Occupation: Vice President	Payroll Deduction	20.83 ($20.83 Biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 416.60		
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
Joseph R. Martin American Hospital Association One North Franklin Chicago, IL 60606	American Hospital Association Occupation: Vice President Trend Analysis	Payroll Deduction	11.37 ($11.37 Biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 268.66		
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
Karen Milgate American Hospital Association 325 Seventh Street, NW Washington, DC 20004	American Hospital Association Occupation: Sr. Assoc. Director Policy Develop.	Payroll Deduction	11.37 ($11.37 Biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 246.26		
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
Carol P. Schadelbauer American Hospital Association 325 7th Street, NW Washington, DC 20004	American Hospital Association Occupation: Sr. Associate Director	Payroll Deduction	11.37 ($11.37 Biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 204.66		
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
Barbara Tomar American Hospital Association 325 7th Street, NW Washington, DC 20004	American Hospital Association Occupation: Policy Development	Payroll Deduction	10.87 ($10.87 Biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 248.13		
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
Deborah Weiner American Hospital Association 325 7th Street, NW Washington, DC 20004	American Hospital Association Occupation: Associate Director	Payroll Deduction	20.83 ($20.83 Biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 467.17		
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
Alfred Jackson III American Hospital Association 325 7th Street, NW Washington, DC 20004	American Hospital Association Occupation: Vice President Field Operations	Payroll Deduction	20.83 ($20.83 Biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 488.00		

SUB TOTAL of Receipts This Page (Optional) ---------->	107.47
TOTAL this Period (Last page this line number only) ---------->	

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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
Jonathan T. Lord M.D. American Hospital Association 325 Seventh St., NW Washington, DC 20004 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer: American Hospital Association Occupation: Chief Operating Officer Aggregate Year-to-date > $ 409.14	Payroll Deduction	22.73 ($22.73 Biweekly)
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Lisa A. Potetz American Hospital Association 325 7th Street, NW Washington, DC 20004 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer: American Hospital Association Occupation: Sr. Assoc. Director Aggregate Year-to-date > $ 250.00	Payroll Deduction	10.42 ($10.42 Biweekly)
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Neil J. Jesucle American Hospital Association 325 Seventh St., NW Washington, DC 20004 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer: American Hospital Association Occupation: SVP, Member Relations Aggregate Year-to-date > $ 436.80	Payroll Deduction	20.84 ($20.84 Biweekly)
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Paul W. Boyke American Hospital Association One North Franklin Street Chicago, IL 60606 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer: American Hospital Association Occupation: Sr. Vice President Aggregate Year-to-date > $ 208.40	Payroll Deduction	10.42 ($10.42 Biweekly)
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
David E. Morton American Hospital Association 4000 Lincoln Boulevard Oklahoma City, OK 73105 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer: American Hospital Association Occupation: Regional Executive Aggregate Year-to-date > $ 504.66	Payroll Deduction	11.37 ($11.37 Biweekly)
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
James A. Ball FACHE American Hospital Association 2180 So. 1300 East, Ste. 440 Salt Lake City, UT 84106 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer: American Hospital Association Occupation: Regional Executive Aggregate Year-to-date > $ 400.00	Payroll Deduction	25.00 ($25.00 Biweekly)
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Stephanie Nelson American Hospital Association 325 7th Street, NW Washington, DC 20004 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer: American Hospital Association Occupation: Regional Legislative Director Aggregate Year-to-date > $ 483.23	Payroll Deduction	20.83 ($20.83 Biweekly)

SUB TOTAL of Receipts This Page (Optional) ..... >	121.61
TOTAL this Period (Last page this line number only) ..... >	

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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 K. Kirk American Hospital Association 1700 Sonny's Way Hollister, CA 95023 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer: American Hospital Association Occupation: Regional Executive Aggregate Year-to-date > $ 409.14	Payroll Deduction	22.73 ($22.73 Biweekly)
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
George Arges American Hospital Association One North Franklin St. Chicago, IL 60606 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer: American Hospital Association Occupation: Director, Health Data Mgt. Aggregate Year-to-date > $ 240.00	Payroll Deduction	12.00 ($12.00 Biweekly)
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Kristen Morris American Hospital Association 325 Seventh Street, Ste. 700 Washington, DC 20004 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer: American Hospital Association Occupation: Federal Relations Aggregate Year-to-date > $ 208.40	Payroll Deduction	10.42 ($10.42 Biweekly)
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Robyn Cooke American Hospital Assoc. 325 Seventh Street, NW Washington, DC 20004 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer: American Hospital Association Occupation: Media Relations Asst. Aggregate Year-to-date > $ 206.53	Payroll Deduction	10.87 ($10.87 Biweekly)
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Joseph Tannenbaum American Hospital Assoc. 325 Seventh Street, NW Washington, DC 20004 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer: American Hospital Association Occupation: State Issues Forum Aggregate Year-to-date > $ 208.40	Payroll Deduction	10.42 ($10.42 Biweekly)
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Lucinda A. Bradley Great Plains Reg. Med. Ctr. 601 L. Leota Street North Platte, NE 69103-1167 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer: Great Plains Regional Medical Center Occupation: CEO Aggregate Year-to-date > $ 500.00	11/06/97	250.00
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Maureen L. Bostier NM Hospitals & Health Systems 2121 Osuna Road, NE Albuquerque, NM 87113 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer: New Mexico Hospitals & Health Systems Association Occupation: President & CEO Aggregate Year-to-date > $ 250.00	11/06/97	250.00

SUB TOTAL of Receipts This Page (Optional) ..... >	566.44
TOTAL this Period (Last page this line number only) ..... >	

