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

1999 DEC 20 P 2:07

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 [X] 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 [X] NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 11/01/99 through 11/30/99		
6. (a) Cash on Hand January 1, 19 99		$ 229,099.56
(b) Cash on Hand at Beginning of Reporting Period	$ 504,990.31	
(c) Total Receipts (from Line 19)	$ 89,800.42	$ 863,701.82
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 594,790.73	$ 1,092,801.38
7. Total Disbursements (from Line 30)	$ 63,694.24	$ 561,704.89
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 531,096.49	$ 531,096.49
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
12/20/99

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 8/93)

4-00173

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 11/01/99 TO: 11/30/99

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	48,424.47	285,227.12	11(a)(i)
i. Unitemized	37,274.47	300,408.08	11(a)(ii)
ii. Total (add i and ii) ➤	85,698.94	585,635.20	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	3,530.00	3,530.00	11(c)
d. Total Contributions (add a iii, b and c) ➤	89,228.94	589,165.20	11(d)
12. Transfers From Affiliated/Other Party Committees	0.00	270,701.72	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	571.48	3,834.90	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) ➤	89,800.42	863,701.82	19
20. Total Federal Receipts (subtract line 16 from line 19) ➤	89,800.42	863,701.82	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	8,224.62	45,010.27	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	8,224.62	45,010.27	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	55,394.62	516,619.62	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	75.00	75.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	75.00	75.00	28(d)
29. Other Disbursements	0.00	0.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	63,694.24	561,704.89	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	63,694.24	561,704.89	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	89,228.94	589,165.20	32
33. Total Contribution Refunds (from line 28d)	75.00	75.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	89,153.94	589,090.20	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	8,224.62	45,010.27	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	8,224.62	45,010.27	37

4-00173

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. James Hinton, 5901 Harper Drive NE, Albuquerque, NM 87109-3587	Presbyterian Healthcare Services / President and CEO	11/01/99	250.00
B. Leo F. Greenawalt, 300 Elliott Avenue West, Suite 300, Seattle, WA 98119-4102	Washington State Hospital Association / President	11/02/99	500.00
C. Robert H. Mullenburg, 10019 49th Avenue, NE, Seattle, WA 98125-8131	University of Washington Medical Center / Hospital Administrator	11/02/99	250.00
D. Marc D. Smith, 4712 Country Club Drive, Post Office Box 60, Jefferson City, MO 65109-4541	Missouri Hospital Association / President	11/02/99	500.00
E. Deanna S. Howard, RR 2 Box 13, Colebrook, NH 03576-9533	Upper Connecticut Valley Hospital / Executive Director	11/02/99	250.00
F. John R. Frobenius, 1406 6th Avenue North, Saint Cloud, MN 56303-1901	St. Cloud Hospital-A Centra Care Corporation / President & CEO	11/02/99	375.00
G. Gene E. Schmidt, 2503 Briarwood Lane, Hutchinson, KS 67502-4803	Hutchinson Hospital Corporation / President	11/02/99	250.00

Receipt For: ☐ Primary ☐ General ☐ Other (specify):

Aggregate Year-to-Date: A $ 250.00; B $ 500.00; C $ 250.00; D $ 500.00; E $ 250.00; F $ 375.00; G $ 250.00

SUBTOTAL of Receipts This Page (optional) 2,375.00

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

4-00173

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. Fred Lucky 14607 W. 89th Street Lenexa, KS 66215-2967 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Kansas Hospital Association Occupation: Vice President Aggregate Year-to-Date > $ 416.70	11/02/99	83.34
B. Bruce J. Rueben 2550 University Avenue West Ste. 350-S Saint Paul, MN 55114-1052 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Minnesota Hospital and Healthcare Partnership Occupation: President Aggregate Year-to-Date > $ 375.00	11/02/99	375.00
C. Barry Halm 503 E. Third Street Duluth, MN 55805-1931 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Benedictine Health System Occupation: Hospital Administrator Aggregate Year-to-Date > $ 375.00	11/02/99	375.00
D. Peter Person MD 26 South 30th Avenue E. Duluth, MN 55812-2330 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	St. Mary's Duluth Health Center Occupation: Administrator Aggregate Year-to-Date > $ 375.00	11/02/99	375.00
E. Judith C. Waterston 1401 South California Blvd. Chicago, IL 60608-1694 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Schwab Rehabilitation Hospital Occupation: President Aggregate Year-to-Date > $ 225.00	11/02/99	100.00
F. Thomas R. Lehmen 2550 University Avenue West #350S Saint Paul, MN 55114-1052 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	MHHP Occupation: Vice President, Government Relation Aggregate Year-to-Date > $ 250.00	11/03/99	250.00
G. Thomas P. Pipicelli 214 Atkins Street Meriden, CT 06450 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	William W. Backus Hospital Occupation: President & CEO Aggregate Year-to-Date > $ 500.00	11/04/99	250.00

SUBTOTAL of Receipts This Page (optional) 1,808.34

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

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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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Richard Brvenik 112 Mansfield Avenue Willimantic, CT 06226-2040 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Windham Hospital President and CEO Aggregate Year-to-Date $ 250.00	11/04/99	250.00
B. Matthew Levin 4867 Battery Lane #32 Bethesda, MD 20814-2719 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Washington State Hospital Association Director, Federal Affairs Aggregate Year-to-Date $ 250.00	11/04/99	250.00
C. Richard A. Lind 770 W. Granada Blvd. Suite 301 Ormond Beach, FL 32174-5188 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Memorial Health Systems President/CEO Aggregate Year-to-Date $ 832.00	11/09/99	32.00
D. Kenneth L. Kuebler 1004 Carriage Court Jefferson City, MO 65109-5741 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Missouri Hospital Association Executive Vice President Aggregate Year-to-Date $ 250.00	11/09/99	250.00
E. Victoria S. Galanti 300 Elliott Avenue W. Ste. 300 Seattle, WA 98119-4118 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Washington State Hospital Association Executive Vice President Aggregate Year-to-Date $ 250.00	11/09/99	250.00
F. Marlene Krein 1031 7th Street Devils Lake, ND 58301-2719 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mercy Hospital, Devils Lake Administrator Aggregate Year-to-Date $ 500.00	11/09/99	500.00
G. J. Larry Dozier Jr. 811 Reynolds Road Barnwell, SC 29812-1573 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Barnwell County Hospital Administrator Aggregate Year-to-Date $ 500.00	11/09/99	500.00

SUBTOTAL of Receipts This Page (optional) 2,032.00

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

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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. Joseph N. Kiefer 1412 Sunset Road Tarpon Springs, FL 34689-2729 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Helen Ellis Memorial Hospital Occupation: Administrator Aggregate Year-to-Date $ 232.00	11/09/99	200.00
B. W. H. "Ham" Hudson 298 Memorial Drive Seneca, SC 29672-9499 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Oconee Memorial Hospital Occupation: President Aggregate Year-to-Date $ 500.00	11/09/99	500.00
C. Wendy Plascik 413 Caddie Drive DeBary, FL 32713 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Memorial Hospital -- West Volusia Occupation: Vice President Patient Care Service Aggregate Year-to-Date $ 464.00	11/09/99	32.00
D. John F. Wilbanks 4248 Kinkardine Drive Jacksonville, FL 32257 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Baptist/St. Vincent's Health System Occupation: Sr. VP Aggregate Year-to-Date $ 232.00	11/09/99	100.00
E. D. Kirk Oglesby Jr. 800 N. Fant Street Anderson, SC 29621-5793 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Anderson Area Medical Center Occupation: President Emeritus Aggregate Year-to-Date $ 250.00	11/09/99	250.00
F. John A. Miller Jr. 800 North Fant Street Anderson, SC 29621-5793 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Anderson Area Medical Center Occupation: President Aggregate Year-to-Date $ 750.00	11/09/99	750.00
G. Marshall I. Pickens Jr. PO Box 157 Anderson, SC 29622-0157 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Anderson Area Medical Center Occupation: Trustee Aggregate Year-to-Date $ 625.00	11/09/99	500.00

