

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

MAY 19 3 32 PM '99

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	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)	
CITY, STATE and ZIP CODE Washington, DC 20004		

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>04/01/99</u> through <u>04/30/99</u>		
6. (a) Cash on Hand January 1, 19 <u>99</u>			\$ 229,099.58
(b) Cash on Hand at Beginning of Reporting Period		\$ 229,171.60	
(c) Total Receipts (from Line 19)		\$ 50,255.20	\$ 142,764.38
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 279,426.80	\$ 371,863.94
7. Total Disbursements (from Line 30)		\$ 65,712.38	\$ 158,149.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 213,714.44	\$ 213,714.44
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 400 E Street, NW Washington, DC 20469 Toll Free 800-424-9530 Local 202-219-3400
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

Al Jackson

Date

5/19/99

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

FEC FORM 3X
(revised 8/93)

**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:	
		04/01/99	04/30/99	
		COLUMN A	COLUMN B	
		Total This Period	Calendar Year	
I. Receipts				
11.	Contributions (other than loans) From:			
a.	Individuals/Persons Other Than Political Committees			
i.	Itemized (use Schedule A)	22,063.56	55,625.09	11(a)(1)
ii.	Unitemized	12,934.69	33,661.71	11(a)(2)
iii.	Total (add i and ii) >	34,998.35	89,286.80	11(a)(3)
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 iii, b and c) >	34,998.35	89,286.80	11(d)
12.	Transfers From Affiliated/Other Party Committees	15,000.00	52,355.72	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.)	256.88	1,121.86	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) >	50,255.20	142,764.38	19
20.	Total Federal Receipts (subtract line 18 from line 19) >	50,255.20	142,764.38	20
II. Disbursements				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			
i.	Federal Share	0.00	0.00	21(a)(1)
ii.	Non-Federal Share	0.00	0.00	21(a)(2)
b.	Other Federal Operating Expenditures	8,337.36	11,624.50	21(b)
c.	Total Operating Expenditures (add a i, a ii, and b) >	8,337.36	11,624.50	21(c)
22.	Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23.	Contributions to Federal Candidates/Committees and Other Political Committees	57,375.00	146,525.00	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.	Individuals/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) >	65,712.36	158,149.50	30
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	65,712.36	158,149.50	31
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans)(from line 11d)	34,998.35	89,286.80	32
33.	Total Contribution Refunds (from line 28d)	0.00	0.00	33
34.	Net Contributions (other than loans)(subtract line 33 from 32)	34,998.35	89,286.80	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	8,337.36	11,624.50	35
36.	Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37.	Net Operating Expenditures (subtract line 36 from 35) >	8,337.36	11,624.50	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 11

FOR LINE NUMBER 11 a 1

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
Deloras L. Jones 1950 Franklin Street 19th Floor Oakland, CA 94612-5103	Kaiser Foundation Hospital	04/08/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Regional Nursing Consultant		
	Aggregate Year-to-Date > \$ 250.00		
Carolyn B. Lewis 2920 W Street S.E. Washington, DC 20020-7216	Greater Southeast Community Hospital	04/08/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Assistant Director		
	Aggregate Year-to-Date > \$ 500.00		
George Kuykendall 999 San Bernardino Road Upland, CA 91786-4992	San Antonio Community Hospital	04/08/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President		
	Aggregate Year-to-Date > \$ 500.00		
Lois L. Kercher RN, MSN 1080 First Colonial Avenue Virginia Beach, VA 23454-3002	Sentara Healthcare	04/08/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Nurse Executive		
	Aggregate Year-to-Date > \$ 500.00		
Steven A. Millard P.O. Box 1278 Boise, ID 83701-1278	Idaho Hospital Association	04/08/99	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		
Robert B. Burn Jr. 77 Pringle Way Reno, NV 89520-0101	Washoe Medical Center	04/08/99	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		
Judith E. Thomas 8012 Grefeld Street Philadelphia, PA 19118-3941	Chestnut Hill Healthcare	04/08/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice Chair		
	Aggregate Year-to-Date > \$ 500.00		