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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. James Hinton 5901 Harper Drive NE Albuquerque, NM 87109 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Presbyterian Healthcare Services Occupation: President and CEO Aggregate Year-to-date > $ 250.00	11/06/97	250.00
B. Herman Baumann III AHA One North Franklin Street Chicago, IL 60606 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	American Hospital Association Occupation: Business Development Aggregate Year-to-date > $ 250.00	11/07/97	250.00
C. Duane A. Carlberg Windham Community Memorial 112 Mansfield Ave. Willimantic, CT 06268 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Windham Community Memorial Hospital Occupation: Hospital Executive Aggregate Year-to-date > $ 250.00	11/10/97	250.00
D. Richard DeFoore 6464 Cty Rd 351 Anson, TX 79501 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Hendrick Medical Center Occupation: Executive VP and COO Aggregate Year-to-date > $ 250.00	11/10/97	250.00
E. Larry Walker The Walker Company 456 SE 16th Street Gresham, OR 97080 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	The Walker Company Occupation: Owner Aggregate Year-to-date > $ 250.00	11/10/97	250.00
F. John R. Frobenius St. Cloud Hospital 1406 6th Avenue North St. Cloud, MN 56303-0016 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	St. Cloud Hospital Occupation: President and CEO Aggregate Year-to-date > $ 375.00	11/10/97	125.00
G. John P. Kingrey MHHP 2550 University Ave., W.#350S Minneapolis, MN 55114 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Minnesota Hospital & Healthcare Partnership Occupation: Senior Vice President Aggregate Year-to-date > $ 500.00	11/10/97	250.00

SUB TOTAL of Receipts This Page (Optional) ..... >	1,625.00
TOTAL this Period (Last page this line number only) ..... >	

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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
John H. Tobin 189 Hunter's Ridge Rd. Southbury, CT 06488-3826	Waterbury Hospital Occupation: Hospital Executive	11/11/97	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
Lauren A. Barnett AHA One North Franklin Street Chicago, IL 60606	American Hospital Association Occupation: Association Profsnl.	11/11/97	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
Charles F. Schneider 142 L'Homme Street Danielson, CT 06239	Day Kimball Hospital Occupation: President	11/11/97	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
David J. Trull Faulkner Hospital 1153 Centre Street Boston, MA 02130-3492	Faulkner Hospital Occupation: President & CEO	11/13/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		

E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
John Farias Jr. The Borthwick Mortuaries, Inc. 45-425 Kamehameha Highway Kaneohe, HI 96744	The Borthwick Mortuaries, Inc. Occupation: Trustee	11/13/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		

F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Richard E. Meiers Healthcare Association of HI 932 Ward Avenue, Suite 430 Honolulu, HI 96814-2126	Healthcare Association of Hawaii Occupation: President	11/13/97	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
Robert C. Kidy 34 Wildcat Springs Dr. Madison, CT 06443-2439	Middlesex Memorial Hospital Occupation: President/CEO	11/13/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		

SUB TOTAL of Receipts This Page (Optional) >	1,750.00
TOTAL this Period (Last page this line number only) >	

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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
C.C. McAllister Ouachita Country Medical Ctr. P.O. Box 797 Camden, AR 71701	Ouachita County Medical Center Occupation: Administrator	11/17/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 750.00		
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Dennis A. Hall Baptist Health System PO Box 830605 Birmingham, AL 35283-0605	Baptist Health System Occupation: President & CEO	11/17/97	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Michael W. Azzara The Valley Hospital 223 North Van Dien Avenue Ridgewood, NJ 07450	The Valley Hospital Occupation: President	11/17/97	285.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 285.00		
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Stephen P. Landauer P.O. Box 19 Newton, NJ 07860	Atlantic Health System Occupation: Physician Mgmt	11/17/97	214.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 214.00		
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Richard A. Pitman Shore Memorial Hospital One E. New York Avenue Somers Point, NJ 08244	Shore Memorial Hospital Occupation: President	11/17/97	285.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 285.00		
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Louis Yere Pascack Valley Hospital 250 Old Hook Rd. Westwood, NJ 07675	Pascack Valley Hospital Occupation: CEO	11/17/97	310.50
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 310.50		
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Rhonda M. Anderson 235 East River Drive East Hartford, CT 06108-5016	Hartford Hospital Occupation: Nurse Executive	11/18/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		

SUB TOTAL of Receipts This Page (Optional) ..... >	2,094.50
TOTAL this Period (Last page this line number only) ..... >	

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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
Martin G. Morrissey St. Mary's Hospital 56 Franklin Street Waterbury, CT 06706	St. Mary's Hospital Occupation: VP/CFO	11/18/97	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
Michael Springer AHA One North Franklin Street Chicago, IL 60606	American Hospital Association Occupation: Publisher	11/18/97	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	Date (Month day, Year)	Amount of Each Receipt this Period
Jon C. Hilsobeck Texas Hospital Association P.O. Box 15587 Austin, TX 78761-5587	Texas Hospital Association Occupation: Dir Hosp Gov. Affair	11/18/97	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	Date (Month day, Year)	Amount of Each Receipt this Period
Ann Ward Texas Hospital Association P.O. Box 15587 Austin, TX 78761-5587	Texas Hospital Association Occupation: Communications	11/18/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Calvin A. Hiner Tri-County Area Hospital P.O. Box 980 Lexington, NE 68850-0980	Tri-County Area Hospital Occupation: Administrator	11/18/97	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 225.00		
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Robert Iverson M.D. 165 Harlan Drive Bloomfield Hills, MI 48025	The Detroit Medical Center Occupation: Chief, Dept. Critical Care	11/18/97	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	Date (Month day, Year)	Amount of Each Receipt this Period
Mary M. White 6035 Ida Way Englewood, CO 80110	Swedish Medical Center Occupation: Hospital Administrator	11/18/97	150.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 350.00		

