

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
 American Hospital Association PAC

ADDRESS (number and street) **325 Seventh Street, NW**
Suite 700
 Check if different than previously reported. (ACC) **Washington DC 20004**

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIP CODE

C00106146

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (M13)

April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE) Election on _____ in the State of _____

(b) Monthly Report Due On:

(c) 12-Day **PRE**Election Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)

(d) 30-Day **Post**-Election Report for the: General (30G) Runoff (30R) Special (30S)
 Election on _____ in the State of _____

July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER) Election on _____ in the State of _____

5. Covering Period 01 01 2002 through 01 31 2002

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 Mr. Alfred Jackson, III

Signature of Treasurer Electronically Filed by Mr. Alfred Jackson, III Date 02 15 2002

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

Office
Use
Only

FEC FORM 3X
(Revised 1/2001)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period: From: ^h 0 1 ^d 0 1 ^y 2 0 0 2 To: ^h 0 1 ^d 3 1 ^y 2 0 0 2

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^y 2 0 0 2		587494.48
(b) Cash on Hand at Beginning of Reporting Period	587494.48	
(c) Total Receipts (from Line 19)	26979.96	26979.96
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	614474.44	614474.44
7. Total Disbursements (from Line 30)	44331.60	44331.60
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	570142.84	570142.84
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D)	0.00	

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period: From: ^{MM}01 ^{DD}01 ^{YYYY}2002 To: ^{MM}01 ^{DD}31 ^{YYYY}2002

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	6350.00	
(ii) Unitemized	4765.80	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	11115.80	11115.80
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4)	11115.80	11115.80
12. Transfers From Affiliated/Other Party Committees	15500.00	15500.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	364.16	364.16
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	26979.96	26979.96
20. Total Federal Receipts (subtract Line 18 from Line 19)	26979.96	26979.96

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Revised 1/2001)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	281.60	281.60
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	281.60	281.60
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	44050.00	44050.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	44331.60	44331.60
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	44331.60	44331.60
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	11115.80	11115.80
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	11115.80	11115.80
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	281.60	281.60
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	281.60	281.60

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 / 20	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Ms. Maureen D. Mudron

Mailing Address
325 Seventh Street, NW Suite 700
City State Zip Code
Washington DC 20004-2818

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 1 0 / 2 0 0 2

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer American Hospital Association-Washingt Occupation Asst. General Counsel
Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 250.00

Transaction ID: 5696982

Full Name (Last, First, Middle Initial)
B. Mr. Thomas P. Nickels

Mailing Address
325 Seventh Street, NW Suite 700
City State Zip Code
Washington DC 20004-2818

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 1 0 / 2 0 0 2

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer American Hospital Association-Washingt Occupation Vice President
Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 1000.00

Transaction ID: 5684295

Full Name (Last, First, Middle Initial)
C. Ms. Kathleen D. Sanford, RN, DBA

Mailing Address
11707 Carriage Place
City State Zip Code
Olalla WA 98359-9303

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 1 0 / 2 0 0 2

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Harrison Memorial Hospital Occupation Vice President, Nursing
Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 250.00

Transaction ID: 5716434

SUBTOTAL of Receipts This Page (optional) ▶ **1500.00**

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 6 / 20

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Virginia C. Roberts

Mailing Address

111 Westminster Street

Mail Stop RI DE 03302K

City

State

Zip Code

Providence

RI

02903-2303

Date of Receipt

N M / D E / Y Y Y Y
0 1 / 1 1 2 0 0 2

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer

Memorial Hospital of Rhode Island

Occupation

Trustee

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 5732946

Full Name (Last, First, Middle Initial)

B. Mr. Michael K. Powers

Mailing Address

1850 Cowles Street

City

State

Zip Code

Fairbanks

AK

99701-5998

Date of Receipt

N M / D E / Y Y Y Y
0 1 / 1 5 2 0 0 2

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer

Fairbanks Memorial Hospital

Occupation

Administrator

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 5732947

Full Name (Last, First, Middle Initial)

C. Ms. Karen L. Hackett

Mailing Address

One North Franklin Street

Suite 1700

City

State

Zip Code

Chicago

IL

60606-3491

Date of Receipt

N M / D E / Y Y Y Y
0 1 / 1 5 2 0 0 2

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer

American College of Healthcare Ex-
ecuti

Occupation

Chief Operating Officer

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 5732957

SUBTOTAL of Receipts This Page (optional) ▶

750.00

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 / 20	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Donald E. Schwarz