SUBTOTAL of Receipts This Page (optional) **2,750.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 2 OF 11
FOR LINE NUMBER 11 & 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
Robert J. Parsons Ph.D. 718 South 630 East Oram, UT 84097-6511	Urban South Region	04/08/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation AHA Committee on Governance	Aggregate Year-to-Date > \$ 250.00	
John J. Meehan 80 Seymour St.-P.O. Box 5037 Hartford, CT 06102-5037	Hartford Hospital	04/08/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Healthcare Executive	Aggregate Year-to-Date > \$ 500.00	
Brian D. Gilbert P.O. Box 1081 Wrangell, AK 99929-1081	Wrangell General Hospital & Long-Term Care Fac.	04/08/99	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	
Julie MacDonald R.N. 5301 East Huron River Drive PO Box 995 Ann Arbor, MI 48106-0995	St. Joseph Mercy Health System	04/08/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Patient Operations	Aggregate Year-to-Date > \$ 250.00	
Ronald M. Hollander 5 New England Executive Park Burlington, MA 01803	Massachusetts Hospital Association	04/08/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 500.00	
Diane M. Soules R.N. 1959 NE Pacific St. PO 356151 Seattle, WA 98195-0001	University of Washington Medical Center	04/08/99	175.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Patient Care Services	Aggregate Year-to-Date > \$ 250.00	
Ann Marie T. Brooks R.N. 701 Pennsylvania Ave., NW No. 16 Washington, DC 20004-2608	American Organization of Nurse Executives	04/08/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director of Nursing	Aggregate Year-to-Date > \$ 500.00	

SUBTOTAL of Receipts This Page (optional) 2,425.00

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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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
Albert E. Fowerbaugh 629 Euclid Avenue Suite 418 Cleveland, OH 44114-3003 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Lakewood Hospital Occupation Attorney-at-Law Aggregate Year-to-Date > \$ 250.00	04/08/99	250.00
Peter F. Bastone 27700 Medical Center Road Mission Viejo, CA 92691-8428 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Mission Hospital Regional Medical Center Occupation President & CEO Aggregate Year-to-Date > \$ 250.00	04/08/99	250.00
John T. Porter P.O. Box 38 Yankton, SD 57078-0038 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Presentation Health System Occupation President Aggregate Year-to-Date > \$ 250.00	04/08/99	250.00
Henry M. Altman Jr. 9300 Shelbyville Road Suite 1100 Louisville, KY 40222-5114 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	AHA Committee on Governance Occupation CEO Aggregate Year-to-Date > \$ 500.00	04/08/99	500.00
Dianne J. Anderson MS RN 100 Park Street Glens Falls, NY 12801-4447 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Glenn Falls Hospital Occupation Vice President Patient Services Aggregate Year-to-Date > \$ 425.00	04/08/99	175.00
Linda Burnes Bolton PO Box 48750 Los Angeles, CA 90048 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Cedars-Sinai Medical Center Occupation Chief Nursing Officer Aggregate Year-to-Date > \$ 250.00	04/08/99	250.00
Thomas Claimont 80 Highland Street Laconia, NH 03246-3298 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Lakes Region General Hospital Occupation President Aggregate Year-to-Date > \$ 500.00	04/08/99	500.00