SUB TOTAL of Receipts This Page (Optional) ..... >	1,500.00
TOTAL this Period (Last page this line number only) ..... >	

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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
John B. White 2290 West Spring Street Lima, OH 45805	Lima Memorial Hospital President & CEO	11/18/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 267.12		
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day,Year)	Amount of Each Receipt this Period
Francisco J. Perez Kettering Medical Center 3535 Southern Blvd. Kettering, OH 45429	Kettering Medical Center Kettering Memorial Hospital	11/18/97	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
L. Jon Schurmeier Southwest General Health Ctr. 18697 E. Bagley Road Middleburg Heights, OH 44130-3417	Southwest General Health Center President	11/18/97	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
Laurence P. Harkness Children's Medical Center One Children's Plaza Dayton, OH 45404-1815	Children's Medical Center President and CEO	11/18/97	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 254.28		
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day,Year)	Amount of Each Receipt this Period
William J. Ryan 9279 Bluewing Terrace Cincinnati, OH 45236	The Health Alliance of Greater Cincinnati Executive VP, Treasurer	11/18/97	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 210.60		
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day,Year)	Amount of Each Receipt this Period
Richard L. Seim 484 Missouri Ave. Cincinnati, OH 45226	The Health Alliance of Greater Cincinnati VP, Material Srvcs Christ Hospital	11/18/97	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 210.60		
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day,Year)	Amount of Each Receipt this Period
Rodney F. Hochman MD 7421 Pinehurst Drive Cincinnati, OH 45244	The Health Alliance of Greater Cincinnati Exec. Dir. & CEO, Alliance Partners	11/18/97	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 210.60		

SUB TOTAL of Receipts This Page (Optional) ..... >	1,250.00
TOTAL this Period (Last page this line number only) ..... >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 16 OF 29
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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
Terry R. White MetroHealth Medical Center 2500 MetroHealth Dr. Cleveland, OH 44109-1998 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	MetroHealth Medical Center Hospital Executive Aggregate Year-to-date > $ 375.00	11/18/97	125.00
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
K. Douglas Deck 309 Hathaway Road Dayton, OH 45419 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Good Samaritan Hospital & Health Center President & CEO Aggregate Year-to-date > $ 250.00	11/18/97	125.00
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Gina R. Showell Franciscan Medical Center One Franciscan Way Dayton, OH 45408-1498 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Franciscan Health System of Ohio Valley, Inc. Vice President, Operations Aggregate Year-to-date > $ 250.00	11/18/97	125.00
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Richard A. Daniels 110 North Poplar Street Oxford, OH 45056 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	McCullough-Hyde Memorial Hospital Administrator Aggregate Year-to-date > $ 250.00	11/18/97	125.00
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Marjorie Beyers American Hospital Association One North Franklin Street Chicago, IL 60606 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	American Hospital Association Exec. Director AONE Aggregate Year-to-date > $ 750.00	11/18/97	500.00
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Jack M. Zimmerman M.D. Church Hospital Corporation 100 N Broadway Baltimore, MD 21231-1593 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Church Hospital Corporation M.D. Aggregate Year-to-date > $ 500.00	11/20/97	250.00
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Horace W. Murphy 9907 Mt. Tabor Road Myersville, MD 21773 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Washington County Hospital Association President Aggregate Year-to-date > $ 500.00	11/20/97	500.00

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

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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
Lawrence E. Seck 11 Harrison Avenue S. Walpole, MA 02071	Massachusetts Hospital Association Occupation: Senior Vice President	11/24/97	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
William G. Flynn 26 Windward Terrace Lunenburg, MA 01462	Massachusetts Hospital Association Occupation: Govern. & Member Relations	11/24/97	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
Thomas C. Porter Morton Hospital & Medical Ctr 88 Washington Street Taunton, MA 02780-2499	Morton Hospital & Medical Center, Inc. Occupation: President	11/24/97	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
Donald E. Schwarz Jewish Memorial Hosp & Rehab 59 Townsend St. Boston, MA 02119-9918	Jewish Memorial Hospital & Rehabilitation Center Occupation: Hospital Administrator	11/24/97	250.00
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
Margaret A. Toomey 185 Pilgrim Road Boston, MA 02215-5324	Caregroup Occupation: Dir. of Government Affairs	11/24/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 500.00		
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
James T. Kirkpatrick 73 North Avenue Mendon, MA 01756	Massachusetts Hospital Association Occupation: Director of Healthcare Finance	11/24/97	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
Michael J. Daly 1225 Longmeadow Street Longmeadow, MA 01106-2201	Baystate Health Systems Occupation: Healthcare System President	11/24/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 18 OF 29
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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
Geoffrey F. Cole Emerson Hospital 133 Old Rd. to 9 Acre Corner Concord, MA 01742-9120	Emerson Hospital Occupation: President and CEO	11/24/97	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
Richard A. Tschider FACHE St. Alexius Medical Center P.O. Box 5510 Bismarck, ND 58506-5510	St. Alexius Medical Center Occupation: Administrator & CEO	11/24/97	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	Date (Month day, Year)	Amount of Each Receipt this Period
Ronald C. Winger P.O. Box 2107 Santa Fe, NM 87504-2107	St. Vincent Hospital Occupation: President and CEO	11/24/97	255.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 255.00		