SUBTOTAL of Receipts This Page (optional)	2,332.00
TOTAL This Period (last page this line number only)	

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. Alfred G. Stubblefield 1717 North E Street Suite 320, PO Box 17500 Pensacola, FL 32501-6339 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Baptist Health Care Corp. President Aggregate Year-to-Date $ 432.00	11/09/99	32.00
B. Joyce Ann Pareigis 1308 Plantation Oaks Drive, N. Jacksonville Beach, FL 32250-2884 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Baptist St. Vincent's Hospital Nurse Administrator Aggregate Year-to-Date $ 339.00	11/09/99	32.00
C. Lowell C. Kruse 5325 Faraon Street Saint Joseph, MO 64506-3398 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Heartland Health System President & CEO Aggregate Year-to-Date $ 1,000.00	11/09/99	1,000.00
D. Richard K. Reiner 1816 Lost Pine Lane Apopka, FL 32712-3957 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Florida Hospital Exec. VP, Managed Care Division Aggregate Year-to-Date $ 464.00	11/09/99	32.00
E. David W. Gitch 2520 Cherry Street Bremerton, WA 98370 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Harrison Memorial Hospital Healthcare Administrator Aggregate Year-to-Date $ 250.00	11/09/99	250.00
F. Alan E. Matook 2 Mountain Ridge Drive Cedar Grove, NJ 07009 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Atlantic Health System Director Aggregate Year-to-Date $ 500.00	11/09/99	250.00
G. Thomas A. Biga 88 Redfern Road Eatontown, NJ 07724-1225 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Saint Barnabas Health Care System Executive Director Aggregate Year-to-Date $ 250.00	11/09/99	250.00

SUBTOTAL of Receipts This Page (optional) 1,846.00

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

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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. Jay Cox 129 North Washington Street Sumter, SC 29150-4983 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Tuomey Regional Medical Center Occupation: CEO Aggregate Year-to-Date $ 330.00	11/09/99	330.00
B. A. Hugh Greene 2311 Oceanwalk Drive, W. Atlantic Beach, FL 32233-4697 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Baptist/St. Vincent's Health System Occupation: President & COO Aggregate Year-to-Date $ 564.00	11/09/99	100.00
C. Stephen W. Larcen Ph.D. 189 Storrs Rd. Mansfield Center, CT 06250 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Natchaug Hospital, Inc. Occupation: CEO Aggregate Year-to-Date $ 250.00	11/09/99	250.00
D. Stanley W. Marks MD 3390 Dockside Drive Cooper City, FL 33026 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Memorial Healthcare System Occupation: Administrator Aggregate Year-to-Date $ 232.00	11/09/99	32.00
E. Isaac Mallah 4814 Cheval Blvd. Lutz, FL 33549-5337 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	St. Joseph's Hospital - St. Anthony's Health Sys. Occupation: President & CEO Aggregate Year-to-Date $ 240.00	11/09/99	240.00
F. Jim L. Mayo 1250 S 18Th Street Fernandina Beach, FL 32034-3098 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Baptist Medical Center - Nassau Occupation: Administrator Aggregate Year-to-Date $ 264.00	11/09/99	32.00
G. Fred M. Messing 8900 North Kendall Drive Miami, FL 33176-2197 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Baptist Hospital of Miami Occupation: CEO Aggregate Year-to-Date $ 464.00	11/09/99	32.00

SUBTOTAL of Receipts This Page (optional) 1,016.00

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

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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. Maureen D. Mudron 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Hospital Association Occupation: Asst. General Counsel Aggregate Year-to-Date $ 250.00	11/09/99	250.00
B. Joseph M. Oddis FACHE 429 Carleton Circle Spartanburg, SC 29301-1270 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Spartanburg Regional Healthcare System Occupation: President Aggregate Year-to-Date $ 425.00	11/09/99	425.00
C. Jerry A. Parrish 107 Nottingham Court Anderson, SC 29621-2840 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Anderson Area Medical Center Occupation: Vice President, Finance Aggregate Year-to-Date $ 250.00	11/09/99	250.00
D. T. Patton Adams P.O. Box 6009 West Columbia, SC 29171-6009 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	South Carolina Health Alliance Occupation: Vice President, Govt. Relations Aggregate Year-to-Date $ 250.00	11/09/99	250.00
E. Stephen A. Purves 3425 Forest Drive Columbia, SC 29204-4028 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Providence Hospital Occupation: Chief Operating Officer Aggregate Year-to-Date $ 625.00	11/09/99	500.00
F. Charles A. Schauer Ph.D. 905 Old Grove Manor Jacksonville, FL 32207-6215 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Genesis Rehabilitation Hospital Occupation: Director Aggregate Year-to-Date $ 232.00	11/09/99	32.00
G. Bruce Siegel MD,MPH 720 South Willow Tampa, FL 33606-2537 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Tampa General Healthcare Occupation: President & CEO Aggregate Year-to-Date $ 400.00	11/09/99	400.00

SUBTOTAL of Receipts This Page (optional)	2,107.00
TOTAL This Period (last page this line number only)	

4-00173

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
Bryan N. Kindred 10570 Loganwood Drive Northport, AL 35473-7202 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: DCH Regional Medical Center Occupation: President & CEO Aggregate Year-to-Date > $ 300.00	11/10/99	300.00
B. Full Name, Mailing Address and ZIP Code William H. Cassels 2201Trenton Drive Tuscaloosa, AL 35406-1622 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: DCH Regional Medical Center Occupation: Executive VP/Administrator Aggregate Year-to-Date > $ 250.00	11/10/99	250.00
C. Full Name, Mailing Address and ZIP Code Charles L. Stewart 2943 Glen Eagle Drive Tuscaloosa, AL 35406 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Northport Medical Center Occupation: Executive, VP Administrator Aggregate Year-to-Date > $ 250.00	11/10/99	250.00
D. Full Name, Mailing Address and ZIP Code Sammy Watson 1111 Claymont Court Tuscaloosa, AL 35404-4266 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: DCH Regional Medical Center Occupation: Director Community Relations Aggregate Year-to-Date > $ 250.00	11/10/99	250.00
E. Full Name, Mailing Address and ZIP Code John W. Wintrey 2221 Westminster Lane Tuscaloosa, AL 35406-3610 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: DCH Regional Medical Center Occupation: Vice President Financial/CFO Aggregate Year-to-Date > $ 250.00	11/10/99	250.00
F. Full Name, Mailing Address and ZIP Code David W. Benfer 659 George Street New Haven, CT 06511-5324 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: St. Raphael Healthcare System Occupation: President & CEO Aggregate Year-to-Date > $ 500.00	11/12/99	500.00
G. Full Name, Mailing Address and ZIP Code Laurence A. Tanner 100 Grand St. PO Box 100 New Britain, CT 06052-2017 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: New Britain General Hospital Occupation: President & CEO Aggregate Year-to-Date > $ 500.00	11/12/99	500.00

SUBTOTAL of Receipts This Page (optional) 2,300.00

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

4-09179

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. Charles F. Schneider 142 L'Homme Street Danielson, CT 06239 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Day Kimball Hospital President Aggregate Year-to-Date $ 250.00	11/12/99	250.00
B. Thomas D. Kennedy III Post Office Box 977 Bristol, CT 06011-0977 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Bristol Hospital & Healthcare Group President and CEO Aggregate Year-to-Date $ 500.00	11/12/99	500.00
C. James G. FitzPatrick 103 Woodlyn Way Algona, IA 50511 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Kossuth Regional Health Center CEO Aggregate Year-to-Date $ 250.00	11/15/99	250.00
D. Tom Tibbitts 2948-15th Avenue, NE Fort Dodge, IA 50501-2128 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Trinity Regional Hospital President Aggregate Year-to-Date $ 250.00	11/15/99	250.00
E. Robert G. Kiely 125 Liberty Street Madison, CT 06443-3200 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Middlesex Hospital President/CEO Aggregate Year-to-Date $ 250.00	11/15/99	250.00
F. Stephanie S. McCutcheon 1173 Corporate Lake Drive Saint Louis, MO 63132-1716 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SSM Healthcare Regional President & System VP Aggregate Year-to-Date $ 500.00	11/15/99	250.00
G. David H. Vellinga 1000 Fourth Street SW Mason City, IA 50401-2800 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	North Iowa Mercy Health Center CEO Aggregate Year-to-Date $ 250.00	11/15/99	250.00

