

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

Apr 20 4 53 PM '98

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 <u>03/01/98</u> through <u>03/31/98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$ 510,304.30
(b) Cash on Hand at Beginning of Reporting Period	\$ 547,434.05	
(c) Total Receipts (from line 19)	\$ 22,202.58	\$ 115,447.75
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 569,636.63	\$ 625,752.05
7. Total Disbursements (from Line 30)	\$ 87,507.46	\$ 143,622.88
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	\$ 482,129.17	\$ 482,129.17
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	For further information: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
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		
Signature of Treasurer <i>Al Jackson</i>		Date 4/20/98

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 9/93)

DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

Revised (1/1/97)

NAME OF COMMITTEE	REPORT COVERING PERIOD	
American Hospital Association PAC	FROM: 03/01/98	TO: 03/31/98
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individuals/Persons Other Than Political Committees		
i. Itemized (Use Schedule A).....	9,693.34	46,293.34
ii. Unitemized.....	10,749.52	41,751.91
iii. Total.....(add i and ii) >	20,442.86	88,045.25
b. Political Party Committees.....	0.00	0.00
c. Other Political Committees (such as PACs).....	0.00	0.00
d. Total Contributions.....(add all, b and c) >	20,442.86	88,045.25
12. Transfers From Affiliated/Other Party Committees.....	0.00	23,330.00
13. All Loans Received.....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	1,000.00	1,650.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	759.72	2,422.50
18. Transfers from Nonfederal Account for Joint Activity.....	0.00	0.00
19. Total Receipts.....(add 11d, 12, 13, 14, 15, 16, 17, and 18) >	22,202.58	115,447.75
20. Total Federal Receipts.....(subtract line 18 from line 19) >	22,202.58	115,447.75
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share.....	0.00	0.00
ii. Non-Federal Share.....	0.00	0.00
b. Other Federal Operating Expenditures.....	12,757.46	19,472.88
c. Total Operating Expenditures.....(Add a,ii, and b) >	12,757.46	19,472.88
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	74,250.00	121,650.00
24. Independent Expenditures (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C.441a(d)) (use Schedule F)....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees.....	0.00	0.00
b. Political Party Committees.....	0.00	0.00
c. Other Political Committees (Such As PACs).....	500.00	500.00
d. Total Contribution Refunds.....(Add a,b, and c) >	500.00	500.00
29. Other Disbursements.....	0.00	2,000.00
30. Total Disbursements.....(Add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	87,507.46	143,622.88
31. Total Federal Disbursements.....(Subtract line 21 aii from line 30) >	87,507.46	143,622.88
III. Net Contributions/Operating Expenditures		
32. Total Contributions (Other than loans)(from line 11d).....	20,442.86	88,045.25
:		
33. Total Contribution Refunds (from line 28d).....	500.00	500.00
34. Net Contributions (Other than loans)(subtract line 33 from 32).....	19,942.86	87,545.25
35. Total Federal Operating Expenditures.....(add 21 ai and 21 b) >	12,757.46	19,472.88
36. Offsets to Operating Expenditures (from line 15).....	0.00	0.00
37. Net Operating Expenditures.....(subtract line 36 from 35) >	12,757.46	19,472.88

SCHEDULE A

ITEMIZED RECEIPTS

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address or 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 Carolyn Forcina 121 South Broad St., 20th Fl Philadelphia, PA 19107-4534	Name of Employer American Hospital Association Occupation Regional Executive	Date (Month day, Year) 03/02/98	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 J. Alexander McMahon Dept Health Admin.-Duke Univ. Box 3708 Durham, NC 27710	Name of Employer Duke University Medical Center Occupation Chairman	Date (Month day, Year) 03/02/98	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		
C. Full Name, Mailing Address and Zip Code Judith R. Miller 24 D Alton Place Brookline, MA 02146	Name of Employer MG&A Healthcare Consultants Occupation Nurse Executive	Date (Month day, Year) 03/04/98	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 > \$ 500.00		
D. Full Name, Mailing Address and Zip Code Larry A. Kope HCR 2 Box 212 E Payson, AZ 85541-9802	Name of Employer PMH Health Services Network Occupation Trustee	Date (Month day, Year) 03/06/98	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		
E. Full Name, Mailing Address and Zip Code Karen S. Haase-Herrick R.N. Northwest ONE 300 Elliott Ave. W, Ste. 300 Seattle, WA 98119	Name of Employer Northwest Organization of Nurse Executives Occupation Executive Director	Date (Month day, Year) 03/11/98	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 > \$ 325.00		
F. Full Name, Mailing Address and Zip Code Julie MacDonald R.N. 5301 East Huron River Drive Ann Arbor, MI 48106-0995	Name of Employer St. Joseph Mercy Health System Occupation Patient Operations	Date (Month day, Year) 03/11/98	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		
G. Full Name, Mailing Address and Zip Code Susan Stone 320 South Boston 19th Floor, Ste. 1900 Tulsa, OK 74103-3708	Name of Employer Hillcrest HealthCare System Occupation Trustee	Date (Month day, Year) 03/12/98	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		
SUB TOTAL of Receipts This Page (Optional).....>			2,250.00
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 2 OF 5
FOR LINE NUMBER 11 a i