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Deborah L. Frett American Hospital Association One North Franklin Street Chicago, IL 60606	American Hospital Association Occupation: Special Member Services	11/24/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Dixie Arthur AHA Insurance Resource Inc. 737 North Michigan Ave., #600 Chicago, IL 60606	American Hospital Association Occupation: President	11/24/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Richard Bogue AHA One North Franklin Street Chicago, IL 60606	American Hospital Association Occupation: Senior Director	11/24/97	255.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 255.00		

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
William Barker 312 22nd Street Point Pleasant, WV 25550-1444	Pleasant Valley Hospital Occupation: Asst. Exec. Director	11/24/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		

SUB TOTAL of Receipts This Page (Optional) >	1,760.00
TOTAL this Period (Last page this line number only) >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 19 OF 29
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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. David Brash Plateau Medical Center 530 Main Street Oak Hill, WV 25901 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Plateau Medical Center CEO Aggregate Year-to-date > $ 250.00	11/24/97	250.00
B. Jeffrey Chase 807 51st Street Vienna, WV 26105-3147 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Camden Clark Memorial Hospital Radiologist Aggregate Year-to-date > $ 250.00	11/24/97	250.00
C. Joy Cline 511 McNeil Avenue Point Pleasant, WV 25550-1722 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Pleasant Valley Hospital Asst. Exec. Director Aggregate Year-to-date > $ 250.00	11/24/97	250.00
D. Bernard Garrett M.D. 800 Garfield Ave. Parkersburg, WV 26101-5376 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Camden Clark Memorial Hospital Staff Physician Aggregate Year-to-date > $ 250.00	11/24/97	250.00
E. Wayne Griffith FACHE St. Joseph's Hospital Amalia Drive Buckhannon, WV 26201-2222 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Saint Joseph's Hospital - Buckhannon CEO Aggregate Year-to-date > $ 250.00	11/24/97	250.00
F. W. Michael Hensley M.D. 102 Wedgewood Place Parkersburg, WV 26101-9227 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Camden Clark Memorial Hospital Staff Physician Aggregate Year-to-date > $ 250.00	11/24/97	250.00
G. Jill McDaniel West Virginia Hospital Assoc. 100 Association Drive Charleston, WV 25311 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	West Virginia Hospital Association Vice President Aggregate Year-to-date > $ 250.00	11/24/97	250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 20 OF 29
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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
Howard Neiberg M.D. Reynolds Memorial Hospital 2 Fieldcrest Drive Wheeling, WV 26003-5645	Reynolds Memorial Hospital Occupation: Staff Physician	11/24/97	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
Michael G. Sellards Pleasant Valley Hospital 2520 Valley Drive Pt. Pleasant, WV 25550-2083	Pleasant Valley Hospital, Inc. Occupation: Executive Director	11/24/97	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	Date (Month day,Year)	Amount of Each Receipt this Period
Christina Stover 1 Roseberry Lane Point Pleasant, WV 25550-1632	Pleasant Valley Hospital Occupation: Asst. Exec. Director	11/24/97	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	Date (Month day,Year)	Amount of Each Receipt this Period
Thomas Corder 4610 4th Avenue Vienna, WV 26105-1818	Camden Clark Memorial Hospital Occupation: Administrator	11/24/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
Bruce Gorby 121 Normandy Estates Bridgeport, WV 26330-9746	United Hospital Center Occupation: Staff Physician	11/24/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
Christopher S. Bailey Virginia Hospital & Healthcare PO Box 31394 Richmond, VA 23294	Virginia Hospital & Healthcare System Occupation: Senior V.P.	11/24/97	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
Lewis Terry Peeples 4001 Huntington Court Hopkinsville, KY 42240	Jennie Stuart Medical Center Occupation: Healthcare Admin.	11/24/97	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 300.00		

SUB TOTAL of Receipts This Page (Optional) ..... >	1,675.00
TOTAL this Period (Last page this line number only) ..... >	

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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
Kerry G. Gillihan Cardinal Hill Rehabilitation 2050 Versailles Road Lexington, KY 40504	Cardinal Hill Rehabilitation Hospital President and CEO	11/24/97	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
Wally Montgomery M.D. 3690 Marlborough Way Paducah, KY 42001	KHA Board Member	11/24/97	600.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 600.00		

C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Nancy Rust 937 Woodland Heights Drive Louisville, KY 40245-5219	Sponse/Home Maker	11/24/97	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
Larry O. Barton 3818 Londonderry Lane Paducah, KY 42001	Western Baptist Hospital President	11/24/97	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 550.00		

E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Richard M. Thomas 104 Saratoga Circle Richmond, KY 40475	Pattie A. Clay Hospital CEO	11/24/97	236.25
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 486.25		

F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Joseph S. Coatsworth Connecticut Hospital Assoc. 110 Barnes Rd. Wallingford, CT 06492-0090	Connecticut Hospital Association Vice President	11/24/97	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
Joseph Walkovich Connecticut Hospital Assoc. P.O. Box 90 Wallingford, CT 06492-0090	Connecticut Hospital Association Associate VP	11/24/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		

SUB TOTAL of Receipts This Page (Optional) >	2,386.25
TOTAL this Period (Last page this line number only) >	

