

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELEC
COMMISSION MAIL

1999 NOV 19

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) American Hospital Association PAC		2. FEC IDENTIFICATION NUMBER C00106146
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 325 7th Street, NW		
CITY, STATE and ZIP CODE Washington, DC 20004		
3. <input checked="" type="checkbox"/> 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	10/01/99 through 10/31/99		
6. (a) Cash on Hand January 1, 19 99			\$ 229,099.56
(b) Cash on Hand at Beginning of Reporting Period		\$ 476,432.48	
(c) Total Receipts (from Line 19)		\$ 132,014.50	\$ 773,901.40
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 608,446.98	\$ 1,003,000.96
7. Total Disbursements (from Line 30)		\$ 103,456.67	\$ 498,010.65
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 504,990.31	\$ 504,990.31
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)		\$ 0.00	For further information contact: Federal Election Commission 899 E Street, NW Washington, DC 20488 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)		\$ 0.00	

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	Date 11/4/99
Signature of Treasurer <i>Al Jackson</i>	

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

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FEC FORM 3X
(revised 9/99)

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	TO:	
	10/01/99	10/31/99	
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)	39,454.78	236,802.65	11(a)(i)
ii. Unitemized	40,534.63	263,133.81	11(a)(ii)
iii. Total (add i and ii) >	79,989.41	499,936.28	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	0.00	0.00	11(c)
d. Total Contributions (add a ii, b and c) >	79,989.41	499,936.28	11(d)
12. Transfers From Affiliated/Other Party Committees	51,500.00	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.)	525.09	3,263.42	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) >	132,014.50	773,901.40	19
20. Total Federal Receipts (subtract line 18 from line 19) >	132,014.50	773,901.40	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	8,331.87	36,785.65	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	8,331.67	36,785.65	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	95,125.00	461,225.00	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. Individual/Persons Other Than Political Committees	0.00	0.00	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) >	0.00	0.00	28(d)
29. Other Disbursements	0.00	0.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	103,456.67	498,010.85	30
31. Total Federal Disbursements (subtract line 21 a i from line 30) >	103,456.67	498,010.85	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	79,989.41	499,936.28	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	79,989.41	499,936.28	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	8,331.67	36,785.65	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) >	8,331.67	36,785.65	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **1** OF **22**
FOR LINE NUMBER **11 a**

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name, Mailing Address and ZIP Code Ray Woodham 3500 Wolters Place NE Albuquerque, NM 87106-1138 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Presbyterian Healthcare Services	Date (month, day, year) 10/07/99	Amount of Each Receipt this Period 250.00
	Occupation Assoc. Executive	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code Douglas A. Bruce P.O. Box 196604 Anchorage, AK 99519-6604 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Providence Alaska Medical Center	Date (month, day, year) 10/07/99	Amount of Each Receipt this Period 250.00
	Occupation Chief Executive	Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code Frank W. Harris Post Office Box 939 Alexander City, AL 35011-0939 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Russell Hospital	Date (month, day, year) 10/07/99	Amount of Each Receipt this Period 250.00
	Occupation Administrator	Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code Gregg B. Everatt 8224 Parkview Court Montgomery, AL 36117-6964 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Alabama Hospital Association	Date (month, day, year) 10/07/99	Amount of Each Receipt this Period 250.00
	Occupation Senior VP, General Counsel	Aggregate Year-to-Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code Richard W. Linneweh Jr. 2811 Tiaton Drive Yakima, WA 98902-3799 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Yakima Valley Memorial Hospital	Date (month, day, year) 10/07/99	Amount of Each Receipt this Period 250.00
	Occupation President & CEO	Aggregate Year-to-Date > \$ 250.00	
F. Full Name, Mailing Address and ZIP Code William C. Bentley P.O. Box 210759 Montgomery, AL 36121-0759 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Alabama Hospital Association	Date (month, day, year) 10/07/99	Amount of Each Receipt this Period 250.00
	Occupation COO	Aggregate Year-to-Date > \$ 250.00	
G. Full Name, Mailing Address and ZIP Code Barry S. Weinstein 11050 Woodlands Way Cincinnati, OH 45241-2447 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Children's Hospital Medical Center	Date (month, day, year) 10/07/99	Amount of Each Receipt this Period 50.00
	Occupation Executive Vice President	Aggregate Year-to-Date > \$ 300.00	

SUBTOTAL of Receipts This Page (optional) 1,550.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 2 OF 22
FOR LINE NUMBER 11 a 1

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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
Gary Duncan 2534 North Kingsdale Road Joplin, MO 64804	Freeman Health System	10/07/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO	Aggregate Year-to-Date > \$ 525.00	
Al Holman Chastnut Partners Inc. One Financial Center Boston, MA 02111	Brigham & Women's Hospital	10/07/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Board Member	Aggregate Year-to-Date > \$ 250.00	
Neil W. Wallace General Investment 600 Atlantic Ave., Suite 2000 Boston, MA 02210	Brigham and Women's Hospital	10/07/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Board Member	Aggregate Year-to-Date > \$ 250.00	
Peters D. Willson 5507 Massachusetts Ave. Bethesda, MD 20816-2337	NACH	10/07/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President	Aggregate Year-to-Date > \$ 500.00	
Joseph A. Zaccagnino 20 York Street New Haven, CT 06504	Yale-New Haven Healthcare Center	10/08/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President & CEO	Aggregate Year-to-Date > \$ 500.00	
Richard M. Irwin Jr. 10000 W Colonial Drive Orlando, Ocoee, FL 32861-4007	Health Central	10/18/99	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President & CEO	Aggregate Year-to-Date > \$ 400.00	
John K. Springer 225 Asylum Avenue 10th Floor Hartford, CT 06510	Med-Span, Inc.	10/18/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chairman	Aggregate Year-to-Date > \$ 500.00	

SUBTOTAL of Receipts This Page (optional)

2,900.00

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John N. Simpson Sr. 5601 Breno Road Richmond, VA 23226-1900	Bon Secours-Richmond Health System	10/18/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chairman of the Board	Aggregate Year-to-Date > \$ 250.00	
Steven Meyerson 5417 Barrister Place Alexandria, VA 22304-1949	Inova Alexandria Hospital	10/18/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive Director	Aggregate Year-to-Date > \$ 250.00	
Steven J. Smith PO Box 25555 Albuquerque, NM 87125-0555	St. Joseph Healthcare	10/18/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President/CEO	Aggregate Year-to-Date > \$ 250.00	
Kathleen C. Poff 812 Pin Oak Terrace Jefferson City, MO 65109-1887	Missouri Hospital Association	10/18/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP, Fiscal Ops. & H.R.	Aggregate Year-to-Date > \$ 250.00	
Terry L. Wayne 1200 South Columbia Road Grand Forks, ND 58201	Altru Health System	10/18/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Administrative Director	Aggregate Year-to-Date > \$ 250.00	
Patricia R. Goldman 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818	American Hospital Association	10/18/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sr. Associate Director	Aggregate Year-to-Date > \$ 500.00	
Stephen K. Wilson 3599 University Blvd. South Jacksonville, FL 32216-4245	Genesis Rehabilitation Hospital	10/18/99	440.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Administrator	Aggregate Year-to-Date > \$ 440.00	