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

NAME OF COMMITTEE (in full)
American Hospital Association PAC

<p>A. Full Name, Mailing Address and Zip Code Michael M. Mitchel 2601 S. LaSalle Chicago, IL 60616-2795</p>	<p>Name of Employer AHA - Committee on Governance</p> <p>Occupation Life Trustee</p>	<p>Date (Month day, Year) 03/12/98</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 500.00</p>		
<p>B. Full Name, Mailing Address and Zip Code Margaret L. McClure RN NYU Medical Center 560 First Avenue New York, NY 10016</p>	<p>Name of Employer NYU Medical Center</p> <p>Occupation Nurse Executive</p>	<p>Date (Month day, Year) 03/12/98</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>Aggregate Year-to-date > \$ 325.00</p>		
<p>C. Full Name, Mailing Address and Zip Code Waldo E. Cecil 300 Durango Court Irving, TX 75062-6547</p>	<p>Name of Employer Baylor Medical Center at Irving</p> <p>Occupation Chair</p>	<p>Date (Month day, Year) 03/18/98</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 500.00</p>		
<p>D. Full Name, Mailing Address and Zip Code John J. Buckley Jr. 735 Lake Shore Drive Murphysboro, IL 62966</p>	<p>Name of Employer Health Services of Southern Illinois</p> <p>Occupation CEO</p>	<p>Date (Month day, Year) 03/19/98</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>Aggregate Year-to-date > \$ 250.00</p>		
<p>E. Full Name, Mailing Address and Zip Code Leo F. Fronza Jr. 401 Hill Street Elmhurst, IL 60126-2989</p>	<p>Name of Employer Elmhurst Memorial Hospital</p> <p>Occupation President & CEO</p>	<p>Date (Month day, Year) 03/19/98</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>Aggregate Year-to-date > \$ 250.00</p>		
<p>F. Full Name, Mailing Address and Zip Code Mark R. Neaman 263 W. Oxnardia Road Lake Forest, IL 60045-1718</p>	<p>Name of Employer Evanston Hospital</p> <p>Occupation President and CEO</p>	<p>Date (Month day, Year) 03/19/98</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>Aggregate Year-to-date > \$ 250.00</p>		
<p>G. Full Name, Mailing Address and Zip Code William Ries 1410 North Green Bay Road Lake Forest, IL 60045-1696</p>	<p>Name of Employer Lake Forest Hospital</p> <p>Occupation President</p>	<p>Date (Month day, Year) 03/19/98</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>Aggregate Year-to-date > \$ 250.00</p>		

SUB TOTAL of Receipts This Page (Optional).....> **2,250.00**

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 3 OF 5
FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (in full)
American Hospital Association PAC