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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. Stephen W. Larsen Ph.D. Natchaug Hospital, Inc. 189 Storrs Rd. Mansfield Center, CT 06250 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Natchaug Hospital, Inc. CEO Aggregate Year-to-date > $ 250.00	11/24/97	250.00
B. Kyle Ballou Yale-New Haven Hospital 20 York Street New Haven, CT 06510-3220 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Yale-New Haven Hospital Administrative Director Aggregate Year-to-date > $ 250.00	11/24/97	250.00
C. Barry M. Spero Masonic Geriatric Healthcare 22 Masonic Avenue Wallingford, CT 06492 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Masonic Geriatric Healthcare Center/Masonicare President/CEO Aggregate Year-to-date > $ 250.00	11/24/97	250.00
D. Kevin Kinsella Hartford Hospital 80 Seymour Street Hartford, CT 06100 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Hartford Hospital Vice President Aggregate Year-to-date > $ 250.00	11/24/97	250.00
E. Richard B. Kinnersley Utah Assoc. of HealthCare 2180 S. 1300 E., Ste. 440 Salt Lake City, UT 84106-2843 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Utah Association of HealthCare Providers President Aggregate Year-to-date > $ 500.00	11/24/97	500.00
F. Brian Brezosky P.O. Box 24163 Louisville, KY 40224-4163 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	KHA VP/General Counsel Aggregate Year-to-date > $ 338.16	11/24/97	37.50
G. Paige Clements P.O. Box 24163 Louisville, KY 40224-4163 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	KHA VP/Information Services Aggregate Year-to-date > $ 375.00	11/24/97	37.50

SUB TOTAL of Receipts This Page (Optional) ..... >	1,575.00
TOTAL this Period (Last page this line number only) ..... >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 23 OF 29
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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
Nancy C. Galvagni KHA P.O. Box 24163 Louisville, KY 40224-4163	KHA Occupation: Vice President	11/24/97	37.50
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 338.57		

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Stephen P. Miller KHA P.O. Box 24163 Louisville, KY 40224-4163	KHA Occupation: Director, Hospital Finance	11/24/97	37.50
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 225.00		

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Sarah S. Nicholson Kentucky Hospital Association P.O. Box 24163 Louisville, KY 40224-4163	KHA Occupation: Association Executive	11/24/97	37.50
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 238.16		

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Carol Blevins Ormay KHA P.O. Box 24163 Louisville, KY 40224-4163	KHA Occupation: Vice President	11/24/97	37.50
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 238.16		

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Debbie Riley Kentucky Hospital Association P.O. Box 24163 Louisville, KY 40224- 413	KHA Occupation: Director of Finance	11/24/97	35.10
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 227.96		

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Matthew Smith Kentucky Hospital Association P.O. Box 24163 Louisville, KY 40224-4163	KHA Occupation: Director of Workers' Comp.	11/24/97	35.10
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 229.13		

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Carol J. Walters KHA P.O. Box 24163 Louisville, KY 40224-4163	KHA Occupation: Senior Vice President	11/24/97	37.50
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 238.16		

SUB TOTAL of Receipts This Page (Optional) ..... >	257.70
TOTAL this Period (Last page this line number only) ..... >	

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

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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
Etta S. Fielek American Hospital Association 325 Seventh Street, NW Washington, DC 20004 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Employer: American Hospital Association Occupation: Vice President Aggregate Year-to-date > $ 666.60	11/24/97	250.00
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Mark R. Tolosky Baystate Medical Center 759 Chestnut Street Springfield, MA 01191-001 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Employer: Baystate Medical Center Occupation: CEO Aggregate Year-to-date > $ 250.00	11/25/97	250.00
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Maureen D. Mudron American Hospital Association 325 7th Street, NW Washington, DC 20004 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Employer: American Hospital Association Occupation: Asst. General Counsel Aggregate Year-to-date > $ 250.00	11/25/97	250.00
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Victoria S. Galanti Washington State Hospital Asso 300 Elliott Avenue W. Ste. 300 Seattle, WA 98119 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Employer: Washington State Hospital Association Occupation: Executive Vice President Aggregate Year-to-date > $ 250.00	11/26/97	250.00
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Gregory Vigdor Washington Health Foundation 300 Elliott Ave. W, Ste. 300 Seattle, WA 98119-4118 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Employer: Washington State Hospital Association Occupation: VP Policy Development Aggregate Year-to-date > $ 250.00	11/26/97	250.00
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Randy Revelle 2809 39th West Seattle, WA 98119-3124 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Employer: Washington State Hospital Association Occupation: Urban Program Director Aggregate Year-to-date > $ 250.00	11/26/97	250.00
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Jennifer C. Albrecht THA 500 Interstate Blvd., South Nashville, TN 37210 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Employer: THA Occupation: Government Relations Aggregate Year-to-date > $ 250.00	11/26/97	250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 25 OF 29
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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

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Jamie Amaral THA 500 Interstate Blvd., South Nashville, TN 37210	Tennessee Hospital Association Occupation: Sr. Vice President	11/26/97	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
Martha E. Begalla 857 Cherokee Blvd. Knoxville, TN 37919	Baptist Hospital of East Tennessee Occupation: Vice President, Quality Improvement	11/26/97	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
Scott Bowman Route 1, Box 320, Oak Hills Sweetwater, TN 37874	Sweetwater Hospital Association Occupation: CEO	11/26/97	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
Louis H. Bremer Jr. 1104 Wiembley Drive Kingsport, TN 37664	Holston Valley Medical Center Occupation: Administrator/CEO	11/26/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Dale Collins 1503 Firewood Lane Knoxville, TN 37922	Baptist Hospital of East Tennessee Occupation: CEO	11/26/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
James L. Decker 2840 Wimbledon Drive Clarksville, TN 37043	Clarksville Memorial Hospital Occupation: Administrator	11/26/97	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
Jon Foster 3625 Talahi Knoxville, TN 37919	Baptist Hospital of East Tennessee Occupation: Senior Vice President/Administrator	11/26/97	247.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 247.00		