SUBTOTAL of Receipts This Page (optional) 2,000.00

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

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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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Barry M. Spero Post Office Box 70 Wallingford, CT 06492 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Masonicare President/CEO Aggregate Year-to-Date $ 250.00	11/15/99	250.00
B. James H. Skogsbergh 1746 NW 131st Street Clive, IA 50325 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Iowa Methodist Medical Center President Aggregate Year-to-Date $ 252.50	11/15/99	252.50
C. James A. Kingsbury 630 Eaton Avenue Hamilton, OH 45013-2767 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Health Alliance Sr. Vice President & CEO Aggregate Year-to-Date $ 250.00	11/15/99	250.00
D. James M. Anderson 3333 Burnet Avenue Cincinnati, OH 45229-3039 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Children's Hospital Medical Center President & CEO Aggregate Year-to-Date $ 250.00	11/15/99	250.00
E. Oneal S. Atkinson 12390 Pine View Drive Clive, IA 50325-7503 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Iowa Health System Vice President, Managed Care Aggregate Year-to-Date $ 250.00	11/15/99	250.00
F. Leo A. Bressanelli 6584 James Road Bettendorf, IA 52722-6225 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Genesis Medical Center President & CEO Aggregate Year-to-Date $ 250.00	11/15/99	250.00
G. Patrick Charmel 130 Division Street Derby, CT 06418 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Griffin Hospital President & CEO Aggregate Year-to-Date $ 250.00	11/15/99	250.00

SUBTOTAL of Receipts This Page (optional) 1,752.50

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. W. Jay Friesen M.D. 3235 Bever Circle SE Cedar Rapids, IA 52403 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: St. Luke's Hospital Occupation: Vice President Medical Affairs Aggregate Year-to-Date > $ 250.00	11/15/99	250.00
B. Lucille A. Janatka 435 Lewis Avenue Meriden, CT 06451 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: MidState Medical Center Occupation: CEO Aggregate Year-to-Date > $ 250.00	11/15/99	250.00
C. James Meekow 829 17th Avenue PO Box 3002 Longview, WA 98632-9973 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Lower Columbia Region Occupation: Chief Operating Officer Aggregate Year-to-Date > $ 250.00	11/15/99	250.00
D. Barry S. Cochran 206 Wilks Drive East Centre, AL 35960-1023 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Cherokee Baptist Medical Center Occupation: President Aggregate Year-to-Date > $ 1,000.00	11/16/99	1,000.00
E. John Bomher 1151 E. Warrenville Road Naperville, IL 60563-9339 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Illinois Hospital & HealthSystems Association Occupation: Management Aggregate Year-to-Date > $ 250.00	11/16/99	250.00
F. Steven M. Johnson 315 West Hickory Street Sylacauga, AL 35150-2996 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Citizens & Coosa Valley Baptist Medical Center Occupation: Administrator Aggregate Year-to-Date > $ 250.00	11/16/99	250.00
G. Joseph S. Coatsworth 346 Parmelee Hill Road Durham, CT 06422-0090 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Connecticut Hospital Association Occupation: Vice President Aggregate Year-to-Date > $ 250.00	11/16/99	250.00

SUBTOTAL of Receipts This Page (optional) 2,500.00

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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. Ronald J. Bianchi 2800 Main Street Bridgeport, CT 06606-4292 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Saint Vincent's Medical Center Vice President Aggregate Year-to-Date $ 250.00	11/16/99	250.00
B. Donald C. Sibery 606 Forest Avenue Glen Ellyn, IL 60137-1231 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Central DuPage Hospital Administrator Aggregate Year-to-Date $ 250.00	11/16/99	250.00
C. John J. Buckley Jr. 735 Lake Shore Drive Murphysboro, IL 62966-3309 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Services of Southern Illinois CEO Aggregate Year-to-Date $ 271.00	11/16/99	21.00
D. Marsha Casey 8751 Jaffa Court East Drive #14 Indianapolis, IN 46260-8300 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	St. Vincent Hospital & Health Services President Aggregate Year-to-Date $ 350.00	11/16/99	350.00
E. Vincent C. Caponi 8851 Jaffa Court East Drive #16 Indianapolis, IN 46260-5355 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	St. Vincent's Hospital & Health Services President Aggregate Year-to-Date $ 350.00	11/16/99	350.00
F. David D'Eramo Ph.D. 114 Woodland Street Hartford, CT 06105 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Saint Francis Hospital & Medical Center President & CEO Aggregate Year-to-Date $ 500.00	11/16/99	500.00
G. John H. Tobin 64 Robbins Street Waterbury, CT 06708-2600 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Waterbury Hospital Hospital Executive Aggregate Year-to-Date $ 500.00	11/16/99	500.00

SUBTOTAL of Receipts This Page (optional) 2,221.00

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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. Kyle Ballou, 20 York Street, New Haven, CT 06504-3202	Yale-New Haven Hospital / Administrative Director	11/16/99	250.00
B. Michael D. DeBoer, PO Box 11010, Montgomery, AL 36111-0010	Baptist Health / President & CEO	11/16/99	500.00
C. David Fox, 18 Citation Circle, Wheaton, IL 60187-1117	Central DuPage Hospital / Management	11/16/99	250.00
D. Linda U. Jordan, 1350 McDaniel Road, Cragford, AL 36255-6326	Clay County Hospital / Administrator	11/16/99	250.00
E. J. Kevin Kinsella, 87 Woodrow Street, West Hartford, CT 06107-2730	Hartford Hospital / Vice President	11/16/99	250.00
F. Clarence J. Slivia, 100 Grand Street, New Britain, CT 06050	New Britain General Hospital / President & CEO	11/16/99	250.00
G. Joseph Walkovich, P.O. Box 90, Wallingford, CT 06492-0090	Connecticut Hospital Association / Associate VP	11/16/99	250.00

Receipt For: ☐ Primary ☐ General ☐ Other (specify):

Aggregate Year-to-Date: A $ 250.00; B $ 500.00; C $ 250.00; D $ 250.00; E $ 250.00; F $ 250.00; G $ 500.00

SUBTOTAL of Receipts This Page (optional) 2,000.00

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4-60173

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. Joseph E. Wilson 3801 W. Ridgswood Court Muncie, IN 47304 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Ball Memorial Hospital, Inc. Occupation: Hospital Administrator Aggregate Year-to-Date > $ 350.00	11/16/99	350.00
B. Stephen Frayne 110 Barnes Road PO Box 90 Wallingford, CT 06798 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Connecticut Hospital Association Occupation: Vice President Aggregate Year-to-Date > $ 250.00	11/18/99	250.00
C. Gerard Fischer 1713 SW 323rd Street Federal Way, WA 98023-5407 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Sacred Heart Medical Center Occupation: Hospital Administrator Aggregate Year-to-Date > $ 250.00	11/19/99	250.00
D. Brian Brazosky 2501 Nelson Miller Parkway Louisville, KY 40223-2195 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	KHA Occupation: VP/General Counsel Aggregate Year-to-Date > $ 327.75	11/22/99	80.00
E. Carol Blevins Ormay PO Box 436629 Louisville, KY 40253-6629 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	KHA Occupation: Vice President Aggregate Year-to-Date > $ 311.96	11/22/99	80.00
F. Steve Williams 1017 Essex Court Goshen, KY 40026-9763 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Norton Healthcare Occupation: President Aggregate Year-to-Date > $ 580.00	11/22/99	250.00
G. John White 714 West Pine Newport, WA 99156-9049 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Newport Community Hospital Occupation: Administrator Aggregate Year-to-Date > $ 250.00	11/22/99	250.00