<p>A. Full Name, Mailing Address and Zip Code Ernie W. Sadan 605 South Grant Street Hinsdale, IL 60521-9305</p>	<p>Name of Employer Hinsdale Hospital</p> <p>Occupation President and CEO</p>	<p>Date (Month day, Year) 03/19/98</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>Aggregate Year-to-date > \$ 250.00</p>	
<p>B. Full Name, Mailing Address and Zip Code Michael Schwartz 800 Biesterfeld Road Elk Grove Village, IL 60007-3397</p>	<p>Name of Employer Alexandrian Brothers Medical Center</p> <p>Occupation Hospital Management</p>	<p>Date (Month day, Year) 03/19/98</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>Aggregate Year-to-date > \$ 250.00</p>	
<p>C. Full Name, Mailing Address and Zip Code D. Ray Stanbaugh 1560 E. Sycamore Street Canton, IL 61520-2497</p>	<p>Name of Employer Graham Hospital</p> <p>Occupation President</p>	<p>Date (Month day, Year) 03/19/98</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>Aggregate Year-to-date > \$ 250.00</p>	
<p>D. Full Name, Mailing Address and Zip Code Darryl L. Vandervort 846 Riverside Drive Dixon, IL 61021</p>	<p>Name of Employer Katherine Shaw Bethea Hospital</p> <p>Occupation CEO</p>	<p>Date (Month day, Year) 03/19/98</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>Aggregate Year-to-date > \$ 250.00</p>	
<p>E. Full Name, Mailing Address and Zip Code Joseph E. Morris III Kootenai Medical Center 2003 Lincoln Way Coeur d'Alene, ID 83814</p>	<p>Name of Employer Kootenai Medical Center</p> <p>Occupation Chief Executive Officer</p>	<p>Date (Month day, Year) 03/23/98</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>Aggregate Year-to-date > \$ 250.00</p>	
<p>F. Full Name, Mailing Address and Zip Code Kathryn A. Reep 19 W. New Hampshire Orlando, FL 32804-5911</p>	<p>Name of Employer Florida Hospital Association</p> <p>Occupation VP/Finance</p>	<p>Date (Month day, Year) 03/23/98</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>Aggregate Year-to-date > \$ 400.00</p>	
<p>G. Full Name, Mailing Address and Zip Code Richmond M. Harman 1706 N. E. Ocean Blvd. Stuart, FL 34996-2927</p>	<p>Name of Employer Martin Memorial Health System Stuart</p> <p>Occupation CEO</p>	<p>Date (Month day, Year) 03/23/98</p>	<p>Amount of Each Receipt this Period 800.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>		<p>Aggregate Year-to-date > \$ 800.00</p>	

SUB TOTAL 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

PAGE **4** OF **5**
FOR LINE NUMBER **11 a i**

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NAME OF COMMITTEE (in full)
American Hospital Association PAC

<p>A. Full Name, Mailing Address and Zip Code Duncan Moore 2179 Miller Landing Road Tallahassee, FL 32312-5093</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Tallahassee Memorial Regional Med. Ctr.</p> <p>Occupation President/CEO</p>	<p>Date (Month day, Year) 03/23/98</p> <p>Aggregate Year-to-date > \$ 400.00</p>	<p>Amount of Each Receipt this Period 400.00</p>
<p>B. Full Name, Mailing Address and Zip Code Ann Marie T. Brooks R.N. PO Box 3354 Riyadh, SA 11211</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer King Faisal Specialist Hospital & Research Center</p> <p>Occupation Director of Nursing</p>	<p>Date (Month day, Year) 03/25/98</p> <p>Aggregate Year-to-date > \$ 575.00</p>	<p>Amount of Each Receipt this Period 75.00</p>
<p>C. Full Name, Mailing Address and Zip Code Maura Mitchell 18 Joy Street Boston, MA 02114</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Boston University Medical Center</p> <p>Occupation Assistant Professor</p>	<p>Date (Month day, Year) 03/25/98</p> <p>Aggregate Year-to-date > \$ 250.00</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>D. Full Name, Mailing Address and Zip Code John C. Stinson 16312 Ranchita Drive Dallas, TX 75248</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Quorum Health Group, Inc.</p> <p>Occupation Hospital Administrator</p>	<p>Date (Month day, Year) 03/30/98</p> <p>Aggregate Year-to-date > \$ 250.00</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>E. Full Name, Mailing Address and Zip Code William H. Bryant 2847 Penn Forest Blvd. Ste. 200 Roanoke, VA 24018</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Quorum Health Resources</p> <p>Occupation Group Vice President</p>	<p>Date (Month day, Year) 03/30/98</p> <p>Aggregate Year-to-date > \$ 250.00</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>F. Full Name, Mailing Address and Zip Code Thomas Terrill Ph.D., FACHE University Health System of NJ New Brunswick, NJ</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer University Health System of New Jersey</p> <p>Occupation President</p>	<p>Date (Month day, Year) 03/30/98</p> <p>Aggregate Year-to-date > \$ 500.00</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>G. Full Name, Mailing Address and Zip Code John P. Kingrey 2550 University Ave., W. #350S St. Paul, MN 55114-1900</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Minnesota Hospital & Healthcare Partnership</p> <p>Occupation Senior Vice President</p>	<p>Date (Month day, Year) 03/30/98</p> <p>Aggregate Year-to-date > \$ 250.00</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>SUB TOTAL of Receipts This Page (Optional).....></p>			<p>1,975.00</p>
<p>TOTAL this Period (Last page this line number only).....></p>			<p></p>