SUBTOTAL of Receipts This Page (optional) 2,190.00

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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
Lester "Skip" Lamb Post Office Box 469 Nellysford, VA 22958-3854	Carillon Health System	10/18/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive VP	Aggregate Year-to-Date > \$ 250.00	
Terry Hau 3339 Lawndale Road Resterstown, MD 21136	Inova Health System	10/18/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Trustee	Aggregate Year-to-Date > \$ 250.00	
Kenneth A. Samet 110 Irving Street, NW Suite 2 A-2 Washington, DC 20010-2975	Washington Hospital Center	10/18/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 250.00	
Duncan Moore 1300 Miccoaukee Road Tallahassee, FL 32308-5037	Tallahassee Memorial Regional Med. Ctr.	10/18/99	800.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President/CEO	Aggregate Year-to-Date > \$ 800.00	
Jack M. Cook 3200 Burnet Cincinnati, OH 45229-3099	Health Alliance of Greater Cincinnati	10/18/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President & CEO	Aggregate Year-to-Date > \$ 250.00	
Michael E. Zilm 401 Westrick Place Kirkwood, MO 63122	St. Joseph Hospital	10/18/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 250.00	
Michael D. Means 4495 Lake Washington Rd. Melbourne, FL 32934-7674	Health First, Inc.	10/18/99	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 400.00	

SUBTOTAL of Receipts This Page (optional) 2,450.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (in Full)
American Hospital Association PAC

<p>A. Full Name, Mailing Address and ZIP Code Clark P. Christianson 3 Carmel Court Ormond Beach, FL 32174-3805</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Memorial Health Systems</p> <p>Occupation Administrator</p> <p>Aggregate Year-to-Date > \$ 432.00</p>	<p>Date (month, day, year) 10/18/99</p>	<p>Amount of Each Receipt this Period 400.00</p>
<p>B. Full Name, Mailing Address and ZIP Code L. Jon Schurmeier 18697 E. Bagley Road Middleburg Heights, OH 44130-3497</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Southwest General Health Center</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 10/18/99</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Richard K. Reiner 1818 Lost Pine Lane Apopka, FL 32712</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Florida Hospital</p> <p>Occupation Exec. VP, Managed Care Division</p> <p>Aggregate Year-to-Date > \$ 232.00</p>	<p>Date (month, day, year) 10/18/99</p>	<p>Amount of Each Receipt this Period 200.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Linda S. Quick 6363 Taft Street Hollywood, FL 33024-5959</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer South Florida Hospital & Healthcare Association</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$ 232.00</p>	<p>Date (month, day, year) 10/18/99</p>	<p>Amount of Each Receipt this Period 200.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Linda Burnes Bolton R.N. 3637 Virginia Road Los Angeles, CA 90016-5819</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Cedars-Sinai Medical Center</p> <p>Occupation Vice President & Chief Nursing Offi</p> <p>Aggregate Year-to-Date > \$ 325.00</p>	<p>Date (month, day, year) 10/18/99</p>	<p>Amount of Each Receipt this Period 75.00</p>
<p>F. Full Name, Mailing Address and ZIP Code William A. Brown 3502 Birtsboro Drive Fairfax, VA 22033</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Inova Health System</p> <p>Occupation Vice President</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 10/18/99</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Stephanie W. Byrd 7 Glen Meadow Court Cincinnati, OH 45246</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer The Health Alliance of Greater Cincinnati</p> <p>Occupation Sr. VP Communications</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 10/18/99</p>	<p>Amount of Each Receipt this Period 250.00</p>

GRAND TOTAL of Receipts This Page (optional) 1,825.00

TOTAL This Period (last page this line number only)

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jeffrey Collins 8078 13th Ave., South St. Petersburg, FL 33707	Sun Coast Hospital, Largo	10/18/99	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO	Aggregate Year-to-Date > \$ 432.00	
Phillip C. Dutcher 2 Old Fence Rd. Palm Beach Gardens, FL 33418	Intra-coastal Health Systems	10/18/99	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sr. VP-Operations	Aggregate Year-to-Date > \$ 400.00	
William B. Finney 8138 Hopper Road Cincinnati, OH	Health Alliance	10/18/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sr. Vice President	Aggregate Year-to-Date > \$ 250.00	
Michael G. Guley 550 W. Flamingo Drive Suite 401 Venice, FL 34285	Bon Sacours Venice Hospital	10/18/99	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO	Aggregate Year-to-Date > \$ 400.00	
William C. Giermak 1900 North Main Street Suffolk, VA 23434-4323	Obici Health System	10/18/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President and CEO	Aggregate Year-to-Date > \$ 250.00	
Robert L. Griffith 3200 Burnet Avenue Cincinnati, OH 45229	The Jewish Hospital	10/18/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sr. VP Chief HR Officer	Aggregate Year-to-Date > \$ 250.00	
Karen L. Hackett 151 N. Michigan Avenue Apt. 1903 Chicago, IL 60601	American College of Healthcare Executives	10/18/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Healthcare Assoc. Exec.	Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional) 2,200.00

TOTAL This Period (last page this line number only)

SCHEDULE A

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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
Donald L. Harris 5976 Burnside Landing Drive Burke, VA 22015-2522	INOVA Health Systems	10/18/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Senior VP	Aggregate Year-to-Date: \$ 375.00	
Aurora Lambert 12042 Cedar creek Drive Cincinnati, OH 44136	Southwest General Health Center	10/18/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Executive VP & COO	Aggregate Year-to-Date: \$ 250.00	
John J. Maher 181 Linkside Circle Ponte Vedra Beach, FL 32082-2033	Baptist-St. Vincent's Health System	10/18/99	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Chief Executive Officer	Aggregate Year-to-Date: \$ 400.00	
Mark E. McGourty 829 17th Avenue Longview, WA 98632-2305	Peace Health-Lower Columbia Regions	10/18/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Regional CEO	Aggregate Year-to-Date: \$ 500.00	
William L. Montgomery 3903 S.W. 97th Street Gainesville, FL 32607	Shands HealthCare	10/18/99	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President	Aggregate Year-to-Date: \$ 400.00	
Sue Ellen Pinkerton 8936 SW 44th Lane Gainesville, FL 32608	Shands HealthCare	10/18/99	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CEO	Aggregate Year-to-Date: \$ 400.00	
Richard L. Seim 484 Missouri Ave. Cincinnati, OH 45226-1101	The Christ Hospital	10/18/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP, Alliance Materials Services	Aggregate Year-to-Date: \$ 250.00	

SUBTOTAL of Receipts This Page (optional) 2,450.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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