SUBTOTAL of Receipts This Page (optional) 1,510.00

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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. Donald M. Ball 1235 Forest Avnue Montgomery, AL 36106 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Jackson Hospital President Aggregate Year-to-Date $ 500.00	11/22/99	500.00
B. William H. Anderson Post Office Box 610 Sheffield, AL 35660-4303 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Helen Keller Hospital Administrator/CEO Aggregate Year-to-Date $ 250.00	11/22/99	250.00
C. Nancy C. Galvagni 2501 Nelson Miller Parkway Louisville, KY 40223-2195 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	KHA Vice President Aggregate Year-to-Date $ 318.64	11/22/99	80.00
D. Carol J. Walters 407 Cambridge Station Road Louisville, KY 40224-4163 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	KHA Senior Vice President Aggregate Year-to-Date $ 312.05	11/22/99	80.00
E. Stephen P. Miller 1101 Cardinal Drive Louisville, KY 40213-4163 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	KHA Director, Hospital Finance Aggregate Year-to-Date $ 311.96	11/22/99	80.00
F. Sarah S. Nicholson PO Box 436629 Louisville, KY 40253-6629 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	KHA Association Executive Aggregate Year-to-Date $ 315.16	11/22/99	80.00
G. Thomas Cooper III 404 Paddock Lane Montgomery, AL 36109-4825 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Alabama Hospital Association Sr. Vice President & CFO Aggregate Year-to-Date $ 250.00	11/22/99	125.00

SUBTOTAL of Receipts This Page (optional) 1,195.00

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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 R. Carpenter 6229 Northlake Drive Parkville, MO 64152 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: North Kansas City Hospital Occupation: President & CEO Aggregate Year-to-Date > $ 525.00	11/22/99	525.00
B. Paige Clements 5104 Fairwood Lane Louisville, KY 40291-4163 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: KHA Occupation: VP/Information Services Aggregate Year-to-Date > $ 311.96	11/22/99	60.00
C. Steven Delashmutt 3820 17th Street Baker City, OR 97814-1300 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: St. Elizabeth Hospital Occupation: Hospital Administrator Aggregate Year-to-Date > $ 250.00	11/22/99	150.00
D. W. Thomas Deweese 908 Batey Court Nashville, TN 37221 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Hospital Association Occupation: Regional Executive Aggregate Year-to-Date > $ 500.00	11/22/99	500.00
E. Mavis B. Halko P.O. Box 248 Dadeville, AL 36853-0248 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Lakeshore Community Hospital Occupation: Administrator Aggregate Year-to-Date > $ 250.00	11/22/99	250.00
F. John S. Banas Jr., MD 100 Madison Avenue Morristown, NJ 07960-6013 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Atlantic Health System Occupation: Administrator Aggregate Year-to-Date > $ 500.00	11/22/99	250.00
G. Rex F. Jones 60 Mercy Court Irvine, KY 40336-1331 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Marcum & Wallace Memorial Hospital Occupation: Hospital Administrator Aggregate Year-to-Date > $ 850.00	11/22/99	250.00

SUBTOTAL of Receipts This Page (optional) 2,005.00

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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. Vincent D. Joseph 310 Woods End Road Westfield, NJ 07090-2908 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Saint Barnabas Health Care System Occupation: Executive Director Aggregate Year-to-Date > $ 250.00	11/22/99	250.00
B. Phillip S. Labove 42 Eagle Nest Road Morristown, NJ 07960 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Atlantic Health System Occupation: Administrator Aggregate Year-to-Date > $ 250.00	11/22/99	250.00
C. Cynthia Keeney 599 Catalpa Drive Sellersburg, IN 47172-1201 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	KHA Occupation: KHA/Director Aggregate Year-to-Date > $ 216.96	11/22/99	10.00
D. Cynthia Keeney 599 Catalpa Drive Sellersburg, IN 47172-1201 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	KHA Occupation: KHA/Director Aggregate Year-to-Date > $ 296.96	11/22/99	80.00
E. Jerrold S. Lozner 59 Dickerson Road Basking Ridge, NJ 07920-1197 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Atlantic Health System Occupation: Chief Executive Officer Aggregate Year-to-Date > $ 250.00	11/22/99	250.00
F. Barry H. Ostrowsky 94 Old Short Hills Road Livingston, NJ 07039 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Saint Barnabas Health Care System Occupation: Executive Vice President Aggregate Year-to-Date > $ 500.00	11/22/99	500.00
G. Debbie Riley 502 Trotwood Place Louisville, KY 40224- 413 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	KHA Occupation: Director of Finance Aggregate Year-to-Date > $ 293.96	11/22/99	80.00

SUBTOTAL of Receipts This Page (optional) 1,420.00

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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. Daniel J. Schwartz MD 22 Rickland Drive Randolph, NJ 07869-4336 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Atlantic Health System Occupation: Vice President Aggregate Year-to-Date > $ 250.00	11/22/99	250.00
B. Stephen L. Winters MD 100 Madison Avenue Morristown, NJ 07960-6013 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Atlantic Health System Occupation: President Aggregate Year-to-Date > $ 250.00	11/22/99	250.00
C. Thomas J. Smith MD 2 Wrew Court Morristown, NJ 07960-6369 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Atlantic Health System Occupation: Administrator Aggregate Year-to-Date > $ 375.00	11/22/99	125.00
D. Richard Van Eerde 49 Henning Drive Fairfield, NJ 07004 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Atlantic Health System Occupation: Administrator Aggregate Year-to-Date > $ 250.00	11/22/99	125.00
E. Robert B. Klint M.D. 1400 Charles Street Rockford, IL 61104-2298 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SwedishAmerican Hospital Occupation: President Aggregate Year-to-Date > $ 250.00	11/23/99	250.00
F. Brian Foster 1151 E. Warrenville Rd. PO Box 3015 Naperville, IL 60563-9339 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Illinois Hospital & HealthSystems Association Occupation: Executive VP Aggregate Year-to-Date > $ 292.00	11/23/99	250.00
G. Brian Foster 1151 E. Warrenville Rd. PO Box 3015 Naperville, IL 60563-9339 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Illinois Hospital & HealthSystems Association Occupation: Executive VP Aggregate Year-to-Date > $ 294.50	11/23/99	2.50

SUBTOTAL of Receipts This Page (optional) 1,252.50

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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. Brian Foster 1151 E. Warrenville Rd. PO Box 3015 Naperville, IL 60563-9339 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Illinois Hospital & HealthSystems Association Occupation: Executive VP Aggregate Year-to-Date $ 296.72	11/23/99	2.22
B. Ronald Damasauskas 1151 E. Warrenville Rd. Naperville, IL 60563-9339 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Illinois Hospital & HealthSystems Association Occupation: Group VP Aggregate Year-to-Date $ 303.20	11/23/99	250.00
C. Ronald Damasauskas 1151 E. Warrenville Rd. Naperville, IL 60563-9339 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Illinois Hospital & HealthSystems Association Occupation: Group VP Aggregate Year-to-Date $ 306.00	11/23/99	2.80
D. Patricia Merryweather-Arges 1151 E. Warrenville Road PO Box 3015 Naperville, IL 60563-9339 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Illinois Hospital & HealthSystems Association Occupation: Vice President Aggregate Year-to-Date $ 340.88	11/23/99	250.00
E. Patricia Merryweather-Arges 1151 E. Warrenville Road PO Box 3015 Naperville, IL 60563-9339 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Illinois Hospital & HealthSystems Association Occupation: Vice President Aggregate Year-to-Date $ 345.66	11/23/99	4.78
F. James Kowalczyk 1151 E. Warrenville Rd. Naperville, IL 60566 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Illinois Hospital & Health Systems Association Occupation: Group VP Aggregate Year-to-Date $ 250.00	11/23/99	250.00
G. Ann C. Guild 1151 E. Warrenville Rd. PO Box 3015 Naperville, IL 60563-9339 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Illinois Hospital & HealthSystems Association Occupation: Asst. Vice President Aggregate Year-to-Date $ 293.45	11/23/99	250.00