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 Alice Kitchen 2401 Gillham road Kansas City, MO 64108-4698	Name of Employer Children's Mercy Hospital	Date (Month day, Year) 03/31/98	Amount of Each Receipt this Period 450.00
	Occupation Social Work Administrator	Aggregate Year-to-date > \$ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
B. Full Name, Mailing Address and Zip Code Sharon Richardson 101 E. Valencia Mesa Dr. Fullerton, CA 92835	Name of Employer St. Jude Medical Center	Date (Month day, Year) 03/31/98	Amount of Each Receipt this Period 235.00
	Occupation Director, Social Work	Aggregate Year-to-date > \$ 235.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
C. Full Name, Mailing Address and Zip Code Richard J. Pollack American Hospital Association 325 7th Street, NW Washington, DC 20004	Name of Employer American Hospital Association	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 83.34
	Occupation Exec. Vice President, Public Affairs	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 208.35		
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			

SUB TOTAL of Receipts This Page (Optional) > **768.34**

TOTAL this Period (Last page this line number only) > **9,693.34**

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 16

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NAME OF COMMITTEE (in full)
American Hospital Association PAC

A. Full Name, Mailing Address and Zip Code Jim Nussle for Congress Box 324 Manchester, IA 52057-0324	Name of Employer Nussle For Congress — REFUND Occupation	Date (Month day, Year) 03/02/98	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Aggregate Year-to-date > \$ 1,000.00		
B. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <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 Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
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 Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
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 Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
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 Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
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 Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
SUB TOTAL of Receipts This Page (Optional)>			1,000.00
TOTAL this Period (Last page this line number only)>			1,000.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

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 or any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in full)
 American Hospital Association PAC

A. Full Name, Mailing Address and Zip Code CITIBANK P.O. Box 19748 Washington, DC 20036		Name of Employer Occupation	Date (Month day, Year) 03/31/98	Amount of Each Receipt this Period 759.72
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 2,422.50		
B. Full Name, Mailing Address and Zip Code		Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
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 Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
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 Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
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 Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
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 Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
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 Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$		
SUB TOTAL of Receipts This Page (Optional).....>				759.72
TOTAL this Period (Last page this line number only).....>				759.72

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules 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 Disb. this Period
Cooper & Secrest Associates, Inc. 228 South Washington Street Suite 330 Alexandria, VA 22314	Polling Services Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	03/10/98	6,500.00
Public Opinion Strategies 1033 North Fairfax Suite 120 Alexandria, VA 22314	Polling Services Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	03/10/98	13,000.00
Internal Revenue Service IRS Center Kansas City, MO 64999	Federal Tax Payment Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify)	03/11/98	2,256.00
Illinois Department of Revenue P.O. Box 19008 Springfield, IL 62794	1997 State Tax Payment Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify)	03/11/98	470.00
Public Opinion Strategies 1033 North Fairfax Suite 120 Alexandria, VA 22314	Portion In-Kluded to Nussle-IA. See line 23. Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	03/11/98	-4,875.00
Cooper & Secrest Associates, Inc. 228 South Washington Street Suite 330 Alexandria, VA 22314	Portion In-Kluded to Gordon-TN. See line 23. Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	03/13/98	-4,875.00
Mellon Bank, NA Merchant Card Services 2 Mellon Bank Ctr., Rm. 152-0515 Pittsburgh, PA 15259-0001	Service Charge Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	03/16/98	169.34
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		