NAME OF COMMITTEE (in Full)
American Hospital Association PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John T. Stone Jr. 1857 Ames Circle South Chesapeake, VA 23321	Bon Secours Hampton	10/18/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior VP		
	Aggregate Year-to-Date > \$ 250.00		
Phillip Tempel 11066 Grandstone Lane Cincinnati, OH 45249	The Health Alliance of Greater Cincinnati	10/18/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Exec. VP & CEO		
	Aggregate Year-to-Date > \$ 250.00		
Carol C. Thompson 24905 Marsh Landing Parkway Ponte Vedra Beach, FL 32789	Baptist St. Vincent's Hospital	10/18/99	440.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive Vice President		
	Aggregate Year-to-Date > \$ 440.00		
Jolene Tomabeni 601 Children's Lane Norfolk, VA 23507-1971	Inova Health System	10/18/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Administrator		
	Aggregate Year-to-Date > \$ 250.00		
David W. Wright 9105 Wood Spice Lane Lorton, VA 22079	Inova Alexandria Hospital	10/18/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President		
	Aggregate Year-to-Date > \$ 250.00		
Robert B. Williams 2105 NW 97th Street Gainesville, FL 32606	Shands HealthCare	10/18/99	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Administrator		
	Aggregate Year-to-Date > \$ 400.00		
Terrance G. Broese van Groenou 80 Country Club Drive Bismarck, ND 58501-9374	Medcenter One Health Systems	10/19/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President & CEO		
	Aggregate Year-to-Date > \$ 500.00		

SUBTOTAL of Receipts This Page (optional) **2,340.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name, Mailing Address and ZIP Code Terry Andrus 414 N. 10th Street Opelika, AL 36801-4145	Name of Employer East Alabama Medical Center	Date (month, day, year) 10/19/99	Amount of Each Receipt this Period 1,000.00
	Occupation Administrator	Aggregate Year-to-Date > \$ 1,000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code Michael T. Rust PO Box 438629 Louisville, KY 40253-6629	Name of Employer KHA	Date (month, day, year) 10/22/99	Amount of Each Receipt this Period 500.00
	Occupation President	Aggregate Year-to-Date > \$ 850.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code Tommy J. Smith 2806 Little Hills Lane Anchorage, KY 40223	Name of Employer Baptist Hospitals East	Date (month, day, year) 10/22/99	Amount of Each Receipt this Period 250.00
	Occupation President/CEO	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code Henry D. Lipman 80 Highland Street Laconia, NH 03248	Name of Employer Lakes Regional General Hospital	Date (month, day, year) 10/22/99	Amount of Each Receipt this Period 250.00
	Occupation CFO	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code Larry O. Barton 3818 Londonderry Lane Paducah, KY 42001-6537	Name of Employer Western Baptist Hospital	Date (month, day, year) 10/22/99	Amount of Each Receipt this Period 140.00
	Occupation CEO	Aggregate Year-to-Date > \$ 490.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code Nancy Rust 2501 Nelson Miller Parkway Louisville, KY 40223-2221	Name of Employer	Date (month, day, year) 10/22/99	Amount of Each Receipt this Period 500.00
	Occupation Home Maker	Aggregate Year-to-Date > \$ 850.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code Edgard D. Vaughn 5112 Forest Grove Court Prospect, KY 40059	Name of Employer Alliant Health System	Date (month, day, year) 10/22/99	Amount of Each Receipt this Period 250.00
	Occupation Executive	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional) **2,890.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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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

<p>A. Full Name, Mailing Address and ZIP Code Christopher West 6579 Powner Farm Drive Cincinnati, OH 45248</p>	<p>Name of Employer Norton Audubon</p>	<p>Date (month, day, year) 10/22/99</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Vice President</p>	<p>Aggregate Year-to-Date > \$ 250.00</p>	
<p>B. Full Name, Mailing Address and ZIP Code George H. Perich 1325 Locust Avenue Fairmont, WV 26554-1482</p>	<p>Name of Employer Fairmont General Hospital</p>	<p>Date (month, day, year) 10/25/99</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Vice President</p>	<p>Aggregate Year-to-Date > \$ 250.00</p>	
<p>C. Full Name, Mailing Address and ZIP Code Pegeen Townsend 6820 Deepath Road Elkridge, MD 21075-6234</p>	<p>Name of Employer Maryland Hospital Association</p>	<p>Date (month, day, year) 10/25/99</p>	<p>Amount of Each Receipt this Period 400.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Vice President/Legislative Policy</p>	<p>Aggregate Year-to-Date > \$ 400.00</p>	
<p>D. Full Name, Mailing Address and ZIP Code Richard B. Kinnersley 2180 South 1300 East Suite 440 Salt Lake City, UT 84106-2813</p>	<p>Name of Employer UHA</p>	<p>Date (month, day, year) 10/25/99</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation President</p>	<p>Aggregate Year-to-Date > \$ 250.00</p>	
<p>E. Full Name, Mailing Address and ZIP Code Horace W. Murphy 9907 Mt. Tabor Road Myersville, MD 21773</p>	<p>Name of Employer Washington County Hospital Association</p>	<p>Date (month, day, year) 10/25/99</p>	<p>Amount of Each Receipt this Period 950.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation President</p>	<p>Aggregate Year-to-Date > \$ 850.00</p>	
<p>F. Full Name, Mailing Address and ZIP Code Steven J. Sumner 100 Association Drive Charleston, WV 25311-1571</p>	<p>Name of Employer West Virginia Hospital Association</p>	<p>Date (month, day, year) 10/25/99</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation President</p>	<p>Aggregate Year-to-Date > \$ 250.00</p>	
<p>G. Full Name, Mailing Address and ZIP Code Robert Z. Vovak 9326 Parglen Road Baltimore, MD 21236-1628</p>	<p>Name of Employer Maryland Hospital Association</p>	<p>Date (month, day, year) 10/25/99</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Senior Vice President</p>	<p>Aggregate Year-to-Date > \$ 250.00</p>	

SUBTOTAL of Receipts This Page (optional) **2,600.00**

TOTAL This Period (just page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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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

<p>A. Full Name, Mailing Address and ZIP Code Spencer C. Johnson 6215 W. St. Joseph Hwy. Lansing, MI 48917-4852</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Michigan Health & Hospital Association</p> <p>Occupation State Executive</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 10/25/99</p>	<p>Amount of Each Receipt this Period 230.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Charles Ellstein 6215 West St. Joseph Hwy. East Lansing, MI 48917-4852</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Michigan Health & Hospital Association</p> <p>Occupation Vice President</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 10/25/99</p>	<p>Amount of Each Receipt this Period 75.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Beverly L. Miller 6820 Deerpath Road Elkridge, MD 21075-6234</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Maryland Hospital Association</p> <p>Occupation V.P., Professional Activities</p> <p>Aggregate Year-to-Date > \$ 400.00</p>	<p>Date (month, day, year) 10/25/99</p>	<p>Amount of Each Receipt this Period 400.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Stephen K. Wilson 3599 University Blvd. South Jacksonville, FL 32218-4245</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Genesis Rehabilitation Hospital</p> <p>Occupation Administrator</p> <p>Aggregate Year-to-Date > \$ 472.00</p>	<p>Date (month, day, year) 10/25/99</p>	<p>Amount of Each Receipt this Period 32.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Edgar "Larry" Lawrence 6820 Deerpath Road Elkridge, MD 21075-6234</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Maryland Hospital Association</p> <p>Occupation Executive Vice President</p> <p>Aggregate Year-to-Date > \$ 400.00</p>	<p>Date (month, day, year) 10/25/99</p>	<p>Amount of Each Receipt this Period 400.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Calvin M. Pierson 6820 Deerpath Road Elkridge, MD 21075-6234</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Maryland Hospital Association</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$ 400.00</p>	<p>Date (month, day, year) 10/25/99</p>	<p>Amount of Each Receipt this Period 400.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Paul A. Sokolowski 12891 Eagles View Road Phoenix, MD 21131-2312</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Maryland Hospital Association</p> <p>Occupation Vice President, Finance</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 10/25/99</p>	<p>Amount of Each Receipt this Period 500.00</p>