SUB TOTAL of Receipts This Page (Optional) >	1,747.00
TOTAL this Period (Last page this line number only) >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 26 OF 29
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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

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Thomas H. Gee 16 India Rd. Paris, TN 38242 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Henry County Medical Center CEO Aggregate Year-to-date > $ 250.00	11/26/97	250.00
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Eddie George 216 Skyline Drive Bristol, TN 37620 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Bristol Regional Medical Center President/CEO Aggregate Year-to-date > $ 250.00	11/26/97	250.00
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Caryn C. Hawthorne 413 Kituwah Trail Knoxville, TN 37919 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Baptist Hospital of East Tennessee Chief Financial Officer Aggregate Year-to-date > $ 250.00	11/26/97	250.00
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Cathy Hill 643 Dunbar Rd. Troy, TN 38260 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Baptist Memorial Hospital - Union City Executive Director Baptist and Physician Aggregate Year-to-date > $ 250.00	11/26/97	250.00
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Michael D. Huggins THA 500 Interstate Blvd., South Nashville, TN 37210 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	THA Sr. Vice President, Membership Aggregate Year-to-date > $ 250.00	11/26/97	250.00
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
George A. Mathews P.O. Box 6225 Oak Ridge, TN 37831 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Methodist Medical Center of Oak Ridge President Aggregate Year-to-date > $ 250.00	11/26/97	250.00
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Joseph D. McDonald 6941 Riverwood Knoxville, TN 37920 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Fort Sanders Parkwest Medical Center Executive VP/Admnts Aggregate Year-to-date > $ 250.00	11/26/97	250.00

SUB TOTAL of Receipts This Page (Optional) >	1,750.00
TOTAL this Period (Last page this line number only) >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 27 OF 29
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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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
John K. Miles THA 500 Interstate Blvd., South Nashville, TN 37210	THA Occupation: Executive Vice President	11/26/97	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
Mike Perryman 90 Morella Rd. Kenton, TN 38233	Baptist Memorial Hospital-Union City Occupation: Administrator	11/26/97	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	Date (Month day, Year)	Amount of Each Receipt this Period
Stephen C. Reynolds Baptist Memorial Healthcare 899 Madison Ave. Memphis, TN 38146	Baptist Memorial Healthcare System Occupation: CEO	11/26/97	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	Date (Month day, Year)	Amount of Each Receipt this Period
John M. Stone 432 Rolling Mill Road Old Hickory, TN 37138	Metro Nashville General Hospital Occupation: CEO	11/26/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Thelma K. Traut Cedar Lake Estates 1080 Cedar Drive Camden, TN 38320	St. Joseph Hospital Occupation: Governing Board Member	11/26/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Roy Vinson PO Box 689 Kingsport, TN 37662	Holston Valley Medical Center Occupation: Executive Vice President-Operations	11/26/97	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	Date (Month day, Year)	Amount of Each Receipt this Period
Jim Whitlock 385 Everhart Drive Cleveland, TN 37311	Bradley Memorial Hospital Occupation: CEO	11/26/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		

SUB TOTAL of Receipts This Page (Optional) >	1,750.00
TOTAL this Period (Last page this line number only) >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 28 OF 29
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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

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Michael D. Williams 918 Navaho Road Knoxville, TN 37919	Baptist Hospital of East Tennessee Occupation: Chief Operating Officer	11/26/97	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
Ralph Williams 925 Jonola Road Sevierville, TN 37862	Fort Sanders Loudon Medical Center Occupation: CEO	11/26/97	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
Kay R. Hale Kansas Hospital Association 215 S.E. 8th Topeka, KS 66601-2308	Kansas Hospital Association Occupation: Vice President	11/26/97	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 375.00		
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Fred Lucky American Hospital Association 215 SE 8th St, PO Box 2308 Topkea, KS 66601	American Hospital Association Occupation: Vice President	11/26/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 375.00		
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Donald A. Wilson Kansas Hospital Association 215 S.E. 8th Street Topeka, KS 66603-3906	Kansas Hospital Association Occupation: President	11/26/97	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Barry S. MacDowell 1401 Chester Blvd Richmond, IN 47374	Reid Hospital and Health Care Services Occupation: President	11/26/97	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
John C. McGinty Jr. 4203 East Windsor Lane Columbus, IN 47201	Columbus Regional Hospital Occupation: President & Chief Exec.	11/26/97	225.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 225.00		

SUB TOTAL of Receipts This Page (Optional) ---------->	1,600.00
TOTAL this Period (Last page this line number only) ---------->	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 29 OF 29
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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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Bernice C. Ulrich 4655 Running Brook Terrace Greenwood, IN 46143	Indiana Hospital&Health Association Occupation: Vice President	11/26/97	150.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 400.00		
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) ..... >	150.00
TOTAL this Period (Last page this line number only) ..... >	33,807.36

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
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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
Healthcare Association of New York State PAC 74 N. Pearl Street Albany, NY 12207		11/13/97	46,500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 54,500.00		

B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
California Healthcare Association PAC PO Box 1100 Sacramento, CA 95812-1100		11/24/97	12,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 36,000.00		

C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
The Hospital Association of Pennsylvania PAC 4750 Lindle Road Harrisburg, PA 17105		11/26/97	5,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 32,000.00		

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

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

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

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

SUB TOTAL of Receipts This Page (Optional) >	63,500.00
TOTAL this Period (Last page this line number only) >	63,500.00

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

SCHEDULE A ITEMIZED RECEIPTS

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
CITIBANK P.O. Box 19748 Washington, DC 20036		11/28/97	752.96
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 5,606.59		
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) >	752.96
TOTAL this Period (Last page this line number only) >	752.96