SUBTOTAL of Receipts This Page (optional) 2,175.00

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
Laraine Dorr 426 Main Street Juneau, AK 99801-1152	Alaska State Hospital & Nursing Home Association Occupation: President & CEO	04/08/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 1 500.00		
Julianne F. Haefeli 2008 18th Avenue Greeley, CO 80631-6845	North Colorado Medical Center Occupation: AHA Committee on Governance	04/08/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 5 250.00		
Richard Haney 202 Woodland Drive Salem, IL 62881-2535	Public Hospital of Salem Occupation: Chairman	04/08/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 6 250.00		
David L. Hartenbower M.D. 1225 15th Street Santa Monica, CA 90404-1101	United Physicians Association of Santa Monica Occupation: Executive Management	04/08/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 8 500.00		
Donna M. Herrin MS, RN PO Box 1788 Knoxville, TN 37901-1788	Baptist Health System Occupation: Vice President	04/08/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 9 250.00		
Ted McKinney 1607 Ravine Drive Ruston, LA 71270-5457	Lincoln Health Systems, Inc. Occupation: AHA Committee on Governance	04/08/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 5 250.00		
Brock Nelson 2525 Chicago Avenue South Minneapolis, MN 55404-4518	Children's Hospitals and Clinics Occupation: Chief Executive Officer	04/08/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 8 500.00		

SUBTOTAL of Receipts This Page (optional) 2,500.00

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SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Barbara Nichols 3600 Market Street Philadelphia, PA 19104-2641	Commission on Graduates Foreign Nursing School	04/08/99	225.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chief Executive Officer	Aggregate Year-to-Date > \$ 225.00	
Lols Nixon PhD, MPH 54 Aegean Avenue Tampa, FL 33606-3310	Hillsborough County Hospital District	04/08/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation AHA Committee on Governance	Aggregate Year-to-Date > \$ 250.00	
Rhonda Anderson 80 Seymour Road Hartford, CT	Hartford Hospital	04/08/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation COO	Aggregate Year-to-Date > \$ 250.00	
Denise W. Ringar MS, RN 20 Fox Run Latham, NY 12110-5034	Albany Memorial Hospital	04/08/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Consultant	Aggregate Year-to-Date > \$ 250.00	
Susan Stone 320 South Boston 19th Floor, Ste. 1900 Tulsa, OK 74103-3708	Hillcrest HealthCare System	04/08/99	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	
Mary Crabtree Tonges One Robert Wood Johnson Place PO Box 2601 New Brunswick, NJ 08901-1966	Robert Wood Johnson University Hospital	04/08/99	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	
Patricia West 700 Swarthmore Road Deland, FL 32724-8445	Memorial Health System	04/08/99	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) 1,975.00

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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
Kathleen White 601 Dr. Martin Luther King Blv Albuquerque, NM 87125-1301	St. Joseph Medical Center	04/08/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President Clinical Integration	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. Yoo 678 Box Canyon Trail Palm Desert, CA 92211	American Hospital Association	04/08/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Regional Executive	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
Lynn B. Nicholas 780 Alexander Rd. PO Box 1 Princeton, NJ 08540-6305	New Jersey Hospital Association	04/12/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive Vice President & COO	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
Dwight L. Fine 12675 Riviera Heights Rd. Holts Summit, MO 65043-2039	Missouri Hospital Association	04/15/99	55.56
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President	Aggregate Year-to-Date > \$ 222.20	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
H. Stephen Lieber One North Franklin Chicago, IL 60606	American Hospital Association	04/15/99	35.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President, PMG	Aggregate Year-to-Date > \$ 535.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gary Rosenberg One Gustave Levy Place New York, NY 10029-6504	Mt. Sinai Medical Center	04/19/99	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	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alice Kilchen 2401 Gillham Road Kansas City, MO 64108-4698	The Children's Mercy Hospital	04/19/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Social Work Administrator	Aggregate Year-to-Date > \$ 500.00	

SUBTOTAL of Receipts This Page (optional) 1,590.56

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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FOR LINE NUMBER 11 a 1