SUBTOTAL of Receipts This Page (optional) **2,037.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full)
American Hospital Association PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Louis R. Yore Jr. 184 Middlesex Avenue Englewood Cliffs, NJ 07632	Pascack Valley Hospital Occupation: CEO	10/25/99	600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
James C. Wallace B White Birch Trail Medford, NJ 08055	Our Lady of Lourdes Medical Center Occupation: Senior Vice President	10/25/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
Alan Cohen 300 South East 5th Avenue Apt. 5100 Boca Raton, FL 33432-5056	Information Requested Occupation:	10/25/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
Ronald V. Wolff 2838 Longleaf Road Panama City, FL 32401-3600	Bay Medical Center Occupation: President & Chief Executive Officer	10/25/99	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 232.00		
N. David Flagg PO Box 100161 Gainesville, FL 32610-0161	Shands HealthCare Occupation: Director, Government Relations	10/25/99	32.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 464.00		
Edward J. Rosasco Jr. 3663 South Miami Avenue Miami, FL 33133-4237	Mercy Hospital Occupation: President	10/25/99	440.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 440.00		
Mariene Soderstrom 3927 Beacher Road Flint, MI 48532-3602	Healthcare Council of MidMichigan Occupation: Director of Health Delivery	10/25/99	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		

SUBTOTAL of Receipts This Page (optional) **2,022.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full)
American Hospital Association PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ellen G. Goodwin Rt. 1, Box 180A Mount Alto, WV 25264-9703	Jackson General Hospital	10/25/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles J. Marr Alegent Health 1010 N. 96 Street, Ste. 200 Omaha, NE 68114	Alegent Health	10/25/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO	Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Vahe A. Kazandjian 5093 Durham Road West Columbia, MD 21044-1424	Maryland Hospital Association	10/25/99	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP Research	Aggregate Year-to-Date > \$ 400.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Corder P. O. Box 718 Parkersburg, WV 26102-0718	Camden Clark Memorial Hospital	10/25/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Administrator & CEO	Aggregate Year-to-Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas L. Werner 601 East Rollins Street Orlando, FL 32803-1273	Florida Hospital Medical Center	10/25/99	800.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President & CEO	Aggregate Year-to-Date > \$ 1,360.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard K. Reiner 1818 Lost Pine Lane Apopka, FL 32712	Florida Hospital	10/25/99	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Exec. VP, Managed Care Division	Aggregate Year-to-Date > \$ 432.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Andrew L. Kovach 17 Laura Lane Morristown, NJ 07960	Atlantic Health System	10/25/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Administrator	Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional) 2,400.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name, Mailing Address and ZIP Code Carmen B. Alecci 60 Academy Street Pleasantville, NY 10570-2024	Name of Employer Saint Barnabas Health Care System Occupation Hospital Administrator	Date (month, day, year) 10/25/99	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
B. Full Name, Mailing Address and ZIP Code Michael Baughman Jr. 6215 W. St. Joseph Hwy. Lansing, MI 48917-4852	Name of Employer Health Care Legal Group, PC Occupation Administrator	Date (month, day, year) 10/25/99	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
C. Full Name, Mailing Address and ZIP Code Edda M. Benedek 328 Ridgewood Avenue Glen Ridge, NJ 07028	Name of Employer Atlantic Health System Occupation VP/MA	Date (month, day, year) 10/25/99	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
D. Full Name, Mailing Address and ZIP Code Linda Bolton 611 Honeycomb Gate Columbia, MD 21045-6087	Name of Employer Maryland Hospital Association Occupation V.P. Health System Integration	Date (month, day, year) 10/25/99	Amount of Each Receipt this Period 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400.00		
E. Full Name, Mailing Address and ZIP Code Ronald J. DeMauro 50 Sherwood Avenue Watchung, NJ 07060-6136	Name of Employer Saint Barnabas Health Care System Occupation CEO	Date (month, day, year) 10/25/99	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
F. Full Name, Mailing Address and ZIP Code Kathleen Dickenson 6215 W. St. Joseph Hwy. Lansing, MI 48917-4852	Name of Employer Michigan Health & Hospital Assn. Service Corp. Occupation MHA Service Corporation	Date (month, day, year) 10/25/99	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
G. Full Name, Mailing Address and ZIP Code Mohammad A. Faisal Post Office Box 3009 Lake City, FL 32058	Name of Employer Shands HealthCare Occupation Chief of Staff	Date (month, day, year) 10/25/99	Amount of Each Receipt this Period 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400.00		

SUBTOTAL of Receipts This Page (optional) 2,300.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nancy M. Fiedler 6820 Deerpath Road Elkridge, MD 21075-6234	Maryland Hospital Association	10/25/99	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sr. VP Communications	Aggregate Year-to-Date > \$ 400.00	
A. Hugh Greene 2311 Oceanwalk Drive, W. Atlantic Beach, FL 32233-4697	Baptist/St. Vincent's Health System	10/25/99	32.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President & COO	Aggregate Year-to-Date > \$ 454.00	
Gary Henriksen 6215 W. St. Joseph Highway Lansing, MI 48917-4852	Michigan Health & Hospital Assn. Service Corp.	10/25/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Group Vice President, Data Manageme	Aggregate Year-to-Date > \$ 250.00	
Joanne Garrocino 1316 Dempsey Court Lakewood, NJ 08733	Saint Barnabas Health Care System	10/25/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive Director	Aggregate Year-to-Date > \$ 250.00	
Kenneth Kozloff 7 Van Ness Drive Towaco, NJ 07082-1058	Saint Barnabas Health Care System	10/25/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive Director	Aggregate Year-to-Date > \$ 250.00	
Marilyn Litka-Klein 6215 West St. Joseph Hwy. Lansing, MI 48917-4852	Michigan Health & Hospital Association	10/25/99	75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sr. Dir., Health Financa	Aggregate Year-to-Date > \$ 250.00	
Dorothy Mancini 2700 NE 23rd Street Pompano Beach, FL 33062	Imperial Point Medical Center	10/25/99	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP/Regional Administrator	Aggregate Year-to-Date > \$ 232.00	