SUB TOTAL of Disbursements this page (Optional)..... > **12,645.34**

TOTAL this Period (Last page this line number only)..... > **12,645.34**

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 Disb. this Period
John Baldacci for Congress 79 Palm Street Bangor, ME 04401	John Baldacci, U.S. HOUSE 2nd ME Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	03/02/98	500.00
Barr-Congress Committee P.O. Box 4323 Marietta, GA 30061-4323	Bob Barr, U.S. HOUSE 7th GA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	03/02/98	500.00
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) 1998	03/02/98	250.00
Christopher Cannon for Congress 123 W. Center St Provo, UT 84601	Christopher Cannon, U.S. HOUSE 3rd UT Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	03/02/98	500.00
Ben Cardin for Congress P.O. Box 68056 Baltimore, MD 21209	Benjamin L. Cardin, U.S. HOUSE 3rd MD Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	03/02/98	500.00
Deal for Congress 8907 Karver Lane Annandale, VA 22003	Nathan Deal, U.S. HOUSE 9th GA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	03/02/98	500.00
Friends of Bud Cramer 417 Eastis Avenue Huntsville, AL 35801	Robert E. "Bud" Cramer, U.S. HOUSE 5th AL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	03/02/98	500.00
Friends of Congressman Tim Holden P.O. Box 523024 Springfield, VA 22152	Tim Holden, U.S. HOUSE 6th PA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	03/02/98	1,000.00
Sheila Jackson Lee for Congress 4900 Woodway Ste. 670 Houston, TX 77056-1849	Sheila Jackson-Lee, U.S. HOUSE 18th TX Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	03/02/98	500.00

SUB TOTAL of Disbursements this page (Optional).....> 4,750.00

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

<p>A. Full Name, Mailing Address and Zip Code Steve Rothman for Congress PO Box 714 Hackensack, NJ 07602</p>	<p>Purpose of Disbursement Steve Rothman, U.S. HOUSE 9th NJ</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year) 03/02/98</p>	<p>Amount of Each Disb. this Period 500.00</p>
<p>B. Full Name, Mailing Address and Zip Code Committee to Re-Elect Congresswoman Roukema P.O. Box 625 Ridgewood, NJ 07451</p>	<p>Purpose of Disbursement Marge Roukema, U.S. HOUSE 5th NJ</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year) 03/02/98</p>	<p>Amount of Each Disb. this Period 500.00</p>
<p>C. Full Name, Mailing Address and Zip Code Joe Scarborough for Congress P.O. Box 13012 Pensacola, FL 32591</p>	<p>Purpose of Disbursement Joe Scarborough, U.S. HOUSE 1st FL</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year) 03/02/98</p>	<p>Amount of Each Disb. this Period 2,000.00</p>
<p>D. Full Name, Mailing Address and Zip Code John Spratt for Congress Committee Post Office Box 2884 Washington, DC 20013</p>	<p>Purpose of Disbursement John M. Spratt, U.S. HOUSE 5th SC</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year) 03/02/98</p>	<p>Amount of Each Disb. this Period 500.00</p>
<p>E. Full Name, Mailing Address and Zip Code Stabenow for Congress 2709 South Deerfield Lansing, MI 48911</p>	<p>Purpose of Disbursement Debbie Stabenow, U.S. HOUSE 8th MI</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year) 03/02/98</p>	<p>Amount of Each Disb. this Period 500.00</p>
<p>F. Full Name, Mailing Address and Zip Code John Thune for Congress 514 S. Minnesota Ste. 14 Sioux Falls, SD 57102</p>	<p>Purpose of Disbursement John Thune, U.S. HOUSE 1st SD</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year) 03/02/98</p>	<p>Amount of Each Disb. this Period 500.00</p>
<p>G. Full Name, Mailing Address and Zip Code Friends of Gerry Kleczka 4200 Christine Place Alexandria, VA 22311</p>	<p>Purpose of Disbursement Gerald D. Kleczka, U.S. HOUSE 4th WI</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year) 03/02/98</p>	<p>Amount of Each Disb. this Period 1,000.00</p>
<p>H. Full Name, Mailing Address and Zip Code Asa Hutchinson for Congress Committee PO Box 757 Fairfax, VA 22030</p>	<p>Purpose of Disbursement Asa Hutchinson, U.S. HOUSE 3rd AR</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year) 03/02/98</p>	<p>Amount of Each Disb. this Period 500.00</p>
<p>I. Full Name, Mailing Address and Zip Code Delahunt for Congress Committee 500 Victory Road Quincy, MA 02171</p>	<p>Purpose of Disbursement William Delahunt, U.S. HOUSE 10th MA</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year) 03/10/98</p>	<p>Amount of Each Disb. this Period 1,000.00</p>