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name, Mailing Address and ZIP Code John Silberman 504 South Minnesota Street Carson City, NV 89703</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Pilot Computer Services</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 04/19/99</p>	<p>Amount of Each Receipt This Period 250.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Gary A. Mecklenburg 250 East Superior Street Chicago, IL 60611-2950</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Northwestern Memorial Hospital</p> <p>Occupation President & CEO</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 04/22/99</p>	<p>Amount of Each Receipt This Period 250.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Robert T. Clarke 800 North Rutledge Street Springfield, IL 62702-4911</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Memorial Health System</p> <p>Occupation CEO</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 04/22/99</p>	<p>Amount of Each Receipt This Period 250.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Consuelo C. Diaz 7601 E. Imperial Highway Downey, CA 90242-3496</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Rancho Los Amigos National Rehabilitation Center</p> <p>Occupation Chief Executive Officer</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 04/22/99</p>	<p>Amount of Each Receipt This Period 500.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Kathleen G. Murray 20 E. Cedar Apt. 2A Chicago, IL 60611</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Northwestern Memorial Hospital</p> <p>Occupation Chief Operating Officer</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 04/26/99</p>	<p>Amount of Each Receipt This Period 250.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Lawrence L. White Jr. 500 W. Broadway PO Box 4587 Missoula, MT 59802-4008</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer St. Patrick Hospital</p> <p>Occupation Hospital CEO</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 04/26/99</p>	<p>Amount of Each Receipt This Period 250.00</p>
<p>G. Full Name, Mailing Address and ZIP Code John J. Buckley Jr. 735 Lake Shore Drive Murphysboro, IL 62966-3309</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Southern Illinois Healthcare</p> <p>Occupation CEO</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 04/26/99</p>	<p>Amount of Each Receipt This Period 250.00</p>

SUBTOTAL of Receipts This Page (optional) 2,000.00

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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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

A. Full Name, Mailing Address and ZIP Code Richard R. Risk 2025 Windsor Drive Oak Brook, IL 60523-1586	Name of Employer Advocate Health Care	Date (month, day, year) 04/26/99	Amount of Each Receipt this Period 250.00
	Occupation President and CEO	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Decatur Memorial Hospital	04/26/99	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and ZIP Code Kenneth L. Smithmier 2300 North Edward Street Decatur, IL 62526-4183	Name of Employer Decatur Memorial Hospital	Date (month, day, year) 04/26/99	
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 Darryl L. Vandervort 403 East First Street Dixon, IL 61021-3187	Name of Employer Katherine Shaw Bethea Hospital	Date (month, day, year) 04/26/99	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO	Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code Donald Oder 1523 West Harrison Suite 364 Chicago, IL 60607-3105	Name of Employer Rush-Presbyterian-St. Luke's Medical Center	Date (month, day, year) 04/26/99	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Hospital Administrator	Aggregate Year-to-Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code Bruce Campbell 2133 N. Seminary Ave. Chicago, IL 60614-4113	Name of Employer Illinois Masonic Medical Center	Date (month, day, year) 04/26/99	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Administrator	Aggregate Year-to-Date > \$ 250.00	
F. Full Name, Mailing Address and ZIP Code Edward A. Cucci 3 Pheasant Row Lincolnshire, IL 60069-4008	Name of Employer Swedish Covenant Hospital	Date (month, day, year) 04/26/99	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	
G. Full Name, Mailing Address and ZIP Code Leo F. Fronza Jr. 401 Hill Street Elmhurst, IL 60126-4037	Name of Employer Elmhurst Memorial Hospital	Date (month, day, year) 04/26/99	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 & CEO	Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional) **1,750.00**