SUBTOTAL of Receipts This Page (optional) **1,457.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 16 OF 22
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name, Mailing Address and ZIP Code Denise Matricciani 6820 Dearpath Road Elkridge, MD 21075-6234	Name of Employer Maryland Hospital Association	Date (month, day, year) 10/25/99	Amount of Each Receipt this Period 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Asst. Vice President, GR Aggregate Year-to-Date > \$ 400.00	
B. Full Name, Mailing Address and ZIP Code Rebecca L. Monroe 1800 Summerland Avenue Winter Park, FL 32789	Name of Employer Florida Hospital	Date (month, day, year) 10/25/99	Amount of Each Receipt this Period 800.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Medical Director Aggregate Year-to-Date > \$ 800.00	
C. Full Name, Mailing Address and ZIP Code Robert G. Norton 1318 E. Charter Ct Jacksonville, FL 32210	Name of Employer Shands HealthCare	Date (month, day, year) 10/25/99	Amount of Each Receipt this Period 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation President Aggregate Year-to-Date > \$ 400.00	
D. Full Name, Mailing Address and ZIP Code Claudia B. Patterson 3863 South Miami Avenue Miami, FL 33133-1310	Name of Employer Mercy Hospital	Date (month, day, year) 10/25/99	Amount of Each Receipt this Period 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation VP Nursing & Patient Services Aggregate Year-to-Date > \$ 475.00	
E. Full Name, Mailing Address and ZIP Code Robert A. Silver 36 Gail Drive New City, NY 10958	Name of Employer Atlantic Health System	Date (month, day, year) 10/25/99	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation President Aggregate Year-to-Date > \$ 250.00	
F. Full Name, Mailing Address and ZIP Code James H. Thompson 90 Chanteclaire Circle Gulf Breeze, FL 32561	Name of Employer Walton Regional Hospital	Date (month, day, year) 10/25/99	Amount of Each Receipt this Period 800.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation President & CEO Aggregate Year-to-Date > \$ 800.00	
G. Full Name, Mailing Address and ZIP Code Michael R. Dunaway 1001 Holmes Road Suite 280 Kansas City, MO 64106-2650	Name of Employer The Health Alliance of MidAmerica	Date (month, day, year) 10/28/99	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Senior Vice President Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional) 3,300.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kevin T. Walstrom CPA 829 17th Avenue PO Box 3002 Longview, WA 98632-0302	PeaceHealth	10/28/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Regional Vice President of Finance	Aggregate Year-to-Date > \$ 250.00	
Max Michael III, MD 1515 6th Avenue South Birmingham, AL 35233-1687	Cooper Green Hospital	10/28/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO and Medical Director	Aggregate Year-to-Date > \$ 250.00	
David Sparks 1150 Vamun Street, NE Washington, DC 20017	Providence Hospital	10/28/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sr. VP - Financa	Aggregate Year-to-Date > \$ 250.00	
Larry D. Wallis 1423 North Jefferson Avenue Springfield, MO 65802-1988	Cox Health Systems	10/28/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President & CEO	Aggregate Year-to-Date > \$ 500.00	
Karen Milgate 325 Seventh Street, NW Suite 700 Washington, DC 20004-2801	American Hospital Association	Payroll Deduction	23.82 (\$11.91 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sr. Assoc. Director, Policy	Aggregate Year-to-Date > \$ 202.47	
Lindsay Mac Robinson One North Franklin Chicago, IL 60608	American Hospital Association	Payroll Deduction	47.62 (\$23.81 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Regional Executive	Aggregate Year-to-Date > \$ 404.77	
Deborah Williams 325 Seventh Street, NW Suite 700 Washington, DC 20004-2801	American Hospital Association	Payroll Deduction	23.82 (\$11.91 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sr. Assoc. Director	Aggregate Year-to-Date > \$ 202.47	

SUBTOTAL of Receipts This Page (optional) 1,345.28

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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

NAME OF COMMITTEE (in Full)
American Hospital Association PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Barbara Tomar 325 Seventh Street, NW Suite 700 Washington, DC 20004-2801 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	American Hospital Association	Payroll Deduction (\$11.91 Biweekly)	23.82
	Occupation Policy Development		
	Aggregate Year-to-Date > \$ 202.47		
Deborah Weiner 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	American Hospital Association	Payroll Deduction (\$23.81 Biweekly)	47.62
	Occupation Director		
	Aggregate Year-to-Date > \$ 404.77		
Alfred Jackson III 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	American Hospital Association	Payroll Deduction (\$25.00 Biweekly)	50.00
	Occupation Vice President		
	Aggregate Year-to-Date > \$ 432.00		
Jonathan T. Lord M.D. 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	American Hospital Association	Payroll Deduction (\$23.81 Biweekly)	47.62
	Occupation Chief Operating Officer		
	Aggregate Year-to-Date > \$ 404.77		
Neil J. Jesuale 325 Seventh Street, NW Suite 700 Washington, DC 20004-2801 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	American Hospital Association	Payroll Deduction (\$23.81 Biweekly)	47.62
	Occupation SVP, Member Relations		
	Aggregate Year-to-Date > \$ 404.77		
Ellen A. Pryga 325 Seventh Street, NW Suite 700 Washington, DC 20004-2801 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	American Hospital Association	Payroll Deduction (\$11.91 Biweekly)	23.82
	Occupation Policy Development		
	Aggregate Year-to-Date > \$ 202.47		
John F. Barry 5 New England Executive Park Burlington, MA 01803-5010 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	American Hospital Association	Payroll Deduction (\$23.81 Biweekly)	47.62
	Occupation Regional Legislative Dir.		
	Aggregate Year-to-Date > \$ 404.77		

SUBTOTAL of Receipts This Page (optional) 288.12

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

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name, Mailing Address and ZIP Code Mark Seklecki 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818	Name of Employer American Hospital Association	Date (month, day, year) Payroll	Amount of Each Receipt this Period 47.62
	Occupation Director, Political Affairs	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 404.77		(\$23.81) Biweekly)
B. Full Name, Mailing Address and ZIP Code George F. Bergstrom One North Franklin Street Chicago, IL 60606	Name of Employer American Hospital Association	Date (month, day, year) Payroll	Amount of Each Receipt this Period 23.82
	Occupation Vice President	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 202.47		(\$11.91) Biweekly)
C. Full Name, Mailing Address and ZIP Code Richard J. Davidson 325 Seventh Street, NW Suite 700 Washington, DC 20004-2801	Name of Employer American Hospital Association	Date (month, day, year) Payroll	Amount of Each Receipt this Period 95.24
	Occupation President	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 809.54		(\$47.62) Biweekly)
D. Full Name, Mailing Address and ZIP Code Herb B. Kuhn 325 Seventh Street, NW Suite 700 Washington, DC 20004-2801	Name of Employer American Hospital Association	Date (month, day, year) Payroll	Amount of Each Receipt this Period 47.62
	Occupation Vice President, Public Affairs	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 404.77		(\$23.81) Biweekly)
E. Full Name, Mailing Address and ZIP Code Barbara Harness Lorschach One North Franklin Street Chicago, IL 60606	Name of Employer American Hospital Association	Date (month, day, year) Payroll	Amount of Each Receipt this Period 47.62
	Occupation Vice President	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 654.77		(\$23.81) Biweekly)
F. Full Name, Mailing Address and ZIP Code Linda M. Magno 325 Seventh Street, NW Suite 700 Washington, DC 20004-2801	Name of Employer American Hospital Association	Date (month, day, year) Payroll	Amount of Each Receipt this Period 47.62
	Occupation Director Policy Development	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 404.77		(\$23.81) Biweekly)
G. Full Name, Mailing Address and ZIP Code Donna J. Melkonian One North Franklin Street Chicago, IL 60606	Name of Employer American Hospital Association	Date (month, day, year) Payroll	Amount of Each Receipt this Period 23.82
	Occupation Director - Financial Policy	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 202.47		(\$11.91) Biweekly)