Mailing Address
59 Townsend St
City: Boston State: MA Zip Code: 02119-1399

Date of Receipt
M / D / Y
01 / 15 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer: Kindred Hospital-Boston Occupation: President & CEO

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Transaction ID: 5716288

Full Name (Last, First, Middle Initial)
B. Ms. Patricia R. Goldman

Mailing Address
325 Seventh Street, NW Suite 700
City: Washington State: DC Zip Code: 20004-2818

Date of Receipt
M / D / Y
01 / 15 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer: American Hospital Association-Washing Occupation: Senior Associate Director

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Transaction ID: 5732842

Full Name (Last, First, Middle Initial)
C. Mr. Harry D. Lipman

Mailing Address
80 Highland Street
City: Laconia State: NH Zip Code: 03246-3235

Date of Receipt
M / D / Y
01 / 18 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer: Lakes Region General Hospital Occupation: Executive Vice President/CFO

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Transaction ID: 5698980

SUBTOTAL of Receipts This Page (optional) ▶ **1000.00**

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 / 20	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Sandra Wakczak

Mailing Address
3325 Rangers Gate Drive

City State Zip Code
Marietta GA 30062-1339

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 2 3 / 2 0 0 2

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Georgia Hospital Association Vice President

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: 5720532

Full Name (Last, First, Middle Initial)
B. Mr. Michael E. Garrigan

Mailing Address
Post Office Box 7000

City State Zip Code
Columbus GA 31908-7000

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 2 3 / 2 0 0 2

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
St. Francis Hospital, Inc. President & Chief Executive Officer

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: 5720534

Full Name (Last, First, Middle Initial)
C. Ms. Dorothy B. Naylor

Mailing Address
190 Hunting Creek Drive

City State Zip Code
Marietta GA 30068-3418

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 2 3 / 2 0 0 2

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Georgia Hospital Association Executive Vice President

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: 5720528

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 / 20	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Benjamin Underwood

Mailing Address
5454 Yorktowne Drive

City State Zip Code
Atlanta GA 30349-5317

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 2 3 / 2 0 0 2

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Anchor Hospital President & Chief Executive Officer

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: 5720526

Full Name (Last, First, Middle Initial)
B. Mr. Glenn Pearson

Mailing Address
660 Crossfire Ridge

City State Zip Code
Marietta GA 30064-1393

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 2 3 / 2 0 0 2

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Georgia Hospital Association Executive Vice President

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: 5720529

Full Name (Last, First, Middle Initial)
C. Mr. Kan B. Beverly

Mailing Address
910 South Broad Street

City State Zip Code
Thomasville GA 31792-6199

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 2 3 / 2 0 0 2

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
John D. Archbold Memorial Hospital President & Chief Executive Officer

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: 5720533

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 / 20	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Kenneth W. Lukhard

Date of Receipt
M M / D D / Y Y Y Y
01 / 25 / 2002

Mailing Address
1432 Lake Knoll Drive

City State Zip Code
Lake Saint Louis MO 63367-3014

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SSM St. Mary's Health Center President

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 300.00

Transaction ID: 5724172

B. Full Name (Last, First, Middle Initial)
Mr. David W. Gitch

Date of Receipt
M M / D D / Y Y Y Y
01 / 25 / 2002

Mailing Address
2520 Cherry Street

City State Zip Code
Bremerton WA

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Harrison Memorial Hospital President and Chief Executive Officer

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: 5734795

C. Full Name (Last, First, Middle Initial)
Ms. Ellen M. Zane

Date of Receipt
M M / D D / Y Y Y Y
01 / 25 / 2002

Mailing Address
70 Lazell Street

City State Zip Code
Hingham MA 02043-4404

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Partners HealthCare System, Inc. Network President

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: 5732984

SUBTOTAL of Receipts This Page (optional) ▶ **800.00**

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 11 / 20

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. J. Michael Rona

Date of Receipt
M M / D D / Y Y Y Y
01 / 25 / 2002

Mailing Address
9004 North Mercer Way

City State Zip Code
Mercer Island WA 98040-3141

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Virginia Mason Medical Center Vice President, Executive Administrator

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 500.00

Transaction ID: 5734796

B. Full Name (Last, First, Middle Initial)
Ms. Cheryl Scott

Date of Receipt
M M / D D / Y Y Y Y
01 / 25 / 2002

Mailing Address
521 Wall Street

City State Zip Code
Seattle WA 98121-1536

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Group Health Cooperative President

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 300.00

Transaction ID: 5734792

C.