SUBTOTAL of Receipts This Page (optional) 1,009.80

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4-00128

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. Ann C. Guild 1151 E. Warrenville Rd. PO Box 3015 Naperville, IL 60563-9339 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Illinois Hospital & HealthSystems Association Occupation: Asst. Vice President Aggregate Year-to-Date > $ 295.74	11/23/99	2.29
B. Michael H. Fritz 611 W. Park Street Urbana, IL 61801-2529 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Carle Foundation Hospital Occupation: President & CEO Aggregate Year-to-Date > $ 250.00	11/23/99	250.00
C. Dennis L. Hamilton 1045 West Stephenson Freeport, IL 61032 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Freeport Memorial Hospital Occupation: President & CEO Aggregate Year-to-Date > $ 210.00	11/23/99	200.00
D. Gary A. Mecklenburg 250 East Superior Street Chicago, IL 60611-2950 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Northwestern Memorial Hospital Occupation: President & CEO Aggregate Year-to-Date > $ 500.00	11/23/99	250.00
E. John E. Blair 4550 N. Winchester Avenue Chicago, IL 60640-5295 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Ravenswood Hospital Medical Center Occupation: President & CEO Aggregate Year-to-Date > $ 250.00	11/23/99	250.00
F. Donald Oder 1523 West Harrison Suite 364 Chicago, IL 60607-3105 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Rush-Presbyterian-St. Luke's Medical Center Occupation: Hospital Administrator Aggregate Year-to-Date > $ 254.50	11/23/99	4.50
G. Barbara B. Dallas PO Box 938 Carbondale, IL 62903-0938 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Illinois Hospital & HealthSystems Association Occupation: Sr. Director Rural Hospital Service Aggregate Year-to-Date > $ 310.90	11/23/99	250.00

SUBTOTAL of Receipts This Page (optional) 1,206.79

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 a 1

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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. Barbara B. Dallas, PO Box 938, Carbondale, IL 62903-0938	Illinois Hospital & HealthSystems Association / Sr. Director Rural Hospital Service	11/23/99	2.10
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 313.00		
B. Mark Deaton, 1151 E. Warrenville Rd., Naperville, IL 60563-9339	Illinois Hospital & Health Systems Association / VP/General Counsel	11/23/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 329.80		
C. Mark Deaton, 1151 E. Warrenville Rd., Naperville, IL 60563-9339	Illinois Hospital & Health Systems Association / VP/General Counsel	11/23/99	3.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 333.30		
D. Mark Deaton, 1151 E. Warrenville Rd., Naperville, IL 60563-9339	Illinois Hospital & Health Systems Association / VP/General Counsel	11/23/99	4.20
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 337.50		
E. Jill E. Egan, 1151 E. Warrenville Rd., PO Box 3015, Naperville, IL 60563-9339	Illinois Hospital & Health Systems Association / Vice President	11/23/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 331.96		
F. Jill E. Egan, 1151 E. Warrenville Rd., PO Box 3015, Naperville, IL 60563-9339	Illinois Hospital & Health Systems Association / Vice President	11/23/99	25.20
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 357.16		
G. Richard A. Hamilton, 1151 E. Warrenville Rd., Naperville, IL 60563-9339	Illinois Hospital & HealthSystems Association / Vice President, Finance	11/23/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 329.80		

SUBTOTAL of Receipts This Page (optional) 785.00

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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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Richard A. Hamilton, 1151 E. Warrenville Rd., Naperville, IL 60563-9339	Illinois Hospital & HealthSystems Association / Vice President, Finance	11/23/99	4.20
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 334.00		
B. Susan Kaufman, 1151 E. Warrenville Rd., PO Box 3015, Naperville, IL 60563-9339	Illinois Hospital & HealthSystems Association / Senior Director	11/23/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 305.09		
C. Susan Kaufman, 1151 E. Warrenville Rd., PO Box 3015, Naperville, IL 60563-9339	Illinois Hospital & HealthSystems Association / Senior Director	11/23/99	2.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 307.59		
D. Susan Kaufman, 1151 E. Warrenville Rd., PO Box 3015, Naperville, IL 60563-9339	Illinois Hospital & HealthSystems Association / Senior Director	11/23/99	2.17
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 309.76		
E. Kenneth C. Robbins, 1151 East Warrenville Road, PO Box 3015, Naperville, IL 60563-9339	Illinois Hospital & HealthSystems Association / President	11/23/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 329.80		
F. Kenneth C. Robbins, 1151 East Warrenville Road, PO Box 3015, Naperville, IL 60563-9339	Illinois Hospital & HealthSystems Association / President	11/23/99	4.20
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 334.00		
G. Steven B. Schear, 1151 East Warrenville Road, Naperville, IL 60563-9339	Illinois Hospital & HealthSystems Association / Executive Vice President	11/23/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 339.54		

SUBTOTAL of Receipts This Page (optional) 763.07

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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
Steven B. Scheer 1151 East Warrenville Road Naperville, IL 60563-9339	Illinois Hospital & HealthSystems Association	11/23/99	4.78
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive Vice President		
	Aggregate Year-to-Date > $ 344.32		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mark C. Clement 2701 West 68th Street Chicago, IL 60629-1882	Holy Cross Hospital	11/23/99	237.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Administrator		
	Aggregate Year-to-Date > $ 237.50		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lois DeTraglia 1151 E. Warrenville Rd. Naperville, IL 60563-9339	Illinois Hospital & HealthSystems Association	11/23/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Director, Human Resources		
	Aggregate Year-to-Date > $ 295.16		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lois DeTraglia 1151 E. Warrenville Rd. Naperville, IL 60563-9339	Illinois Hospital & HealthSystems Association	11/23/99	2.38
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Director, Human Resources		
	Aggregate Year-to-Date > $ 297.54		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Roger D. Harvey 215 Summit Street Galena, IL 61036-1697	Galena-Stauss Hospital	11/23/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Administrator		
	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
Mary Mayhew 150 Capitol Street Augusta, ME 04330	Maine Hospital Association	11/23/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Vice President		
	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
Jean Pryzbylek 306 Highland Elmhurst, IL 60126	Northwestern Memorial Hospital	11/23/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Management		
	Aggregate Year-to-Date > $ 250.00		

SUBTOTAL of Receipts This Page (optional) > 1,244.66

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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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. D. Ray Slaubaugh 1560 East Sycamore Canton, IL 61520 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Graham Hospital President Aggregate Year-to-Date $ 256.00	11/23/99	6.00
B. Robert S. Thebeau 626 Bethany Road PO Box 707 Dekalb, IL 60115-4939 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Kishwaukee Health System President Aggregate Year-to-Date $ 250.00	11/23/99	250.00
C. Peter L. Tyor 1151 E. Warrenville Rd Naperville, IL 60563-9339 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Illinois Hospital & HealthSystems Association PAC Administration Aggregate Year-to-Date $ 332.61	11/23/99	250.00
D. Peter L. Tyor 1151 E. Warrenville Rd Naperville, IL 60563-9339 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Illinois Hospital & HealthSystems Association PAC Administration Aggregate Year-to-Date $ 336.96	11/23/99	4.35
E. Paul Cunningham 419 Natural Resources Drive Little Rock, AR 72205-1576 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Arkansas Hospital Association Vice President Aggregate Year-to-Date $ 250.00	11/29/99	250.00
F. Ross Hooper 200 Tyler Street West Memphis, AR 72301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Crittenden Memorial Hospital CEO Aggregate Year-to-Date $ 250.00	11/29/99	250.00
G. Jane Knight 1812 Salisbury Place Montgomery, AL 36117-2562 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Alabama Hospital Association Vice President Aggregate Year-to-Date $ 250.00	11/29/99	250.00