SUBTOTAL of Receipts This Page (optional) **333.36**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name, Mailing Address and ZIP Code Calbreith L. Simpson 325 Seventh Street, NW Suite 700 Washington, DC 20004-2801	Name of Employer American Hospital Association	Date (month, day, year) Payroll	Amount of Each Receipt this Period 47.62 (\$23.81 Biweekly)
	Occupation Regional Executive	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 404.77		
B. Full Name, Mailing Address and ZIP Code Ronald O. Purcell 802 West Bannock Street Suite 500 POB 1278 Boise, ID 83702-5837	Name of Employer American Hospital Association	Date (month, day, year) Payroll	Amount of Each Receipt this Period 47.62 (\$23.81 Biweekly)
	Occupation Regional Executive	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 408.77		
C. Full Name, Mailing Address and ZIP Code Richard J. Pollack 325 Seventh Street, NW Suite 700 Washington, DC 20004-2801	Name of Employer American Hospital Association	Date (month, day, year) Payroll	Amount of Each Receipt this Period 95.24 (\$47.62 Biweekly)
	Occupation Executive Vice President	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 809.54		
D. Full Name, Mailing Address and ZIP Code Kenneth A. Becker 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818	Name of Employer American Hospital Association	Date (month, day, year) Payroll	Amount of Each Receipt this Period 47.62 (\$23.81 Biweekly)
	Occupation Dir. Nat'l Grassroots Project	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 404.77		
E. Full Name, Mailing Address and ZIP Code Richard H. Wade 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818	Name of Employer American Hospital Association	Date (month, day, year) Payroll	Amount of Each Receipt this Period 47.62 (\$23.81 Biweekly)
	Occupation Senior Vice President	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 404.77		
F. Full Name, Mailing Address and ZIP Code Stephen M. Annen 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818	Name of Employer American Hospital Association	Date (month, day, year) Payroll	Amount of Each Receipt this Period 47.62 (\$23.81 Biweekly)
	Occupation Vice President/Special Asst.	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 404.77		
G. Full Name, Mailing Address and ZIP Code Lori Schor 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818	Name of Employer American Hospital Association	Date (month, day, year) Payroll	Amount of Each Receipt this Period 47.62 (\$23.81 Biweekly)
	Occupation Director	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 404.77		

SUBTOTAL of Receipts This Page (optional) **380.96**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full)
American Hospital Association PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Carla L. Luggiero 325 Seventh Street, NW Suite 700 Washington, DC 20004-2801	American Hospital Association	Payroll	47.62
	Sr. Associate Director	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	6 404.77	(\$23.81) Biweekly
Robyn Cooke 325 Seventh Street, NW Suite 700 Washington, DC 20004-2801	American Hospital Association	Payroll	23.82
	Media Relations Asst.	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	6 202.47	(\$11.91) Biweekly
Stefania E. Higgins 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818	American Hospital Association	Payroll	23.82
	Associate Director	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	6 282.47	(\$11.91) Biweekly
Barbara Jackler 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818	American Hospital Association	Payroll	83.34
	Director	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	6 333.36	(\$41.67) Biweekly
Robert K. Kirk 1700 Sonny's Way Hollister, CA 95023-6632	American Hospital Association	Payroll	47.62
	Regional Executive	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	1 404.77	(\$23.81) Biweekly
Kristen Morris 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818	American Hospital Association	Payroll	47.62
	Sr. Associate Director	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	6 380.96	(\$23.81) Biweekly
Don Nielsen MD One North Franklin Chicago, IL 60606	American Hospital Association	Payroll	55.56
	Senior Vice President	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	6 388.92	(\$27.78) Biweekly

SUBTOTAL of Receipts This Page (optional) 328.40

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

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name, Mailing Address and ZIP Code Curtis D. Rooney 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer American Hospital Association Occupation Senior Associate Director Aggregate Year-to-Date > \$ 366.74	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 86.68 (\$33.34 Biweekly)
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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)	86.68
TOTAL This Period (last page this line number only)	39,454.78

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 12

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name, Mailing Address and ZIP Code NY Hospital & Healthcare Assoc. PAC 74 North Pearl Street Albany, NY 12207-2721</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 35,000.00</p>	<p>Date (month, day, year)</p> <p>10/18/99</p>	<p>Amount of Each Receipt this Period</p> <p>10,000.00</p>
<p>B. Full Name, Mailing Address and ZIP Code NY Hospital & Healthcare Assoc. PAC 74 North Pearl Street Albany, NY 12207-2721</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 65,000.00</p>	<p>Date (month, day, year)</p> <p>10/25/99</p>	<p>Amount of Each Receipt this Period</p> <p>30,000.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Texas Hospital Association - PAC P.O. Box 15587 Austin, TX 78781-5587</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 38,480.72</p>	<p>Date (month, day, year)</p> <p>10/25/99</p>	<p>Amount of Each Receipt this Period</p> <p>6,500.00</p>
<p>D. Full Name, Mailing Address and ZIP Code California Healthcare Association PAC PO Box 1100 Sacramento, CA 95812-1100</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 82,500.00</p>	<p>Date (month, day, year)</p> <p>10/28/99</p>	<p>Amount of Each Receipt this Period</p> <p>5,000.00</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

SUBTOTAL of Receipts This Page (optional) **51,500.00**

TOTAL This Period (last page this line number only) **51,500.00**

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name, Mailing Address and ZIP Code CITIBANK P.O. Box 19748 Washington, DC 20036	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	10/29/99	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$ 3,263.42	525.09
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	\$	

SUBTOTAL of Receipts This Page (optional) **525.09**

TOTAL This Period (last page this line number only) **525.09**

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2
FOR LINE NUMBER 21B

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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
Public Opinion Strategies 1033 North Fairfax Suite 120 Alexandria, VA 22314	Polling Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/01/99	13,000.00
B. Full Name, Mailing Address and ZIP Code American Express Ste. 001 Chicago, IL 60679	Service Charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/01/99	24.83
C. Full Name, Mailing Address and ZIP Code American Express Ste. 001 Chicago, IL 60679	Service Charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/04/99	9.76
D. Full Name, Mailing Address and ZIP Code American Express Ste. 001 Chicago, IL 60679	Service Charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/05/99	2.28
E. Full Name, Mailing Address and ZIP Code Public Opinion Strategies 1033 North Fairfax Suite 120 Alexandria, VA 22314	In-Kind Heather Wilson 1-NM/see line 23. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/06/99	-4,875.00
F. Full Name, Mailing Address and ZIP Code Citibank, F.S.B. 1400 G Street, NW Washington, DC 20005	Service Charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/07/99	10.00
G. Full Name, Mailing Address and ZIP Code Paymentech 1601 Elm Street Dallas, TX 75201	Service Charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/99	106.71
H. Full Name, Mailing Address and ZIP Code American Express Ste. 001 Chicago, IL 60679	Service Charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/13/99	5.69
I. Full Name, Mailing Address and ZIP Code Citibank, F.S.B. 1400 G Street, NW Washington, DC 20005	Service Charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/28/99	10.00

