

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) American Hospital Association PAC	2. FEC IDENTIFICATION NUMBER 00 010646
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 840 North Lake Shore Drive	3. <input checked="" type="checkbox"/> This committee qualified as a multicandidate committee DURING THIS Reporting Period on 11/22/78 (date).
CITY, STATE and ZIP CODE Chicago, IL 60611	

## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report      Monthly Report Due On:
- February 20     June 20     October 20  
 July 15 Quarterly Report     March 20     July 20     November 20  
 October 15 Quarterly Report     April 20     August 20     December 20  
 January 31 Year End Report     May 20     September 20     January 31
- July 31 Mid Year Report (Non-election Year Only)
- 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 \_\_\_\_\_
- Termination Report

(b) Is this Report an Amendment?     YES     NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	Covering Period <u>2-1-93</u> through <u>2-28-93</u>		
6.	(a) Cash on Hand January 1, 19 <u>93</u>		\$ 332,756.75
	(b) Cash on Hand at Beginning of Reporting Period	\$ 324,566.81	
	(c) Total Receipts (from Line 19)	\$ 26,770.47	\$ 27,380.53
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 351,337.28	\$ 360,137.28
7.	Total Disbursements (from Line 30)	\$ 23,250.00	\$ 32,050.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 328,087.28	\$ 328,087.28
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ --	For further information contact: Federal Election Commission 888 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-376-3120
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ --	

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 Sidney Jacob	Date 3/24/93
Signature of Treasurer 	

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

**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 2/1/93 TO: 2/28/93	
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees		13,775.00	13,775.00
i. Itemized (use Schedule A)		12,371.75	12,371.75
ii. Unitemized			
iii. Total (add i and ii) >		26,146.75	26,146.75
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contributions (add a iii, b and c) >		26,146.75	26,146.75
12. Transfers From Affiliated/Other Party Committees			
13. All Loans Received			
14. Loan Repayments Received			
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			
17. Other Federal Receipts (Dividends, Interest, etc.) *		623.72	1,233.78
18. Transfers from Nonfederal Account for Joint Activity			
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		26,770.47	27,380.53
20. Total Federal Receipts (subtract line 18 from line 19) >		26,770.47	27,380.53
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			
ii. Non-Federal Share			
b. Other Federal Operating Expenditures			
c. Total Operating Expenditures (Add a i, a ii, and b) >			
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees *		23,250.00	32,050.00
24. Independent Expenditures (use Schedule E)			
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			
26. Loan Repayments Made			
27. Loans Made			
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees			
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contribution Refunds (Add a, b and c) >			
29. Other Disbursements			
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		23,250.00	32,050.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		23,250.00	32,050.00
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)		26,146.75	26,146.75
33. Total Contribution Refunds (from line 28d)			
34. Net Contributions (other than loans)(subtract line 33 from 32)		26,146.75	26,146.75
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >			
36. Offsets to Operating Expenditures (from line 15)			
37. Net Operating Expenditures (subtract line 36 from 35) >			

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AMERICAN HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE CO-010646  
SUPPORTING SCHEDULE FOR DETAILED SUMMARY  
Page 2, FEC Form 3X

	<u>Current Report</u>	<u>Year-To-Date</u>
<u>Line 17 - Investment Income*</u>		
.SUPER NOW Disbursement #956094	\$ 467.22	\$ 901.09
.Insured Money Market #9900754	<u>156.50</u>	<u>332.69</u>
	<u>\$ 623.72</u>	<u>\$1,233.78</u>

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\*Source for all investment income:  
First Security Bank of Chicago  
196 East Pearson  
Chicago, IL 60611  
312/280-0360

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Any information copied from such Reports or 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)

<b>A. Full Name, Mailing Address and ZIP Code</b> Chris Barnette 5876 Hyacinth Baton Rouge, LA 70808	Name of Employer General Health, Inc.	Date (month, day, year) 2/25/93	Amount of Each Receipt This Period 250.00
	Occupation Executive VP/CEO		

Receipt For:  Primary  General  
 Other (specify):

Aggregate Year-to-Date—\$ 250.00

<b>B. Full Name, Mailing Address and ZIP Code</b> George Balsey 1530 North Dearborn, 13N Chicago, IL 60610	Name of Employer American Hospital Assoc. Chicago	Date (month, day, year) 2/8/93	Amount of Each Receipt This Period 500.00
	Occupation Vice President		