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

<p>A. Full Name, Mailing Address and ZIP Code Benn Greenspan California Avenue at 15th Evanston, IL 60608-1711</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Mount Sinai Hospital Medical Center of Chicago</p> <p>Occupation President & CEO</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 04/28/99</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Richard Kowalski 11 Fairway Road Galesburg, IL 61401</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer OSF St. Mary Medical Center</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 04/26/99</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Mary E. Fox 114 North Court Street Gaylord, MI 49735-1408</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer North Central Council of the MHA</p> <p>Occupation Executive Director</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 04/29/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Clark Ballard 6215 W. St. Joseph Highway 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 Southwestern Michigan Hospital Council</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 04/29/99</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Laura J. Redoutay 6215 West Street Joseph Highway, MI 48917-2117</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 Group Vice President</p> <p>Aggregate Year-to-Date > \$ 255.00</p>	<p>Date (month, day, year) 04/29/98</p>	<p>Amount of Each Receipt this Period 255.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Henry A. Veenstra 100 South Pine Street Zeeland, MI 49464-1819</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Zeeland Community Hospital</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 04/29/99</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Peter J. Schonfeld 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 Policy & Health Delivery</p> <p>Aggregate Year-to-Date > \$ 255.00</p>	<p>Date (month, day, year) 04/29/99</p>	<p>Amount of Each Receipt this Period 255.00</p>

SUBTOTAL of Receipts This Page (optional) **1,760.00**

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
Robert W. Asmussen 16001 West Nine Mile Road PO Box 2043 Southfield, MI 48076-4654	Providence Hospital and Medical Centers	04/29/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President Strategic Planning	Aggregate Year-to-Date > \$ 250.00	
Rob Covart 200 North Madison Street Marshall, MI 49068-1199	Oaklawn Hospital	04/29/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chief Executive Officer	Aggregate Year-to-Date > \$ 250.00	
Judith Pelham 34605 Twelve Mile Road Farmington Hills, MI 48331-1819	Mercy Health Services	04/29/99	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	
Joseph F. Damore 1210 West Saginaw Lansing, MI 48915-1827	Sparrow Hospital & Health System	04/29/99	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	
Mariene Hulteen 6215 W. St. Joseph Hwy. Lansing, MI 48917-4852	Michigan Health & Hospital Association	04/28/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Group Vice President	Aggregate Year-to-Date > \$ 250.00	
William L. Lane 70 East Street Methuen, MA 01844-4597	Holy Family Hospital & Medical Center	04/29/99	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	
Frank Brock Jr. 328 West Ottawa Street Lansing, MI 48933-1530	Providence Hospital & Medical Centers	04/29/99	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) **2,000.00**

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 11 OF 11
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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
Kimberly Commins 6215 W St. Joseph Hwy. Lansing, MI 48917-4852	Health Care Legal Group	04/29/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Partner	Aggregate Year-to-Date > \$ 250.00	
Howard T. Howlett Jr. 125 E. Terrace Ave. Lakewood, NY 14750-1331	Woman's Christian Association Healthcare System	04/29/99	650.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Trustee	Aggregate Year-to-Date > \$ 650.00	
Richard J. Davidson 325 Seventh Street, NW Suite 700 Washington, DC 20004-2801	American Hospital Association	Payroll Deduction	95.24 (\$47.62 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President	Aggregate Year-to-Date > \$ 238.10	
Barbara Harness Larsbach One North Franklin Street Chicago, IL 60606	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: Vice President	Aggregate Year-to-Date > \$ 369.05	
Richard J. Pollack 325 Seventh Street, NW Suite 700 Washington, DC 20004-2801	American Hospital Association	Payroll Deduction	95.24 (\$47.62 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Executive Vice President	Aggregate Year-to-Date > \$ 238.10	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	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):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) 1,138.10

TOTAL This Period (last page this line number only) 22,063.66

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 Pennsylvania HOSPAC 4750 Lindle Road Harrisburg, PA 17111-2428	Name of Employer Occupation	Date (month, day, year) 04/08/99	Amount of Each Receipt this Period 15,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 15,000.00	
B. Full Name, Mailing Address and ZIP Code			
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			
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			
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			
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			
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			
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)	15,000.00
TOTAL This Period (last page this line number only)	15,000.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)
American Hospital Association PAC