SUBTOTAL of Disbursements This Page (optional)

8,294.27

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2
FOR LINE NUMBER 21B

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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
Citibank, F.S.B. 1400 G Street, NW Washington, DC 20005	Service Charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/29/99	37.40
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	37.40
TOTAL This Period (last page this line number only)	8,331.67

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

<p>A. Full Name, Mailing Address and ZIP Code Jim Davis for Congress 209 Blanca Avenue Tampa, FL 33608</p>	<p>Purpose of Disbursement Jim Davis, U.S. HOUSE 11th FL</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000</p>	<p>Date (month, day, year) 10/01/99</p>	<p>Amount of Each Disbursement This Period 1,000.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Barrett For Congress 2711 N Avondale Blvd Milwaukee, WI 53210</p>	<p>Purpose of Disbursement Thomas M. Barrett, U.S. HOUSE 5th WI</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000</p>	<p>Date (month, day, year) 10/01/99</p>	<p>Amount of Each Disbursement This Period 500.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Burton for Congress Committee 4451 Brookfield Corporate Drive, #200 Chantilly, VA 22021</p>	<p>Purpose of Disbursement Dan Burton, U.S. HOUSE 8th IN</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000</p>	<p>Date (month, day, year) 10/01/99</p>	<p>Amount of Each Disbursement This Period 1,000.00</p>
<p>D. Full Name, Mailing Address and ZIP Code People with Hart Committee Post Office Box 435 Wexford, PA 15090</p>	<p>Purpose of Disbursement Melissa Hart, U.S. HOUSE 4th PA</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000</p>	<p>Date (month, day, year) 10/01/99</p>	<p>Amount of Each Disbursement This Period 500.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Borski for Congress Committee P.O. Box 26846 Philadelphia, PA 19134</p>	<p>Purpose of Disbursement Robert A. Borski, U.S. HOUSE 3rd PA</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000</p>	<p>Date (month, day, year) 10/01/99</p>	<p>Amount of Each Disbursement This Period 1,000.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Shadegg for Congress P.O. Box 45444 Phoenix, AZ 85064</p>	<p>Purpose of Disbursement John Shadegg, U.S. HOUSE 4th AZ</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000</p>	<p>Date (month, day, year) 10/01/99</p>	<p>Amount of Each Disbursement This Period 500.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Bill Thomas Campaign Committee P.O. Box 23175 Washington, DC 20025</p>	<p>Purpose of Disbursement William M. Thomas, U.S. HOUSE 21st CA</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000</p>	<p>Date (month, day, year) 10/01/99</p>	<p>Amount of Each Disbursement This Period 3,000.00</p>
<p>H. Full Name, Mailing Address and ZIP Code Committee To Re-elect Vito Fossella 15 Grandview Terrace Staten Island, NY 10308</p>	<p>Purpose of Disbursement Vito Fossella, U.S. HOUSE 13th NY</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000</p>	<p>Date (month, day, year) 10/01/99</p>	<p>Amount of Each Disbursement This Period 1,000.00</p>
<p>I. Full Name, Mailing Address and ZIP Code Buck McKeon for Congress Committee 3869 Beach Down Drive Chantilly, VA 22021-3348</p>	<p>Purpose of Disbursement Howard P. McKeon, U.S. HOUSE 25th CA</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000</p>	<p>Date (month, day, year) 10/01/99</p>	<p>Amount of Each Disbursement This Period 500.00</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>9,000.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>

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
Re-Elect Congressman Joe Moakley Committee P.O. Box 1073 Boston, MA 02205-9832	John Joseph Moakley, U.S. HOUSE 9th MA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/01/99	500.00
Terry Everett for Congress Post Office Box 230189 Montgomery, AL 36123	Terry Everett, U.S. HOUSE 2nd AL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/06/99	2,500.00
Stupak for Congress 3810 38th Street, N.W., Unit F270 Washington, DC 20016	Bart Stupak, U.S. HOUSE 1st MI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/06/99	2,500.00
Lone Star Fund PO Box 4219 Dallas, TX 75208	1999 Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	10/06/99	1,000.00
Democratic Senatorial Campaign Committee 430 S. Capitol Street, SE Washington, DC 20003	1999 Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	10/06/99	10,000.00
McIntyre for U.S. Congress PO Box 1 Lumberton, NC 28359	Mike McIntyre, U.S. HOUSE 7th NC Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/06/99	1,000.00
Friends Of John Peterson 248 N Main Street Pleasantville, PA 18341	John E. Peterson, U.S. HOUSE 5th PA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/06/99	1,000.00
Karen McCarthy for Congress P. O. Box 2882 St. Louis, MO	Karen McCarthy, U.S. HOUSE 5th MO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/06/99	500.00
Mac Collins for Congress 8309 Gold Course Sq. Alexandria, VA 22307	Michael A. Collins, U.S. HOUSE 3rd GA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/06/99	1,000.00

SUBTOTAL of Disbursements This Page (optional)

20,000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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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
Ensign for Senate 4012 South Rainbow Boulevard Las Vegas, NV 89103	John Ensign, U.S. SENATE NV Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/06/99	5,000.00
B. Full Name, Mailing Address and ZIP Code Public Opinion Strategies 1033 North Fairfax Suite 120 Alexandria, VA 22314	In-Kind to Heather Wilson HOUSE 1st NM Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/06/99	4,875.00
C. Full Name, Mailing Address and ZIP Code Bonior for Congress P.O. Box 65873 Washington, DC 20035-5873	David E. Bonior, U.S. HOUSE 10th MI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/08/99	1,000.00
D. Full Name, Mailing Address and ZIP Code Henry J. Hyde for Congress Committee P.O. Box 332 Des Plaines, IL 60019-9420	Henry J. Hyde, U.S. HOUSE 6th IL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/08/99	2,000.00
E. Full Name, Mailing Address and ZIP Code Bill Thomas Campaign Committee P.O. Box 23175 Washington, DC 20026	William M. Thomas, U.S. HOUSE 21st CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/08/99	2,000.00
F. Full Name, Mailing Address and ZIP Code The Richard E. Neal Committee P.O. Box 2884 Washington, DC 20013	Richard E. Neal, U.S. HOUSE 2nd MA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/20/99	1,000.00
G. Full Name, Mailing Address and ZIP Code BLUE DOG COALITION 3050 K Street, NW Washington, Dc 20007	1998 Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/20/99	2,500.00
H. Full Name, Mailing Address and ZIP Code Bilirakis for Congress P.O. Box 1077 Tarpon Springs, FL 34688	Michael Bilirakis, U.S. HOUSE 9th FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/20/99	1,000.00
I. Full Name, Mailing Address and ZIP Code Pioneer PAC 499 South Capitol Street, SW Suite 408 Washington, DC 20003	1999 Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	10/20/99	2,500.00

SUBTOTAL of Disbursements This Page (optional)