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

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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 Citibank, F.S.B. 1400 G Street, NW Washington, DC 20005	Purpose of Disbursement Check Printing Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day, Year) 11/04/97	Amount of Each Disb. this Period 42.76
B. Full Name, Mailing Address and Zip Code Citibank, F.S.B. 1400 G Street, NW Washington, DC 20005	Purpose of Disbursement Service Charge Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day, Year) 11/28/97	Amount of Each Disb. this Period 29.62
C. Full Name, Mailing Address and Zip Code Mellon Bank, NA Merchant Card Services 2 Mellon Bank Ctr., Rm. 152-0515 Pittsburgh, PA 15259-0001	Purpose of Disbursement Service Charge Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day, Year) 11/18/97	Amount of Each Disb. this Period 45.35
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) ..... >	117.73
TOTAL this Period (Last page this line number only) ..... >	117.73

Use seperate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 4
	FOR LINE NUMBER 23

SCHEDULE B — ITEMIZED DISBURSEMENTS

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	Purpose of Disbursement	Date (Month day,Year)	Amount of Each Disb. this Period
Ackerman for Congress P.O. Box 95 Fresh Meadows, NY 11365	Gary L. Ackerman, U.S. HOUSE 5th NY Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	11/13/97	500.00
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day,Year)	Amount of Each Disb. this Period
Robert Aderholt for Congress PO Box 323 Haleyville, AL 35565	Robert B. Aderholt, U.S. HOUSE 4th AL Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	11/03/97	500.00
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day,Year)	Amount of Each Disb. this Period
Robert Aderholt for Congress PO Box 323 Haleyville, AL 35565	Robert B. Aderholt, U.S. HOUSE 4th AL Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	11/03/97	500.00
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day,Year)	Amount of Each Disb. this Period
Robert Aderholt for Congress PO Box 323 Haleyville, AL 35565	Robert B. Aderholt, U.S. HOUSE 4th AL Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	11/10/97	250.00
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day,Year)	Amount of Each Disb. this Period
John Baldacci for Congress 79 Palm Street Bangor, ME 04401	John Baldacci, U.S. HOUSE 2nd ME Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	11/13/97	500.00
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day,Year)	Amount of Each Disb. this Period
Evan Bayh Committee 10 W Market Street Ste. 2100 Indianapolis, IN 46204	Evan Bayh, U.S. SENATE IN Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	11/03/97	1,000.00
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day,Year)	Amount of Each Disb. this Period
Evan Bayh Committee 10 W Market Street Ste. 2100 Indianapolis, IN 46204	Evan Bayh, U.S. SENATE IN Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	11/13/97	4,000.00
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day,Year)	Amount of Each Disb. this Period
Evan Bayh Committee 10 W Market Street Ste. 2100 Indianapolis, IN 46204	Evan Bayh, U.S. SENATE IN Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1998	11/13/97	5,000.00
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day,Year)	Amount of Each Disb. this Period
The Bayou Leader PAC 1230 Dartmouth Rd. Alexandria, VA 22314	Contribution to the Bayou Leader PAC Disbursement For: [ ] Primary [ ] General [X] Other (Specify)	11/10/97	1,000.00

SUB TOTAL of Disbursements this page (Optional) ..... >	13,250.00
TOTAL this Period (Last page this line number only) ..... >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 2 OF 4
	FOR LINE NUMBER 23

SCHEDULE B — ITEMIZED DISBURSEMENTS

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 Berman for Congress 11661 San Vicente Boulevard, Suite 304 Los Angeles, CA 90049	Purpose of Disbursement Howard L. Berman, U.S. HOUSE 26th CA Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	Date (Month day,Year) 11/03/97	Amount of Each Disb. this Period 1,000.00
B. Full Name, Mailing Address and Zip Code Jim Davis for Congress 3716 W. Swan Avenue Tampa, FL 33609	Purpose of Disbursement Jim Davis, U.S. HOUSE 11th FL Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	Date (Month day,Year) 11/26/97	Amount of Each Disb. this Period 500.00
C. Full Name, Mailing Address and Zip Code Jim Davis for Congress 3716 W. Swan Avenue Tampa, FL 33609	Purpose of Disbursement Voided Check: 9/29 Disbursement Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	Date (Month day,Year) 11/26/97	Amount of Each Disb. this Period -500.00
D. Full Name, Mailing Address and Zip Code Friends of Chris Dodd 313 3rd Street, NE, 2nd Floor Washington, DC 20002	Purpose of Disbursement Christopher J. Dodd, U.S. SENATE CT Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	Date (Month day,Year) 11/10/97	Amount of Each Disb. this Period 1,000.00
E. Full Name, Mailing Address and Zip Code Friends of Jennifer Dunn 790 North Vermont, SE Arlington, VA 22203	Purpose of Disbursement Jennifer B. Dunn, U.S. HOUSE 8th WA Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	Date (Month day,Year) 11/03/97	Amount of Each Disb. this Period 500.00
F. Full Name, Mailing Address and Zip Code Friends of Bob Graham Committee 233 Constitution Ave., NE Washington, DC 20003	Purpose of Disbursement Voided Check: 10/10 Disbursement Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	Date (Month day,Year) 11/26/97	Amount of Each Disb. this Period -3,000.00
G. Full Name, Mailing Address and Zip Code Friends of Bob Graham Committee 233 Constitution Ave., NE Washington, DC 20003	Purpose of Disbursement Bob Graham, U.S. SENATE FL Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	Date (Month day,Year) 11/26/97	Amount of Each Disb. this Period 3,000.00
H. Full Name, Mailing Address and Zip Code Friends of Bob Graham Committee 233 Constitution Ave., NE Washington, DC 20003	Purpose of Disbursement Voided Check: 10/10 Disbursement Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1998	Date (Month day,Year) 11/26/97	Amount of Each Disb. this Period -5,000.00
I. Full Name, Mailing Address and Zip Code Friends of Bob Graham Committee 233 Constitution Ave., NE Washington, DC 20003	Purpose of Disbursement Bob Graham, U.S. SENATE FL Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1998	Date (Month day,Year) 11/26/97	Amount of Each Disb. this Period 5,000.00