Receipt For:  Primary  General  
 Other (specify):

Aggregate Year-to-Date—\$ 500.00

<b>C. Full Name, Mailing Address and ZIP Code</b> David A. Bird 211 Walnut Lane Bossier City, LA 71111	Name of Employer Bossier Medical Center	Date (month, day, year) 2/8/93	Amount of Each Receipt This Period 250.00
	Occupation Executive Director		

Receipt For:  Primary  General  
 Other (specify):

Aggregate Year-to-Date—\$ 250.00

<b>D. Full Name, Mailing Address and ZIP Code</b> Ron Bourland 4408 Hyuatt Court Fort Worth, Texas 76116	Name of Employer Harris Methodist Health System	Date (month, day, year) 2/8/93	Amount of Each Receipt This Period 225.00
	Occupation Managing Director		

Receipt For:  Primary  General  
 Other (specify):

Aggregate Year-to-Date—\$ 225.00

<b>E. Full Name, Mailing Address and ZIP Code</b> Roger Busfield 48 Tally Ho Lane Little Rock, AK 72207	Name of Employer Arkansas Hospital Association	Date (month, day, year) 2/8/93	Amount of Each Receipt This Period 250.00
	Occupation President		

Receipt For:  Primary  General  
 Other (specify):

Aggregate Year-to-Date—\$ 250.00

<b>F. Full Name, Mailing Address and ZIP Code</b> Sam Cameron 2027 Silver Lane Madison, MS 39110	Name of Employer Mississippi Hospital Association	Date (month, day, year) 2/25/93	Amount of Each Receipt This Period 250.00
	Occupation President		

Receipt For:  Primary  General  
 Other (specify):

Aggregate Year-to-Date—\$ 250.00

<b>G. Full Name, Mailing Address and ZIP Code</b> Joyce Clifford 142 LaGrange Street Brookline, MA 02167	Name of Employer Beth Israel Hospital	Date (month, day, year) 2/8/93	Amount of Each Receipt This Period 250.00
	Occupation Nurse Executive		

Receipt For:  Primary  General  
 Other (specify):

Aggregate Year-to-Date—\$ 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... \$1,975.00 ✓

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

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SCHEDULE A

ITEMIZED RECEIPTS

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Name of Committee (in Full)

A. Full Name, Mailing Address and ZIP Code Edward Connors 1385 Burgundy Ann Arbor, MI 48105	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Mercy Healthcare Services	2/8/93	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date
		Hospital Administrator	\$250.00

B. Full Name, Mailing Address and ZIP Code Richard J. Davidson 460 Lymington Road Severna Park, Maryland 21146	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	American Hospital Association	2/8/93	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date
		President	\$1,000.00

C. Full Name, Mailing Address and ZIP Code Anne Hall Davis Snow Inn Road Harwich Port, MA 02646	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Cape Cod Hospital	2/8/93	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date
		Hospital Executive	\$500.00

D. Full Name, Mailing Address and ZIP Code Thomas C. Dolan 339 Cortage Hill Elmhurst, IL 60126	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	American College of Healthcare Execs.	2/8/93	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date
		Healthcare Executive	\$250.00

E. Full Name, Mailing Address and ZIP Code Stanley M. Fertel 2 Van Tassel Drive Randolph, MA 02368	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Jewish Memorial Hospital	2/8/93	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date
		Hospital Administrator	\$250.00

F. Full Name, Mailing Address and ZIP Code Deborah L. Frett 840 North Lake Shore Drive Chicago, Illinois 60611	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	American Hospital Association, Chicago	2/8/93	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date
		Vice President	\$250.00

G. Full Name, Mailing Address and ZIP Code Donna Ganzer 1325 North State Parkway, Apt. 5B Chicago, IL 60610	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	American Hospital Association, Chicago	2/8/93	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date
		Vice President	\$250.00

**SUBTOTAL** of Receipts This Page (optional) ..... \$2,750.00 ✓

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

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SCHEDULE A

ITEMIZED RECEIPTS

Page 2 of 1 for  
 LINE NUMBER 11A  
 Use separate schedule(s) for each  
 category of the Detailed  
 Summary Page.