A. Full Name, Mailing Address and ZIP Code CITIBANK P.O. Box 19748 Washington, DC 20036	Name of Employer Occupation	Date (month, day, year) 04/30/99	Amount of Each Receipt this Period 256.85
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,121.86	
B. Full Name, Mailing Address and ZIP Code			
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			
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			
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			
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			
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			
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)	256.85
TOTAL This Period (list page this line number only)	256.85

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
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)	04/12/99	13,000.00
B. Full Name, Mailing Address and ZIP Code Public Opinion Strategies 1033 North Fairfax Suite 120 Alexandria, VA 22314	Purpose of Disbursement In-kind to Jim Rogan CA-27. See Line 23. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 04/20/99	Amount of Each Disbursement This Period -4,875.00
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)

8,125.00

TOTAL This Period (last page this line number only)

8,125.00

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
Team Emerson 2210 Lakewood Drive Cape Girardeau, MO 63701	Jo Ann Emerson, U.S. HOUSE 8th MO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/07/99	500.00
Sue Kelly for Congress 660 White Plains Rd. #410 Terrytown, NY 10591	Sue Kelly, U.S. HOUSE 19th NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/07/99	1,000.00
Ron Lewis For Congress (2000) PO Box 307 Elizabethtown, KY 42702	Ron Lewis, U.S. HOUSE 2nd KY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/07/99	1,000.00
People for Ganske 5907 Grand Avenue Des Moines, IA 50312	Greg Ganske, U.S. HOUSE 4th IA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/07/99	5,000.00
Jim Ramstad Volunteer Committee 8100 Penn Avenue, South, #104 Bloomington, MN 55431-1325	Jim Ramstad, U.S. HOUSE 3rd MN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/07/99	1,000.00
Christopher Cox Congressional Committee 2836-A South Wakefield Street Arlington, VA 22208	Christopher Cox, U.S. HOUSE 47th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/07/99	1,000.00
Jose Serrano for Congress 175 West 93rd Street, #18-H New York, NY 10025	Jose E. Serrano, U.S. HOUSE 16th NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/12/99	500.00
Hoosiers for Tim Roemer 555 New Jersey Avenue, N.W., Suite 201 Washington, DC 20001	Tim Roemer, U.S. HOUSE 3rd IN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/12/99	500.00
Barrett For Congress 2711 N Avondale Blvd Milwaukee, WI 53210	Thomas M. Barrett, U.S. HOUSE 5th WI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/12/99	1,000.00

SUBTOTAL of Disbursements This Page (optional)

11,500.00

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

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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
Congressman Bill Young Campaign Committee PO Box 103 Arlington, VA 22210	C.W. Bill Young, U.S. HOUSE 10th FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/12/99	1,000.00
Rod Grams for U.S. Senate PO Box 1029 Anoka, MN 55303	Rod Grams, U.S. SENATE MN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/12/99	4,000.00
Rod Grams for U.S. Senate PO Box 1029 Anoka, MN 55303	Rod Grams, U.S. SENATE MN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/12/99	5,000.00
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	04/14/99	1,000.00
Nadler for Congress P.O. Box 2884 Washington, DC 20013	Jerrold Nadler, U.S. HOUSE 8th NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/14/99	1,000.00
John Linder for Congress P.O. Box 942080 Atlanta, GA 30341	John Linder, U.S. HOUSE 11th GA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/16/99	1,000.00
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) 2000	04/16/99	1,000.00
Public Opinion Strategies 1033 North Fairfax Suite 120 Alexandria, VA 22314	In-kind Contribution to Jim Regan R-27-CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/20/99	4,875.00
Chris John For Congress Committee P.O. BOX 971 Crowley, LA 70527	Chris John, U.S. HOUSE 7th LA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/21/99	500.00

SUBTOTAL of Disbursements This Page (optional)

19,375.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 5
FOR LINE NUMBER 23