SUB TOTAL of Disbursements this page (Optional)..... > **7,000.00**

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 Disb. this Period
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) 1998	03/10/98	1,000.00
Ken Bentsen, Jr. for Congress Committee 555 New Jersey Avenue, N.W., Suite 201 Washington, DC 20001	Ken Bentsen, U.S. HOUSE 25th TX Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	03/10/98	500.00
Friends of Mary Bono PO BOX 2007 Palm Springs, CA 92263	Mary Bono, U.S. HOUSE 44th CA Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify) 1998 Special Election	03/10/98	1,000.00
Friends of Chris Dodd 313 3rd Street, NE, 2nd Floor Washington, DC 20002	Christopher J. Dodd, U.S. SENATE CT Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	03/10/98	1,000.00
Friends for Houghton 3869 Beech Down Drive Chantilly, VA 22021-3348	Anno Houghton, U.S. HOUSE 31st NY Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	03/10/98	1,500.00
Hoyer for Congress 7905 Malcoln Road, Suite 102 Clinton, MD 20735	Steny H. Hoyer, U.S. HOUSE 5th MD Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	03/10/98	500.00
The McGovern Committee P.O. Box 409 Worcester, MA 01606	James P. McGovern, U.S. HOUSE 3rd MA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	03/10/98	1,000.00
Senator Carol Moseley-Braun 501 Capitol Court, NE, Suite 200 Washington, DC 20002	Carol Moseley-Braun, U.S. SENATE IL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	03/10/98	4,000.00
Bob Ney for Congress 112 Overlook Court St. Clairsville, OH 43950	Robert W. Ney, U.S. HOUSE 18th OH Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	03/10/98	500.00

SUB TOTAL 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

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NAME OF COMMITTEE (in Full)
American Hospital Association PAC

<p>A. Full Name, Mailing Address and Zip Code Onhui for Congress 790 North Vermont Street Arlington, VA 22203</p>	<p>Purpose of Disbursement Jack Onhui, U.S. HOUSE 30th NY</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year) 03/10/98</p>	<p>Amount of Each Disb. this Period 1,500.00</p>
<p>B. Full Name, Mailing Address and Zip Code Max Sandlin for Congress Committee PO Box 1281 Marshall, TX 75671</p>	<p>Purpose of Disbursement Max Sandlin, U.S. HOUSE 1st TX</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year) 03/10/98</p>	<p>Amount of Each Disb. this Period 500.00</p>
<p>C. Full Name, Mailing Address and Zip Code Tom Sawyer Committee PO Box 2884 Washington, DC 20013</p>	<p>Purpose of Disbursement Tom Sawyer, U.S. HOUSE 14th OH</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year) 03/10/98</p>	<p>Amount of Each Disb. this Period 500.00</p>
<p>D. Full Name, Mailing Address and Zip Code Todd Tiaht for Congress 2250 N Rock Rd.#118-228 Wichita, KS 67226</p>	<p>Purpose of Disbursement Todd Tiaht, U.S. HOUSE 4th KS</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year) 03/10/98</p>	<p>Amount of Each Disb. this Period 500.00</p>
<p>E. Full Name, Mailing Address and Zip Code Walden for Congress P.O. Box 1091 Hood River, OR 97031</p>	<p>Purpose of Disbursement Greg Walden, U.S. HOUSE 2nd OR</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year) 03/10/98</p>	<p>Amount of Each Disb. this Period 2,500.00</p>
<p>F. Full Name, Mailing Address and Zip Code The Mike Thompson for Congress Committee PO Box 1998 St. Helena, CA 94574</p>	<p>Purpose of Disbursement Michael Thompson, U.S. HOUSE 1st CA</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year) 03/10/98</p>	<p>Amount of Each Disb. this Period 2,500.00</p>
<p>G. Full Name, Mailing Address and Zip Code Public Opinion Strategies 1033 North Fairfax Suite 120 Alexandria, VA 22314</p>	<p>Purpose of Disbursement In-Kind to Jim Nussle, U.S. HOUSE 2nd IA</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year) 03/11/98</p>	<p>Amount of Each Disb. this Period 4,875.00</p>
<p>H. Full Name, Mailing Address and Zip Code Cooper & Seccrest Associates, Inc. 228 South Washington Street Suite 330 Alexandria, VA 22314</p>	<p>Purpose of Disbursement In-Kind to Bart Gordon, U.S. House 6th TN</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year) 03/13/98</p>	<p>Amount of Each Disb. this Period 4,875.00</p>
<p>I. Full Name, Mailing Address and Zip Code Friends for Roy Blunt P.O. Box 278 Stafford, MO 65157</p>	<p>Purpose of Disbursement Roy Blunt, U.S. HOUSE 7th MO</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year) 03/17/98</p>	<p>Amount of Each Disb. this Period 500.00</p>