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Name of Committee (in Full)

A. Full Name, Mailing Address and ZIP Code Patricia Goldman 9 Farm Haven Court Rockville, Maryland 20852	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	American Hospital Association	2/18/93	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date—\$ 250.00
		Lobbyist	

B. Full Name, Mailing Address and ZIP Code Dave Hamry 508 Bridge Avenue, NE Puyallup, WA 98372	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Good Samaritan Community Healthcare	2/8/93	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date—\$ 250.00
		President/CEO	

C. Full Name, Mailing Address and ZIP Code Sid Jacob 840 North Lake Shore Drive Chicago, IL 60611	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	American Hospital Association	2/5/93	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date—\$ 500.00
		Assistant Treasurer	

D. Full Name, Mailing Address and ZIP Code Robert Kidd 3403 Yucca Road Cheyenne, WY 82001	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Wyoming Hospital Association	2/8/93	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date—\$ 250.00
		President	

E. Full Name, Mailing Address and ZIP Code Larry Krupala 113 Northwood Circle Cuero, TX 77954	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Cuero Community Hospital	2/8/93	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date—\$ 250.00
		Hospital Administrator	

F. Full Name, Mailing Address and ZIP Code Richard Linneweh 4702 Richey Road Yakima, WA 98908	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Yakima Valley Memorial Hospital	2/8/93	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date—\$ 250.00
		Hospital Administrator	

G. Full Name, Mailing Address and ZIP Code Ellen M. Martin 175 West 76th Street New York, NY 10023	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	St. Luke's-Roosevelt Hospital Center	2/8/93	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date—\$ 250.00
		Dir, Patient Represen.	

SUBTOTAL of Receipts This Page (optional) ..... \$2,000.00 ✓

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

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SCHEDULE A

ITEMIZED RECEIPTS

Page 1 of 1 for  
 LINE NUMBER 11A  
 (Use separate schedule for each category of the Detailed Summary Page)

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Name of Committee (in Full)			
A. Full Name, Mailing Address and ZIP Code Ken McKibbens Box 2588, 2101 Pease Harlingen, TX 78551	Name of Employer Valley Baptist Medical Center	Date (month, day, year) 2/9/93	Amount of Each Receipt This Period 250.00
	Occupation President	Aggregate Year-to-Date-\$250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code J. Frank Meisamer 5566 Colbert Trail Norcross, GA 30092	Name of Employer American Hospital Association	Date (month, day, year) 2/8/93	Amount of Each Receipt This Period 250.00
	Occupation Regional Director	Aggregate Year-to-Date-\$250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code Judith Miller 4052 Lafayette Place Culver City, CA 90230	Name of Employer Valley Hospital Medical Center	Date (month, day, year) 2/8/93	Amount of Each Receipt This Period 250.00
	Occupation Social Work Director	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 Maura Mitchell 18 Joy Street Boston, MA 02114	Name of Employer Boston City Hospital	Date (month, day, year) 2/8/93	Amount of Each Receipt This Period 250.00
	Occupation Executive Director	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 D. Kirk Oglesby 1202 Melbourne Drive Anderson, SC 29621	Name of Employer Anderson Memorial Hospital	Date (month, day, year) 2/8/93	Amount of Each Receipt This Period 250.00
	Occupation President	Aggregate Year-to-Date-\$250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code David R. Page 9108 Tanglewild Place River Ridge, LA 70123	Name of Employer Ochsner Foundation Hospital	Date (month, day, year) 2/25/93	Amount of Each Receipt This Period 250.00
	Occupation Executive Vice President	Aggregate Year-to-Date-\$250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code Joseph A. Parker 4035 Chadds Walk Marietta, GA 30062	Name of Employer Georgia Hospital Association	Date (month, day, year) 2/8/93	Amount of Each Receipt This Period 300.00
	Occupation President	Aggregate Year-to-Date-\$300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>SUBTOTAL of Receipts This Page (optional)</b>			\$1,800.00
<b>TOTAL This Period (last page this line number only)</b>			