SUBTOTAL of Receipts This Page (optional) 1,260.35

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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. Roger M. Busfield Ph.D. P.O. Box 2267 Georgetown, TX 78627-2267 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Arkansas Hospital Association Occupation: Retired Aggregate Year-to-Date $ 250.00	11/29/99	250.00
B. Don Adams 419 Natural Resources Drive Little Rock, AR 72205-1576 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Arkansas Hospital Association Occupation: Vice President Aggregate Year-to-Date $ 250.00	11/29/99	250.00
C. Jeff Curtis 1001 Schneider Drive Malvern, AR 72104-4811 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HSC Medical Center Occupation: President & CEO Aggregate Year-to-Date $ 272.00	11/29/99	272.00
D. David Laffoon 1200 South Main St. Searcy, AR 72143-7321 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Central Arkansas Hospital Occupation: CEO Aggregate Year-to-Date $ 250.00	11/29/99	250.00
E. Karen Milgate 325 Seventh Street, NW Suite 700 Washington, DC 20004-2801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Hospital Association Occupation: Sr. Assoc. Director, Policy Aggregate Year-to-Date $ 226.29	Payroll Deduction	23.82 ($11.91 Biweekly)
F. Lindsay Mac Robinson One North Franklin Chicago, IL 60606 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Hospital Association Occupation: Regional Executive Aggregate Year-to-Date $ 452.39	Payroll Deduction	47.62 ($23.81 Biweekly)
G. Deborah Williams 325 Seventh Street, NW Suite 700 Washington, DC 20004-2801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Hospital Association Occupation: Sr. Assoc. Director Aggregate Year-to-Date $ 226.29	Payroll Deduction	23.82 ($11.91 Biweekly)

SUBTOTAL of Receipts This Page (optional) 1,147.26

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. Barbara Tomar 325 Seventh Street, NW Suite 700 Washington, DC 20004-2801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Hospital Association Occupation: Policy Development Aggregate Year-to-Date > $ 226.29	Payroll Deduction	23.82 ($11.91 Biweekly)
B. Deborah Weiner 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Hospital Association Occupation: Director Aggregate Year-to-Date > $ 452.39	Payroll Deduction	47.62 ($23.81 Biweekly)
C. Alfred Jackson III 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Hospital Association Occupation: Vice President Aggregate Year-to-Date > $ 482.00	Payroll Deduction	50.00 ($25.00 Biweekly)
D. Jonathan T. Lord M.D. 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Hospital Association Occupation: Chief Operating Officer Aggregate Year-to-Date > $ 452.39	Payroll Deduction	47.62 ($23.81 Biweekly)
E. Neil J. Jesuele 325 Seventh Street, NW Suite700 Washington, DC 20004-2801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Hospital Association Occupation: SVP, Member Relations Aggregate Year-to-Date > $ 452.39	Payroll Deduction	47.62 ($23.81 Biweekly)
F. Ellen A. Pryga 325 Seventh Street, NW Suite 700 Washington, DC 20004-2801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Hospital Association Occupation: Policy Development Aggregate Year-to-Date > $ 226.29	Payroll Deduction	23.82 ($11.91 Biweekly)
G. John F. Barry 5 New England Executive Park Burlington, MA 01803-5010 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	American Hospital Association Occupation: Regional Legislative Dir. Aggregate Year-to-Date > $ 452.39	Payroll Deduction	47.62 ($23.81 Biweekly)

SUBTOTAL of Receipts This Page (optional) 288.12

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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. Mark Sekiecki 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Hospital Association Occupation: Director, Political Affairs Aggregate Year-to-Date > $ 452.39	Payroll Deduction	47.62 ($23.81 Biweekly)
B. George F. Bergstrom One North Franklin Street Chicago, IL 60606 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Hospital Association Occupation: Vice President Aggregate Year-to-Date > $ 226.29	Payroll Deduction	23.82 ($11.91 Biweekly)
C. Richard J. Davidson 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Hospital Association Occupation: President Aggregate Year-to-Date > $ 904.76	Payroll Deduction	95.24 ($47.62 Biweekly)
D. Herb B. Kuhn 325 Seventh Street, NW Suite 700 Washington, DC 20004-2801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Hospital Association Occupation: Vice President, Public Affairs Aggregate Year-to-Date > $ 452.39	Payroll Deduction	47.62 ($23.81 Biweekly)
E. Barbara Harness Lorsbach One North Franklin Street Chicago, IL 60606 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Hospital Association Occupation: Vice President Aggregate Year-to-Date > $ 702.39	Payroll Deduction	47.62 ($23.81 Biweekly)
F. Linda M. Magno 325 Seventh Street, NW Suite 700 Washington, DC 20004-2801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Hospital Association Occupation: Director Policy Development Aggregate Year-to-Date > $ 452.39	Payroll Deduction	47.62 ($23.81 Biweekly)
G. Donna J. Melkonian 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 > $ 226.29	Payroll Deduction	23.82 ($11.91 Biweekly)

SUBTOTAL of Receipts This Page (optional) ..... > 333.36

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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. Calbreith L. Simpson 325 Seventh Street, NW Suite 700 Washington, DC 20004-2801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Hospital Association Occupation: Regional Executive Aggregate Year-to-Date > $ 452.39	Payroll Deduction	47.62 ($23.81 Biweekly)
B. Ronald O. Purcell 802 West Bannock Street Suite 500 POB 1278 Boise, ID 83702-5837 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Hospital Association Occupation: Regional Executive Aggregate Year-to-Date > $ 456.39	Payroll Deduction	47.62 ($23.81 Biweekly)
C. Richard J. Pollack 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Hospital Association Occupation: Executive Vice President Aggregate Year-to-Date > $ 904.78	Payroll Deduction	95.24 ($47.62 Biweekly)
D. Kenneth A. Becker 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Hospital Association Occupation: Dir. Nat'l Grassroots Project Aggregate Year-to-Date > $ 452.39	Payroll Deduction	47.62 ($23.81 Biweekly)
E. Richard H. Wade 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Hospital Association Occupation: Senior Vice President Aggregate Year-to-Date > $ 452.39	Payroll Deduction	47.62 ($23.81 Biweekly)
F. Stephen M. Ahnen 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Hospital Association Occupation: Vice President/Special Asst. Aggregate Year-to-Date > $ 452.39	Payroll Deduction	47.62 ($23.81 Biweekly)
G. Lori Schor 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Hospital Association Occupation: Director Aggregate Year-to-Date > $ 452.39	Payroll Deduction	47.62 ($23.81 Biweekly)

SUBTOTAL of Receipts This Page (optional) 380.96

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. Carla L. Luggiero 325 Seventh Street, NW Suite 700 Washington, DC 20004-2801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Hospital Association Occupation: Sr. Associate Director Aggregate Year-to-Date > $ 452.39	Payroll Deduction	47.62 ($23.81 Biweekly)
B. Robyn Cooke 325 Seventh Street, NW Suite 700 Washington, DC 20004-2801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Hospital Association Occupation: Media Relations Asst. Aggregate Year-to-Date > $ 226.29	Payroll Deduction	23.82 ($11.91 Biweekly)
C. Stefanie E. Higgins 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Hospital Association Occupation: Associate Director Aggregate Year-to-Date > $ 306.29	Payroll Deduction	23.82 ($11.91 Biweekly)
D. Barbara Jackier 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Hospital Association Occupation: Director Aggregate Year-to-Date > $ 416.70	Payroll Deduction	83.34 ($41.67 Biweekly)
E. Robert K. Kirk 1700 Sonny's Way Hollister, CA 95023-6832 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Hospital Association Occupation: Regional Executive Aggregate Year-to-Date > $ 452.39	Payroll Deduction	47.62 ($23.81 Biweekly)
F. Diane M. Major 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Hospital Association Occupation: Sr. Associate Director Aggregate Year-to-Date > $ 208.40	Payroll Deduction	41.68 ($20.84 Biweekly)
G. Kristen Morris 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Hospital Association Occupation: Sr. Associate Director Aggregate Year-to-Date > $ 428.58	Payroll Deduction	47.62 ($23.81 Biweekly)