SUB TOTAL of Disbursements this page (Optional) ..... >	2,500.00
TOTAL this Period (Last page this line number only) ..... >	

Use seperate schedule(s) for each category of the Detailed Summary Page	PAGE 3 OF 4
	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 / Disbursement For	Date (Month day,Year)	Amount of Each Disb. this Period
Committee to Elect Dr. Steve Henry to the Senate PO Box 4425 Louisville, KY 40204	Steve Henry, U.S. SENATE KY Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	11/13/97	2,500.00
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement For	Date (Month day,Year)	Amount of Each Disb. this Period
Friends of Sam Johnson 3232 McKinney Avenue, Suite 855 Dallas, TX 75204	Sam Johnson, U.S. HOUSE 3rd TX Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	11/03/97	500.00
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement For	Date (Month day,Year)	Amount of Each Disb. this Period
Friends of Sam Johnson 3232 McKinney Avenue, Suite 855 Dallas, TX 75204	Sam Johnson, U.S. HOUSE 3rd TX Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	11/10/97	3,000.00
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement For	Date (Month day,Year)	Amount of Each Disb. this Period
Kerrey for U.S. Senate 245 2nd Street, N.E., Suite 300 Washington, DC 20002	Bob Kerrey, U.S. SENATE NE Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 2000	11/13/97	1,000.00
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement For	Date (Month day,Year)	Amount of Each Disb. this Period
John Linder for Congress P.O. Box 942060 Atlanta, GA 30341	John Linder, U.S. HOUSE 11th GA Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	11/10/97	5,000.00
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement For	Date (Month day,Year)	Amount of Each Disb. this Period
Friends of Connie Mack 425 Second Street, NE Washington, DC 20002	Connie Mack, U.S. SENATE FL Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 2000	11/17/97	4,000.00
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement For	Date (Month day,Year)	Amount of Each Disb. this Period
The McGovern Committee P.O. Box 409 Worcester, MA 01606	James P. McGovern, U.S. HOUSE 3rd MA Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	11/03/97	500.00
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement For	Date (Month day,Year)	Amount of Each Disb. this Period
Mica for Congress Committee 305 East Capitol Street, SE Washington, DC 20003	John L. Mica, U.S. HOUSE 7th FL Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	11/17/97	500.00
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement For	Date (Month day,Year)	Amount of Each Disb. this Period
Sue Myrick for Congress P.O. Box 3091 Falls Church, VA 22043-0091	Sue Myrick, U.S. HOUSE 9th NC Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	11/10/97	500.00

SUB TOTAL of Disbursements this page (Optional) ---------->	17,500.00
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 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 Sue Myrick for Congress P.O. Box 3091 Falls Church, VA 22043-0091	Purpose of Disbursement Sue Myrick, U.S. HOUSE 9th NC Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	Date (Month day,Year) 11/10/97	Amount of Each Disb. this Period 500.00
B. Full Name, Mailing Address and Zip Code Pascrell for Congress 63 Quartz Lane Paterson, NJ 07501	Purpose of Disbursement Bill Pascrell, U.S. HOUSE 8th NJ Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	Date (Month day,Year) 11/19/97	Amount of Each Disb. this Period 130.00
C. Full Name, Mailing Address and Zip Code Pastor for Arizona P.O. Box 15014 Washington, DC 20003	Purpose of Disbursement Ed Pastor, U.S. HOUSE 2nd AZ Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	Date (Month day,Year) 11/03/97	Amount of Each Disb. this Period 1,000.00
D. Full Name, Mailing Address and Zip Code Rose for Congress 501 Darby Creed Rd. Ste. 53A Lexington, KY 40509	Purpose of Disbursement John Rose, U.S. HOUSE 6th KY Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	Date (Month day,Year) 11/13/97	Amount of Each Disb. this Period 500.00
E. Full Name, Mailing Address and Zip Code Friends of Cliff Stearns P.O. Box 308 Silver Springs, FL 34489	Purpose of Disbursement Clifford B. Stearns, U.S. HOUSE 6th FL Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	Date (Month day,Year) 11/26/97	Amount of Each Disb. this Period 1,000.00
F. Full Name, Mailing Address and Zip Code Bob Wise for Congress 104 North West Street Alexandria, VA 22314	Purpose of Disbursement Bob Wise, U.S. HOUSE 2nd WV Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	Date (Month day,Year) 11/10/97	Amount of Each Disb. this Period 400.00
G. Full Name, Mailing Address and Zip Code Wyden for Senate 501 Capitol Court, NE Suite 200 Washington, DC 20002	Purpose of Disbursement Ron Wyden, U.S. SENATE OR Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	Date (Month day,Year) 11/13/97	Amount of Each Disb. this Period 1,000.00
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) ..... >	4,530.00
TOTAL this Period (Last page this line number only) ..... >	37,780.00

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 recived.

☑	Hand Delivered	Date of Receipt 12-12-97
☐	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
☐	Electronic Filing	

SES — PREPARER

12-12-97 — DATE PREPARED

(7/97)