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SCHEDULE A

ITEMIZED RECEIPTS

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Name of Committee (in Full)			
<b>A. Full Name, Mailing Address and ZIP Code</b> Davis Richards 1340 Tafton Ave., P.O. Box 162 Canton, MS 39046		Name of Employer Mississippi Hospital Association	Date (month, day, year) 2/25/93
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation SENIOR Vice President	Amount of Each Receipt This Period 250.00
		Aggregate Year-to-Date—\$250.00	
<b>B. Full Name, Mailing Address and ZIP Code</b> Michael Rock 50 F Street, NW Washington, DC 20001		Name of Employer American Hospital Association	Date (month, day, year) 2/8/93
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Lobbyist	Amount of Each Receipt This Period 250.00
		Aggregate Year-to-Date—\$250.00	
<b>C. Full Name, Mailing Address and ZIP Code</b> Tom Sawyer 3849 North Boulevard Baton Rouge, LA 70806		Name of Employer General Health, Inc.	Date (month, day, year) 2/25/93
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation President	Amount of Each Receipt This Period 250.00
		Aggregate Year-to-Date—\$250.00	
<b>D. Full Name, Mailing Address and ZIP Code</b> Henry Salonus 338 Kiowa Drive Natchez Trace Village Madison, MS 39110-6148		Name of Employer Mississippi Hospital Association	Date (month, day, year) 2/25/93
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Hospital Administrator	Amount of Each Receipt This Period 250.00
		Aggregate Year-to-Date—\$250.00	
<b>E. Full Name, Mailing Address and ZIP Code</b> James Schuman 840 North Lake Shore Drive Chicago, IL 60611		Name of Employer American Hospital Association	Date (month, day, year) 2/5/93
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Association Manager	Amount of Each Receipt This Period 250.00
		Aggregate Year-to-Date—\$250.00	
<b>F. Full Name, Mailing Address and ZIP Code</b> Rob Schwartz 20 Knollwood Drive New Haven, CT 06515		Name of Employer Yale New Haven Hospital	Date (month, day, year) 2/8/93
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Administrator	Amount of Each Receipt This Period 250.00
		Aggregate Year-to-Date—\$250.00	
<b>G. Full Name, Mailing Address and ZIP Code</b> Donald E. Schwarz 102 Manor Ave. Wellesley, MA 02181		Name of Employer Jewish Memorial Hospital	Date (month, day, year) 2/8/93
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Hospital Administrator	Amount of Each Receipt This Period 250.00
		Aggregate Year-to-Date—\$250.00	
<b>SUBTOTAL of Receipts This Page (optional)</b>			\$1,750.00
<b>TOTAL This Period (last page this line number only)</b>			\$1,750.00

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**SCHEDULE A**

**ITEMIZED RECEIPTS**

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Name of Committee (in Full)			
A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert N. Shaw 10043 Albany Avenue Houston, TX 77042	Memorial Healthcare System	2/5/93	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Management		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
John K. Springer 1844 Albany Avenue West Hartford, CT 06117	Connecticut Health Systems	2/8/93	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President and CEO		Aggregate Year-to-Date—\$ 500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Velinda Stevens 5811 Mesa Drive, Apt. 1611 Austin, TX 78731-3762	Austin Diagnostic Clinic Association	2/9/93	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Healthcare Executive		Aggregate Year-to-Date—\$ 250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Susan Van Duyn 18111 Spring Road 107 Oakbrook Terrace, IL 60181	American Hospital Association, Chicago	2/8/93	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Medical Affairs		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
Gail Warden 250 Washington Road Grosse Pointe, MI 48230	Henry Ford Health Systems	2/8/93	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO/President		Aggregate Year-to-Date—\$ 250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Donald Wegmiller 2810 - 57th Avenue North Minneapolis, MN 55430	Health One Corp.	2/8/93	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Pres/CEO		Aggregate Year-to-Date—\$ 1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Dan Wilford 730 Chevy Chase Circle Sugar Land, Texas 77478	Memorial Healthcare Systems	2/9/93	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Hospital Administrator		Aggregate Year-to-Date—\$ 250.00
<b>SUBTOTAL of Receipts This Page (optional)</b>			\$2,750.00 ✓
<b>TOTAL This Period (last page this line number only)</b>			

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SCHEDULE A

ITEMIZED RECEIPTS

Page 1 of 1 for  
 LINE NUMBER 11A  
 Use separate schedules for each  
 category of the Detailed  
 Summary Page

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Name of Committee (in Full)

A. Full Name, Mailing Address and ZIP Code Rodney Wolford 2602 Balknap Beach Road Prospect, KY 40059	Name of Employer Alliant Health Systems	Date (month, day, year) 2/8/93	Amount of Each Receipt This Period 250.00
	Occupation President	Aggregate Year-to-Date-\$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