SUBTOTAL of Receipts This Page (optional) 315.52

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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. Don Nielsen MD One North Franklin Chicago, IL 60606 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Hospital Association Occupation: Senior Vice President Aggregate Year-to-Date > $ 444.48	Payroll Deduction	55.56 ($27.78 Biweekly)
B. Curtis D. Rooney 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Hospital Association Occupation: Senior Associate Director Aggregate Year-to-Date > $ 433.42	Payroll Deduction	66.68 ($33.34 Biweekly)
C. Daniel C. Dunmyer P.O. Box 1369 Princeton, WV 24740-1369 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Princeton Community Hospital Occupation: CEO Aggregate Year-to-Date > $ 250.00	11/30/99	250.00
D. Kathleen G. Murray 250 East Superior Street Chicago, IL 60611-2950 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Northwestern Memorial Hospital Occupation: Chief Operating Officer Aggregate Year-to-Date > $ 500.00	11/30/99	250.00
E. Bill M. Welch 4600 Kietzke Lane Suite I-206 Reno, NV 89502-5033 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Nevada Association of Hospitals and Health Systems Occupation: President & CEO Aggregate Year-to-Date > $ 250.00	11/30/99	250.00
F. Patricia Merryweather-Arges 1151 E. Warrenville Road PO Box 3015 Naperville, IL 60563-9339 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Illinois Hospital & HealthSystems Association Occupation: Vice President Aggregate Year-to-Date > $ 595.66	11/30/99	250.00
G. Pamela Austin Thompson RN, MSN One Medical Center Drive Lebanon, NH 03756-0001 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Dartmouth Hitchcock Memorial Hospital Occupation: VP, Nursing Aggregate Year-to-Date > $ 250.00	11/30/99	175.00

SUBTOTAL of Receipts This Page (optional) 1,297.24

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

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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. Mark J. Howard 3100 North Tenaya Way Las Vegas, NV 89128-0436 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mountain View Hospital President/CEO Aggregate Year-to-Date $ 250.00	11/30/99	250.00
B. F. Karl Neumann 4396 Manitou Drive Okemos, MI 48864-2761 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	MHA Insurance Company Retired Aggregate Year-to-Date $ 250.00	11/30/99	250.00
C. K. Bruce Stickler 333 West Wacker Drive Suite 1720 Chicago, IL 60606-1220 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mount Sinai Hospital President Aggregate Year-to-Date $ 500.00	11/30/99	500.00
D. John J. Buckley Jr. 735 Lake Shore Drive Murphysboro, IL 62966-3309 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Health Services of Southern Illinois CEO Aggregate Year-to-Date $ 521.00	11/30/99	250.00
E. Thomas J. Senker 22 Heather Drive Morgantown, WV 26505-3668 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Grace Health Care Advisors President Aggregate Year-to-Date $ 250.00	11/30/99	125.00
F. Charles B. Van Vorst 195 N. Harbor Drive Chicago, IL 60616-2315 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mercy Hospital & Medical Center President & CEO Aggregate Year-to-Date $ 500.00	11/30/99	250.00
G. Phillip D. Cusano 36 Kent Lane Trumbull, CT 06611-1013 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Stamford Health System President & CEO Aggregate Year-to-Date $ 250.00	11/30/99	250.00

SUBTOTAL of Receipts This Page (optional) 1,875.00

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

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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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Wayne M. Lemer PhD 345 East Superior Street Room 1573 Chicago, IL 60611-3015 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Rehabilitation Institute of Chicago President Aggregate Year-to-Date $ 750.00	11/30/99	250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
James W. McDowell 700 Country Club Road Centralia, IL 62801-3098 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	St. Mary's Hospital President & CEO Aggregate Year-to-Date $ 750.00	11/30/99	250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Donald Oder 1523 West Harrison Suite 364 Chicago, IL 60607-3105 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Rush-Presbyterian-St. Luke's Medical Center Hospital Administrator Aggregate Year-to-Date $ 504.50	11/30/99	250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mark Deaton 1151 E. Warrenville Rd. Naperville, IL 60563-9339 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Illinois Hospital & Health Systems Association VP/General Counsel Aggregate Year-to-Date $ 587.50	11/30/99	250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Jill E. Egan 1151 E. Warrenville Rd. PO Box 3015 Naperville, IL 60563-9339 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Illinois Hospital & Health Systems Association Vice President Aggregate Year-to-Date $ 607.16	11/30/99	250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Richard A. Hamilton 1151 E. Warrenville Rd. Naperville, IL 60563-9339 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Illinois Hospital & HealthSystems Association Vice President, Finance Aggregate Year-to-Date $ 584.00	11/30/99	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 J. Raleigh 1141 East Warrenville Road Naperville, IL 60563-1493 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Illinois Hospital & HealthSystems Association VP/Controller Aggregate Year-to-Date $ 500.00	11/30/99	500.00

SUBTOTAL of Receipts This Page (optional) 2,000.00

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

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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. Kenneth C. Robbins 1151 East Warrenville Road PO Box 3015 Naperville, IL 60563-9339 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Illinois Hospital & HealthSystems Association President Aggregate Year-to-Date $ 584.00	11/30/99	250.00
B. Steven B. Scheer 1151 East Warrenville Road Naperville, IL 60563-9339 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Illinois Hospital & HealthSystems Association Executive Vice President Aggregate Year-to-Date $ 594.32	11/30/99	250.00
C. Peter L. Tyor 1151 E. Warrenville Rd Naperville, IL 60563-9339 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Illinois Hospital & HealthSystems Association PAC Administration Aggregate Year-to-Date $ 586.96	11/30/99	250.00
D. Taunja Willis-Miller 114 Whispering Woods Road Charleston, WV 25304-2739 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Jackson & Kelly PLLC Administrator Aggregate Year-to-Date $ 375.00	11/30/99	125.00
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) 675.00

TOTAL This Period (last page this line number only) 48,424.47

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11 c

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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. Health Care Concerns PAC P.O. Box 37063 Kansas City, MO 64138 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 4,500.00	11/02/99	500.00
B. Health Care Leadership Committee Post Office Box 270496 St. Louis, MO 63127-0496 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 3,030.00	11/15/99	3,030.00
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		

SUBTOTAL of Receipts This Page (optional)	3,530.00
TOTAL This Period (last page this line number only)	3,530.00

460175

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CITIBANK P.O. Box 19748 Washington, DC 20036		11/30/99	571.48
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $ 3,834.90		

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

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

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

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

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

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

SUBTOTAL of Receipts This Page (optional)	571.48
TOTAL This Period (last page this line number only)	571.48

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 21B

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NAME OF COMMITTEE (in Full)
American Hospital Association PAC

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Paymentech 1601 Elm Street Dallas, TX 75201	Service Charge Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/12/99	38.13
B. American Express Ste. 001 Chicago, IL 60679	Service Charge Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/16/99	24.38
C. Hill Research Consultants 25025 Interstate 45 North, Suite 380 The Woodlands, TX 77380	Polling Services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/17/99	13,000.00
D. Hill Research Consultants 25025 Interstate 45 North, Suite 380 The Woodlands, TX 77380	In-kind to Scott McInnis, H-3-CO. See Line 23. Disbursement for: X Primary ☐ General ☐ Other (specify) 2000	11/17/99	-4,875.00
E. American Express Ste. 001 Chicago, IL 60679	Service Charge Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/29/99	1.63
F. Citibank, F.S.B. 1400 G Street, NW Washington, DC 20005	Service Charge Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/30/99	35.48
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	8,224.62
TOTAL This Period (last page this line number only)	8,224.62