SUB TOTAL of Disbursements this page (Optional).....> **18,250.00**

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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FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)
American Hospital Association PAC

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Friends of Sherwood Boehlert Box C Utica, 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) 1998	03/17/98	500.00
B. Full Name, Mailing Address and Zip Code Delahunt for Congress Committee 500 Victory Road Quincy, MA 02171	William Delahunt, U.S. HOUSE 10th MA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	03/17/98	1,000.00
C. Full Name, Mailing Address and Zip Code Friends of Mike Forbes for Congress Committee Post Office Box 505 Farmingville, NY 11738	Michael P. Forbes, U.S. HOUSE 1st NY Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	03/17/98	500.00
D. Full Name, Mailing Address and Zip Code The Grassley Committee PO Box 6193 Alexandria, VA 22306	Charles E. Grassley, U.S. SENATE IA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	03/17/98	1,000.00
E. Full Name, Mailing Address and Zip Code Friends of George Nethercutt 709 Secom St., NE Washington, DC 20002	George Nethercutt, U.S. HOUSE 5th WA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	03/17/98	500.00
F. Full Name, Mailing Address and Zip Code Billy Tauzin Committee 2900 M Street, NW #300 Washington, DC 20007	W. (Billy) J. Tauzin, U.S. HOUSE 3rd LA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	03/17/98	1,000.00
G. Full Name, Mailing Address and Zip Code Carolyn Cheeks Kilpatrick for Congress P.O. BOX 75214 Washington, DC 20013-5214	Carolyn Cheeks Kilpatrick, U.S. HOUSE 15th MI Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	03/17/98	1,000.00
H. Full Name, Mailing Address and Zip Code Inscirell for Congress 63 Quartz Lane Paterson, NJ 07501	Bill Pastrell, U.S. HOUSE 8th NJ Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	03/21/98	500.00
I. Full Name, Mailing Address and Zip Code Boucher for Congress P.O. Box 2474 Washington, DC 20013	Rick Boucher, U.S. HOUSE 9th VA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	03/24/98	500.00

SUB TOTAL of Disbursements this page (Optional).....> 6,500.00

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

SCHEDULE B ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
 American Hospital Association PAC

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Friends of Barbara Boxer 5200 West Century Blvd., #254 Los Angeles, CA 90045	Barbara Boxer, U.S. SENATE CA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	03/24/98	2,000.00
Wyden for Senate 501 Capitol Court, NE Suite 200 Washington, DC 20002	Ron Wyden, U.S. SENATE OR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	03/24/98	2,500.00
Robert Wexler for Congress Committee 2500 N. Military Trail Suite 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) 1998	03/24/98	1,000.00
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) 1998	03/24/98	500.00
Robert Aderholt for Congress PO Box 323 Haleyville, AL 35565	Robert B. Aderholt, U.S. HOUSE 4th AL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	03/24/98	3,750.00
Prase for Congress P.O. Box 511 Secelyville, IN 47878	Edward Prase, U.S. HOUSE 7th IN Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	03/24/98	1,000.00
Democratic Congressional Campaign Committee 430 South Capitol Street Washington, DC 20003	DCCC Contribution Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	03/24/98	15,000.00
Ted Strickland for Congress 216 7th Street, SE Washington, DC 20003	Ted Strickland, U.S. HOUSE 6th OH Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	03/26/98	500.00
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) 1998	03/26/98	500.00

SUB TOTAL of Disbursements this page (Optional).....>	26,750.00
TOTAL this Period (Last page this line number only).....>	74,250.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE	OF
1	1
FOR LINE NUMBER	
28C	

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NAME OF COMMITTEE (in Full)
 American Hospital Association PAC

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Tenet Healthcare PAC 3820 State Street Santa Barbara, CA 93105-3112	Refund to TENET PAC Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify)	03/03/98	500.00
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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. this Period

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

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 <i>4-20-98</i>
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<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>[Signature]</i> PREPARER	<i>[Signature]</i> DATE PREPARED