B. Full Name, Mailing Address and ZIP Code David L. Woodrum 175 North Harbor Drive Chicago, IL 60601-7346	Name of Employer The Woodrum Group	Date (month, day, year) 2/8/93	Amount of Each Receipt This Period 250.00
	Occupation Associate Executive	Aggregate Year-to-Date-\$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

C. Full Name, Mailing Address and ZIP Code Donald H. Zornes 2860 Maple Road Columbus, NE 68601	Name of Employer Columbus Community Hospital, Inc.	Date (month, day, year) 2/8/93	Amount of Each Receipt This Period 250.00
	Occupation Hospital Administrator	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	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):			

**SUBTOTAL** of Receipts This Page (optional) ..... \$750.00 ✓

**TOTAL** This Period (last page this line number only) ..... \$13,775.00

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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 Political Action Committee

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A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kempthorne Senate '92 425 Second Street, NE Washington, DC 20002	'92 Debt Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	2/1/93	\$5,000.00
Hatch Election Committee 425 2nd Street, NE Washington, DC 20002	'94 Election Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	2/5/93	\$1,000.00
Santorum for Congress P.O. Box 10595 Pittsburgh, PA 15234	'94 Election Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	2/5/93	\$1,500.00
Bishop for Congress P.O. Box 709 Columbus, GA 31902	'92 Debt Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	2/5/93	\$1,000.00
Herb Klein for Congress 3101 South Manchester Street Suite 320 Falls Church, VA 22044	'92 Debt Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	2/9/93	\$ 500.00
Friends of Kent Conrad P.O. Box 812 Bismarck, ND 58502	'94 Election Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	2/9/93	\$2,000.00
Lauch Faircloth for Senate 1992 P.O. Box 26585 Raleigh, NC 27611-6585	'92 Debt Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	2/10/93	\$1,000.00
John McCain Re-election Comm. 517 - 2nd Street, NE Washington, DC 20002	'92 Debt Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	2/16/93	\$1,000.00
Bilirakis for Congress P.O. Box 1077 Tarpon Springs, FL 34688	'92 Debt Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	2/22/93	\$1,000.00

SUBTOTAL of Disbursements This Page (optional) .....	\$14,000.00
TOTAL This Period (last page this line number only) .....	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 2 OF 3  
FOR LINE NUMBER 23

Any information supplied from such Reports and Statements may not be to 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 Political Action Committee

030332514

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Brown for Congress P.O. Box 2884 Washington, DC 20013	'92 Debt Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/22/93	\$ 500.00
Danner for Congress P.O. Box 143 Smithville, MO 64089	'92 Debt Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/22/93	\$ 500.00
Peter Deutsch for Congress P.O. Box 2884 Washington, DC 20013	'92 Debt Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/22/93	\$ 250.00
The Tillie Fowler Campaign P.O. Box 380087 Jacksonville, FL 32205	'92 Debt Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/22/93	\$ 500.00
Boyer for Congress 9200 Basil Court, Suite 202 Landover, MD 20785	'94 Election Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/22/93	\$1,000.00
McNulty for Congress P.O. Box 1560 Green Island, NY 12183	'94 Election Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/22/93	\$ 500.00
Dan Miller for Congress 1001 3rd Avenue West, Suite 350 Bradenton, FL 34205	'92 Debt Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/22/93	\$2,000.00
Rangel for Congress Committee 2030 Allen Place, NW Washington, DC 20009	'94 Election Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/22/93	\$ 500.00
Friends of Jim Sasser P.O. Box 24723 Nashville, TN 37202	'94 Election Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/22/93	\$1,000.00

SUBTOTAL of Disbursements This Page (not total)

\$6,750.00

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

Any information copied from such Reports and Statements may not be so 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 Political Action Committee

2303832515

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Cliff Stearns P.O. Box 308 Silver Springs, FL 34489	'92 Debt Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	2/22/93	\$2,000.00
B. Full Name, Mailing Address and ZIP Code The Wilson Committee 4604 Deming Avenue Alexandria, VA 22312	Purpose of Disbursement '92 Debt Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	2/22/93	\$ 500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursement This Page (optional)	\$2,500.00 ✓
TOTAL This Period (last page this line number only)	\$23,250.00

**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 3/25/93
<input type="checkbox"/> First Class Mail	POSTMARKED
<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

  
 PREPARER

3/25/93  
 DATE PREPARED

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