REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

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

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

CITY, STATE and ZIP CODE
Washington, DC 20004

RECEIVED FEDERAL ELECTION COMMISSION MAIL ROOM
MAR 19 10 39 AM '99

2. FEC IDENTIFICATION NUMBER
C00106146

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

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due On:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

☐ Twelfth day report preceding _____ (Type of Election) election on _____, in the State of _____

☒ Thirtieth day report following the General Election on __/__/__ in the State of _____.

(b) Is this Report an Amendment? ☒ YES ☐ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 10/15/98 through 11/23/98		
6. (a) Cash on Hand January 1, 19 98		$ 510,304.30
(b) Cash on Hand at Beginning of Reporting Period	$ 280,278.26	
(c) Total Receipts (from Line 19)	$ 127,575.90	$ 781,866.75
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 407,854.16	$ 1,292,171.05
7. Total Disbursements (from Line 30)	$ 197,899.13	$ 1,082,216.02
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 209,955.03	$ 209,955.03
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	

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

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

Type or Print Name of Treasurer
Al Jackson

Signature of Treasurer
Al Jackson

Date
3/10/99

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

FEC FORM 3X
(revised 9/98)

4-00179

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 10/15/98 TO: 11/23/98

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)	45,293.41	243,594.46	11(a)(i)
ii. Unitemized	39,729.64	309,799.96	11(a)(ii)
iii. Total (add i and ii) ➤	85,023.05	553,394.42	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	0.00	500.00	11(c)
d. Total Contributions (add a iii, b and c) ➤	85,023.05	553,894.42	11(d)
12. Transfers From Affiliated/Other Party Committees	42,000.00	208,459.28	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	12,650.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	552.85	6,863.05	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	127,575.90	781,866.75	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	127,575.90	781,866.75	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21(a)(i)
ii. Non-Federal Share	0.00	0.00	21(a)(ii)
b. Other Federal Operating Expenditures	215.07	146,218.70	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	215.07	146,218.70	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	149,375.00	885,113.26	23
24. Independent Expenditures (use Schedule E)	48,224.06	48,224.06	24
25. Coordinated Expenditures Made by Party Committees [2 U.S.C. 441a(d)] (use Schedule F)	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	85.00	160.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	500.00	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	85.00	660.00	28(d)
29. Other Disbursements	0.00	2,000.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	197,899.13	1,082,216.02	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	197,899.13	1,082,216.02	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	85,023.05	553,894.42	32
33. Total Contribution Refunds (from line 28d)	85.00	660.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	84,938.05	553,234.42	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	215.07	146,218.70	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	215.07	146,218.70	37

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 a i

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Steve C. McCary 21601 76th Avenue West Edmonds, WA 98026-7506 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Stevens Healthcare Occupation: Administrator Aggregate Year-to-Date > $ 250.00	10/28/98	250.00
B. Brent Alexander 1207 Rose Hill Cir Jackson, MS 39202-2124 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mississippi Hospital Association Occupation: Vice President, Gov't Relation Aggregate Year-to-Date > $ 500.00	10/28/98	250.00
C. Brent Alexander 1207 Rose Hill Cir Jackson, MS 39202-2124 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mississippi Hospital Association Occupation: Vice President, Gov't Relation Aggregate Year-to-Date > $ 515.00	10/28/98	15.00
D. L. Pat Moreland 302 S. Extension Street Hazlehurst, MS 39083-0889 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hardy Wilson Memorial Hospital Occupation: Administrator Aggregate Year-to-Date > $ 500.00	10/28/98	250.00
E. Melvin Walker 463 Pear Cove Southaven, MS 38671-9847 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Baptist Memorial Hospital-Desoto Occupation: Administrator Aggregate Year-to-Date > $ 500.00	10/28/98	500.00
F. Melvin Walker 463 Pear Cove Southaven, MS 38671-9847 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Baptist Memorial Hospital-Desoto Occupation: Administrator Aggregate Year-to-Date > $ 700.00	10/28/98	200.00
G. F. William Ergle Rt. 1, Box 53 Charleston, MS 38921 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Tallahatchie General Hospital Occupation: Executive Director Aggregate Year-to-Date > $ 300.00	10/28/98	300.00

SUBTOTAL of Receipts This Page (optional) 1,765.00

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

4-00179

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 a I

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Brian Cannon 110 Countryside Drive Brandon, MS 39042-9504 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Rankin Medical Center Occupation: Administrator Aggregate Year-to-Date > $ 255.00	10/28/98	15.00
B. Norman R. Channing 77 Outervale Court The Woodlands, TX 77381-4304 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Texas Hospital Association Occupation: Administrator Aggregate Year-to-Date > $ 500.00	10/28/98	500.00
C. John J. Cleary 200 Hickory Glen Madison, MS 30110 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	River Oaks Hospital Occupation: Administrator Aggregate Year-to-Date > $ 250.00	10/28/98	250.00
D. Mark C. Clement 8649 Adria Court Orland Park, IL 60462-6412 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Holy Cross Hospital Occupation: Administrator Aggregate Year-to-Date > $ 270.00	10/28/98	250.00
E. Terrell M. Cobb 217 Quail Trail Greenwood, MS 38930-7315 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Greenwood Leflore Hospital Occupation: Administrator Aggregate Year-to-Date > $ 250.00	10/28/98	250.00
F. Bruce K. Crowther 800 W. Central Road Arlington Heights, IL 60005-2392 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Northwest Community Hospital Occupation: President & CEO Aggregate Year-to-Date > $ 500.00	10/28/98	500.00
G. Philip E. Dotson P.O. Box 1408 Athens, AL 35611 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Athens-Limestone Hospital Occupation: Administrator and CEO Aggregate Year-to-Date > $ 250.00	10/28/98	250.00

SUBTOTAL of Receipts This Page (optional) 2,015.00

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

440179

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 a

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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. Robert P. Goodwin 18 Village Drive West Paducah, KY 42003-5331 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lourdes Hospital President/CEO Aggregate Year-to-Date $ 600.00	10/28/98	600.00
B. Bann Greenspan 920 Elmwood Avenue Evanston, IL 60202-1711 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mount Sinai Hospital Medical Center of Chicago President & CEO Aggregate Year-to-Date $ 250.00	10/28/98	250.00
C. Don Halterman 16251 Sylvester Road, SW Burien, WA 98166-3052 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Highline Community Hospital Associate Administrator and CFO Aggregate Year-to-Date $ 250.00	10/28/98	250.00
D. Noel W. Hart 747 Oak Ridge Yazoo City, MS 39194-2551 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	King's Daughers Hospital Administrator Aggregate Year-to-Date $ 300.00	10/28/98	300.00
E. John Hayward 15325 S.E. 30th Place Bellevue, WA 98007-6538 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Peace Health Administrator Aggregate Year-to-Date $ 375.00	10/28/98	250.00
F. Gil McKenzie 307 Grayling Blvd. Madison, MS 29110 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mississippi Hospital Association Diversified Serv. Executive Vice President Aggregate Year-to-Date $ 250.00	10/28/98	250.00
G. Gil McKenzie 307 Grayling Blvd. Madison, MS 29110 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mississippi Hospital Association Diversified Serv. Executive Vice President Aggregate Year-to-Date $ 265.00	10/28/98	15.00

SUBTOTAL of Receipts This Page (optional) 1,915.00

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

4-00173

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☑	Hand Delivered	Date of Receipt 3-22-95
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

JMH
PREPARER

3-22-95
DATE PREPARED

(4/98)