21,875.00

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

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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
Mascara for Congress P.O. Box 1109 Washington, PA 15301	Frank R. Mascara, U.S. HOUSE 20th PA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/20/99	500.00
Charlie A. Gonzalez Congressional Campaign 151 East Lullwood San Antonio, TX 78212	Charlie Gonzalez, U.S. HOUSE 20th TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/20/99	500.00
Linda Chapin for Congress 1031 W. Morse Blvd. Suite 100 Winter Park, FL 32789	Linda Chapin, U.S. HOUSE 8th FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/20/99	2,500.00
Bill Sublette for U.S. Congress Campaign Committee 25 South Magnolia Street Orlando, FL 32801	Bill Sublette, U.S. HOUSE 8th FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/20/99	2,500.00
Chabot for Congress 3014 Harrison Avenue Cincinnati, OH 45211	Steve Chabot, U.S. HOUSE 1st OH Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/20/99	250.00
Marion Berry for Congress PO Box 8084 Jonesboro, AR 72403	Marion Berry, U.S. HOUSE 1st AR Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/20/99	500.00
Jeff Linder for Congress 5752 East River Road Waldron, IN 46182	Jeff Linder, U.S. HOUSE 2nd IN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/20/99	2,500.00
George V. Volnovich for Senate Committee 8 E. Broad St. 8th Floor Columbus, OH 43215	George V. Volnovich, U.S. SENATE OH Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2004	10/20/99	500.00
The Mike Thompson for Congress Committee PO Box 1998 St Helena, CA 94574	Michael Thompson, U.S. HOUSE 1th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/25/99	1,000.00

SUBTOTAL of Disbursements This Page (optional)

10,750.00

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

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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
Peterson for Congress 44 Canal Center Plaza Ste. 400 Alexandria, VA 22314	Collin C. Peterson, U.S. HOUSE 7th MN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/25/99	500.00
Doyle For Congress Committee 2227 Hampton St Pittsburgh, PA 15218	Michael F. Doyle, U.S. HOUSE 18th PA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/25/99	500.00
LOBIONDO COMMITTEE TO CHANGE CONGRESS 738 East Landis Avenue Vineland, NJ 08360	Frank A. LoBiondo, U.S. HOUSE 2nd NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/25/99	1,000.00
Chet Edwards, Mailing Address and ZIP Code Chet Edwards for Congress P.O. Box 23273 Waco, TX 76702	Chet Edwards, U.S. HOUSE 11th TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/25/99	500.00
Hoolay for Congress 6404 Falling Street West Linn, OR 97068	Darlene Hoolay, U.S. HOUSE 5th OR Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/25/99	500.00
Ken Lucas, Mailing Address and ZIP Code Ken Lucas for Congress Committee 8100 Burlington Pike Ste. 334 Florence, KY 41042	Ken Lucas, U.S. HOUSE 4th KY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/25/99	500.00
David Phelps for Congress 35 Dawey Road Eldorado, IL 62930	David Phelps, U.S. HOUSE 19th IL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/25/99	500.00
Jim Turner for Congress Committee 603 East Goliad Crockett, TX 75835	Jim Turner, U.S. HOUSE 2nd TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/25/99	500.00
Vitter for Congress 2520 Metairie Road Metairie, LA 70001	David Vitter, U.S. HOUSE LA 1st Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1999 Special Election Debt	10/25/99	500.00

SUBTOTAL of Disbursements This Page (optional)

5,000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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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 Congressional Committee 320 First Street, SE Washington, DC 20003	1999 Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	10/28/99	7,500.00
Friends of Mark Foley 7414 74th Way West Palm Beach, FL 33407	Mark Adam Foley, U.S. HOUSE 16th FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/29/99	3,000.00
Robert Wexler For Congress Comm. 2500 North Military Trail #288 Boca Raton, FL 33431	Robert Wexler, U.S. HOUSE 19th FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/29/99	500.00
Robert Menendez for Congress P.O. Box 523024 Springfield, VA 22152	Robert Menendez, U.S. HOUSE 13th NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/29/99	500.00
Steve Rothman for Congress PO Box 714 Hackensack, NJ 07602	Steve Rothman, U.S. HOUSE 9th NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/29/99	2,500.00
Committee to Re-Elect Congresswoman Roukema P.O. Box 625 Ridgewood, NJ 07451	Marge Roukema, U.S. HOUSE 5th NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/29/99	1,000.00
Citizens Committee for Gilman for Congress 16 Orchard Street Middletown, NY 10940	Benjamin A. Gilman, U.S. HOUSE 20th NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/29/99	500.00
John Sweeney for Congress 120 Woodin Road Clifton Park, NY 12065	John Sweeney, U.S. HOUSE 22nd NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/29/99	500.00
Engel for Congress 115 D Street, S.E., #102 Washington, DC 20003	Elliot L. Engel, U.S. HOUSE 17th NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/29/99	500.00

SUBTOTAL of Disbursements This Page (optional)

16,500.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 7 OF 8
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
Friends of Sherwood Boehlert Box C Ulica, NY 13503	Sherwood L. Boehlert, U.S. HOUSE 23rd NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/29/99	1,000.00
B. Full Name, Mailing Address and ZIP Code Maaks for Congress PO Box 900297 Far Rockaway, NY 16690	Gregory Meeks, U.S. HOUSE 6th NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/29/99	500.00
C. Full Name, Mailing Address and ZIP Code Quinn for Congress 790 North Vermont Street Arlington, VA 22203	Jack Quinn, U.S. HOUSE 30th NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/29/99	1,000.00
D. Full Name, Mailing Address and ZIP Code Louise Slaughter Re-Election Committee P.O. Box 117 Mount Vernon, VA 22121	Louise M. Slaughter, U.S. HOUSE 28th NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/29/99	1,000.00
E. Full Name, Mailing Address and ZIP Code Berman for Congress 11661 San Vicente Boulevard, Suite 304 Los Angeles, CA 90049	Howard L. Berman, U.S. HOUSE 26th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/29/99	1,000.00
F. Full Name, Mailing Address and ZIP Code Clay, Jr. for Congress PO Box 3146 St. Louis, MO 63130	William L. Clay, Jr., U.S. HOUSE 1st MO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/28/99	500.00
G. Full Name, Mailing Address and ZIP Code Volunteers for Shimkus 1025 South Second St. Springfield, IL 62704	John M. Shimkus, U.S. HOUSE 20th IL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/29/99	500.00
H. Full Name, Mailing Address and ZIP Code Kind for Congress Committee PO Box 184 LaCrossa, WI 54602	Ron Kind, U.S. HOUSE 3rd WI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/29/99	500.00
I. Full Name, Mailing Address and ZIP Code Lieberman 2000 236 Massachusetts Ave, NE Suite 202 Washington, DC 20002	Joseph I. Lieberman, U.S. SENATE CT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/29/99	5,000.00

SUBTOTAL of Disbursements This Page (optional)

11,000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 8 OF 8
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 Friends of Max Baucus 236 Massachusetts Avenue, NE, Suite 202 Washington, DC 20002	Purpose of Disbursement Max S. Baucus, U.S. SENATE MT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2002	Date (month, day, year) 10/29/99	Amount of Each Disbursement This Period 1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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)	95,125.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <u>11-19-95</u>
<input type="checkbox"/> First Class Mail	POSTMARKED
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<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Postmarked <u>and/or Date of Receipt</u>
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<u>JMS</u> PREPARER	<u>11-19-95</u> DATE PREPARED