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
McConnell Senate Committee 425 Second Street, NE Washington, DC 20002	Mitch McConnell, U.S. SENATE KY Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2002	11/03/99	1,000.00
B. Full Name, Mailing Address and ZIP Code Fletcher for Congress PO Box 4703 Lexington, KY 40544	Purpose of Disbursement Ernest Fletcher, U.S. HOUSE 6th KY Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	11/03/99	1,000.00
C. Full Name, Mailing Address and ZIP Code Friends of Ronnie Shows Route 2 Box 234 Bassfield, MS 39421	Purpose of Disbursement Ronnie Shows, U.S. HOUSE 4th MS Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	11/03/99	500.00
D. Full Name, Mailing Address and ZIP Code Baker For Congress Committee 9132 Highland Garden Road Baton Rouge, LA 70811	Purpose of Disbursement Richard H. Baker, U.S. HOUSE 6th LA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	11/05/99	1,000.00
E. Full Name, Mailing Address and ZIP Code Cummings for Congress P.O. Box 1631 Baltimore, MD 20313	Purpose of Disbursement Elijah Cummings, U.S. HOUSE 7th MD Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	11/05/99	250.00
F. Full Name, Mailing Address and ZIP Code Boswell for Congress RR 1 BOX 130 Davis City, IA 50065	Purpose of Disbursement Leonard L. Boswell, U.S. HOUSE 3rd IA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	11/05/99	1,000.00
G. Full Name, Mailing Address and ZIP Code Friends of Jim Maloney 1325 East Main Street Waterbury, CT 06705	Purpose of Disbursement Jim Maloney, U.S. HOUSE 5th CT Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	11/05/99	500.00
H. Full Name, Mailing Address and ZIP Code Martha Walker for Congress 11 Quail Cove Road Charleston, WV 25314	Purpose of Disbursement Martha Walker, U.S. HOUSE 2nd WV Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	11/05/99	2,500.00
I. Full Name, Mailing Address and ZIP Code CAMPAC 5915 Eastman Avenue Suite 100 Midland, MI 48640	Purpose of Disbursement 1999 Contribution Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 1999	11/05/99	2,500.00

SUBTOTAL of Disbursements This Page (optional) 10,250.00

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
National Republican Senatorial Committee 425 Second Street, NE Washington, DC 20002	1999 Contribution Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 1999	11/08/99	15,000.00
B. Full Name, Mailing Address and ZIP Code Tom Sawyer Committee PO Box 2884 Washington, DC 20013	Purpose of Disbursement Thomas C. Sawyer, U.S. HOUSE 14th OH Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	11/08/99	300.00
C. Full Name, Mailing Address and ZIP Code Lindsey Graham for Congress 337 Bypass 123 Seneca, SC 29678	Purpose of Disbursement Lindsey O. Graham, U.S. HOUSE 3rd SC Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	11/08/99	1,000.00
D. Full Name, Mailing Address and ZIP Code Jeffords for Vermont Committee 517 - 2nd Street, N.E. Washington, DC 20002	Purpose of Disbursement James M. Jeffords, U.S. SENATE VT Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	11/11/99	4,000.00
E. Full Name, Mailing Address and ZIP Code Jeffords for Vermont Committee 517 - 2nd Street, N.E. Washington, DC 20002	Purpose of Disbursement James M. Jeffords, U.S. SENATE VT Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	11/11/99	5,000.00
F. Full Name, Mailing Address and ZIP Code The Friends of Dick Lugar 8465 Keystone Xing, Suite 200 Indianapolis, IN 46240	Purpose of Disbursement Richard G. Lugar, U.S. SENATE IN Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	11/12/99	2,750.00
G. Full Name, Mailing Address and ZIP Code Andrews for Congress 16 Somerdale Sqaure Somerdale, NJ 08033	Purpose of Disbursement Robert E. Andrews, U.S. HOUSE 1st NJ Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	11/12/99	1,000.00
H. Full Name, Mailing Address and ZIP Code Friends of Phil Gramm P.O. Box 565087 Dallas, TX 75356	Purpose of Disbursement Phil Gramm, U.S. SENATE TX Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2002	11/12/99	1,000.00
I. Full Name, Mailing Address and ZIP Code Bistro Bis 15 E Street, NW Washington, DC 20002	Purpose of Disbursement In-kind Catering to Ron Kind H-3-WI Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	11/12/99	1,719.62

SUBTOTAL of Disbursements This Page (optional)	31,769.62
TOTAL This Period (last page this line number only)	

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Hill Research Consultants 25025 Interstate 45 North, Suite 380 The Woodlands, TX 77380	In-kind to Scott McInnis, U.S. HOUSE 3rd CO [X] Primary [ ] General [ ] Other (specify) 2000	11/17/99	4,875.00
B. Full Name, Mailing Address and ZIP Code Ben Cardin for Congress P.O. Box 65056 Baltimore, MD 21209	Purpose of Disbursement Benjamin L. Cardin, U.S. HOUSE 3rd MD [X] Primary [ ] General [ ] Other (specify) 2000	11/18/99	500.00
C. Full Name, Mailing Address and ZIP Code The Freedom Project 111 C Street,SE Lower Unit Washington, DC 20003	Purpose of Disbursement 1999 Contribution [ ] Primary [ ] General [ ] Other (specify) 1999	11/18/99	1,000.00
D. Full Name, Mailing Address and ZIP Code Billey for Congress P.O. Box 9871 Alexandria, VA 22304-0477	Purpose of Disbursement Thomas J. Billey, U.S. HOUSE 7th VA [X] Primary [ ] General [ ] Other (specify) 2000	11/18/99	1,000.00
E. Full Name, Mailing Address and ZIP Code Pickering for Congress 2105 Mt. Vernon Avenue, No. 1 Alexandria, VA 22301	Purpose of Disbursement Chip Pickering, U.S. HOUSE 3rd MS [X] Primary [ ] General [ ] Other (specify) 2000	11/18/99	1,000.00
F. Full Name, Mailing Address and ZIP Code Friends of Sherrod Brown 607 14th Street Suite 800 Washington, DC 20005	Purpose of Disbursement Sherrod Brown, U.S. HOUSE 13th OH [X] Primary [ ] General [ ] Other (specify) 2000	11/18/99	1,000.00
G. Full Name, Mailing Address and ZIP Code DeWine for U.S. Senate 8 East Broad Street, 15th Floor Columbus, OH 43215	Purpose of Disbursement Mike DeWine, U.S. SENATE OH [ ] Primary [X] General [ ] Other (specify) 2000	11/18/99	1,000.00
H. Full Name, Mailing Address and ZIP Code Green for Congress PO Box 23819 Green Bay, WI 54305	Purpose of Disbursement Mark Green, U.S. HOUSE 8th WI [X] Primary [ ] General [ ] Other (specify) 2000	11/19/99	1,000.00
I. Full Name, Mailing Address and ZIP Code Friends of John Tanner P.O. Box 70926 Washington, DC 20024	Purpose of Disbursement John S. Tanner, U.S. HOUSE 8th TN [X] Primary [ ] General [ ] Other (specify) 2000	11/19/99	1,000.00

SUBTOTAL of Disbursements This Page (optional) 12,375.00

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

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hoyer for Congress 7905 Malcolm Road, Suite 102 Clinton, MD 20735	Steny H. Hoyer, U.S. HOUSE 5th MD Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	11/19/99	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) 1,000.00

TOTAL This Period (last page this line number only) 55,394.62

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.

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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	

SM
PREPARER

12/20/99
DATE PREPARED

(4/98)