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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hoyer for Congress 7905 Malcolm Road, Suite 102 Clinton, MD 20735	Stany H. Hoyer, U.S. HOUSE 5th MD Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/21/99	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) 2000	04/21/99	500.00
Murtha for ReElection Committee P.O. Box 1091 Johnstown, PA 15907	John P. Murtha, U.S. HOUSE 12th PA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/21/99	1,000.00
Santorum 2000 P.O. Box 10495 Pittsburgh, PA 15234	Rick Santorum, U.S. SENATE PA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/21/99	1,000.00
Luther for Congress Volunteer Committee 4009 Tenth Avenue Anoka, MN 55303	William P. Luther, U.S. HOUSE 6th MN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/21/99	1,000.00
Pallone for Congress P.O. Box 3178 Long Branch, NJ 07740	Frank Pallone, U.S. HOUSE 6th NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/21/99	2,500.00
Friends of Slade Gorton 2366 Eastlake Avenue East, Suite 314 Seattle, WA 98102	Slade Gorton, U.S. SENATE WA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/21/99	4,000.00
Ensign for Senate 4012 South Rainbow Boulevard Las Vegas, NV 89103	John Ensign, U.S. Senate Candidate NV Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/28/99	5,000.00
Hatch Election Committee 425 2nd Street, NE Washington, DC 20002	Orrin G. Hatch, U.S. SENATE UT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/28/99	3,000.00

SUBTOTAL of Disbursements This Page (optional)	19,000.00
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 4 OF 5
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
Hatch Election Committee 425 2nd Street, NE Washington, DC 20002	Orrin G. Hatch, U.S. SENATE UT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/28/99	5,000.00
Sue Myrick for Congress P.O. Box 3091 Falls Church, VA 22043-0091	Sue Myrick, U.S. HOUSE 9th NC Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/28/99	1,000.00
Simpson for Congress P.O. Box 1541 Boise, ID 83701	Michael Simpson, U.S. HOUSE 2th ID Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1998 General Debt	04/28/99	500.00
Ehrlich for Congress P.O. Box 932 Hunt Valley, MD 21030	Robert L. Ehrlich, U.S. HOUSE 2nd MD Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/28/99	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) 2000	04/28/99	1,000.00
Anna Eshoo for Congress 555 Bryant Street, Box 335 Palo Alto, CA 94301	Anna G. Eshoo, U.S. HOUSE 14th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/28/99	1,000.00
Christopher Cannon for Congress 123 W. Center SE 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) 2000	04/29/99	500.00
Alaskans for Don Young P.O. Box 618 Great Falls, VA 22066-0618	Don Young, U.S. HOUSE 1st AK Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/29/99	1,000.00
Porter for Congress P.O. Box 7126 Deerfield, IL 60015-7126	John Edward Porter, U.S. HOUSE 10th IL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/29/99	500.00

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 5 OF 5
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
Committee to Re-Elect Congresswoman Roukema P.O. Box 625 Ridgewood, NJ 07451	Voided Check Issued 1/15/98 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	04/30/99	-500.00
B. Full Name, Mailing Address and ZIP Code Herger for Congress Committee P.O. Box 40175 Washington, DC 20016	Voided Check Issued 8/7/98 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	04/30/99	-1,000.00
C. Full Name, Mailing Address and ZIP Code Coverdale Good Government Committee 3091 Maple Drive, Suite 200 Atlanta, GA 30305	Voided Check Issued 09/22/96 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	04/30/99	-500.00
D. Full Name, Mailing Address and ZIP Code Waldon for Congress Committee 336 8th Street, NE Washington, DC 20002	Voided Check Issued 09/28/98 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	04/30/99	-1,000.00
E. Full Name, Mailing Address and ZIP Code Lincoln Diaz-Balart for Congress Committee 9737 NW 41st Street, #131 Miami, FL 33178	Voided Check Issued 10/22/98 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	04/30/99	-500.00
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)

-3,500.00

TOTAL This Period (last page this line number only)

57,375.00

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 5-19-99
<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
<input type="checkbox"/> Electronic Filing	
<i>[Signature]</i> PREPARER	5-20-99 DATE PREPARED