SUBTOTAL of Receipts This Page (optional)	▶	800.00
TOTAL This Period (last page this line number only)	▶	6350.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 / 20	
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input checked="" type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. California Healthcare Association PAC - Federal

Mailing Address
1215 K Street Suite 800
City State Zip Code
Sacramento CA 95814

Date of Receipt
M M / D D / Y Y Y Y
01 / 04 / 2002

FEC ID number of contributing federal political committee. C00237485

Amount of Each Receipt this Period 500.00

Name of Employer Occupation

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 500.00

Transaction ID: 5575149

Full Name (Last, First, Middle Initial)
B. Health Alliance Political Action Committee-Federal

Mailing Address
Post Office Box 8800
City State Zip Code
Harrisburg PA 17105-8800

Date of Receipt
M M / D D / Y Y Y Y
01 / 18 / 2002

FEC ID number of contributing federal political committee. C00128082

Amount of Each Receipt this Period 15000.00

Name of Employer Occupation

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 15000.00

Transaction ID: 5865578

C.

SUBTOTAL of Receipts This Page (optional)	▶	15500.00
TOTAL This Period (last page this line number only)	▶	15500.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 13 / 20
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Citibank, F.S.B.

Date of Receipt
M M / D D / Y Y Y Y
01 / 31 / 2002

Mailing Address
1400 G Street, NW

City State Zip Code
Washington DC 20005

Amount of Each Receipt this Period
364.16

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 364.16

Transaction ID: 5728352

B.

C.

SUBTOTAL of Receipts This Page (optional)	▶	364.16
TOTAL This Period (last page this line number only)	▶	364.16

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 14 / 20

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. National Republican Congressional Committee			Date of Disbursement 01 / 17 / 2002	
Mailing Address 320 First Street, SE City: Washington State: DC Zip Code: 20003			Amount of Each Disbursement this Period 15000.00	
Purpose of Disbursement YTD:\$15,000.00 2002 Contribution			2002 Contribution	
Candidate Name				
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		Transaction ID: 5754567	
State: District: 0				

Full Name (Last, First, Middle Initial) B. Bayou Leader PAC			Date of Disbursement 01 / 17 / 2002	
Mailing Address 1230 Dartmouth Road City: Alexandria State: VA Zip Code: 22314			Amount of Each Disbursement this Period 1500.00	
Purpose of Disbursement YTD:\$1,500.00 2002 Contribution			2002 Contribution	
Candidate Name				
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		Transaction ID: 5754576	
State: District: 0				

Full Name (Last, First, Middle Initial) C. Collins for Senate			Date of Disbursement 01 / 17 / 2002	
Mailing Address 186 Exchange Street City: Bangor State: ME Zip Code: 04402			Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement YTD:\$2,500.00			011 Category/ Type	
Candidate Name Sen. Susan Collins				
Office Sought: House X Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼		Transaction ID: 5754582	
State: ME District: 2				

SUBTOTAL of Disbursements This Page (optional)	19000.00
TOTAL This Period (last page this line number only)	

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Use separate schedule(s)
for each category of the
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Hulshof for Congress		Date of Disbursement 01 / 17 / 2002	
Mailing Address 1005 Cherry St. Ste. 203 City State Zip Code Columbia MO 65201		Amount of Each Disbursement this Period 1500.00	
Purpose of Disbursement YTD:\$1,500.00		011 Category/ Type	
Candidate Name Rep. Kenny Hulshof			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: MO District: 8	Transaction ID: 5754585		

Full Name (Last, First, Middle Initial) B. Committee to Elect John McHugh		Date of Disbursement 01 / 17 / 2002	
Mailing Address P.O. Box 70052 City State Zip Code Washington DC 20024		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Rep. John M. McHugh			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: WV District: 24	Transaction ID: 5754621		

Full Name (Last, First, Middle Initial) C. Nunes For Congress		Date of Disbursement 01 / 17 / 2002	
Mailing Address PO Box 891 City State Zip Code Pixley CA 93256		Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement YTD:\$5,000.00		011 Category/ Type	
Candidate Name Mr. Devin Nunes			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: CA District: 21	Transaction ID: 5754578		

SUBTOTAL of Disbursements This Page (optional) ▶	7500.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE B (FEC Form 3X)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Carper for Senate		Date of Disbursement 01 / 25 / 2002
Mailing Address 240 North James Street Suite 100A City State Zip Code Newport DE 19804		Amount of Each Disbursement this Period 550.00
Purpose of Disbursement YTD:\$550.00	Category/ Type 011	Transaction ID: 5700827
Candidate Name Sen. Tom Carper	Office Sought: House <input checked="" type="checkbox"/> Senate President	
State: DE District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Republican Majority Fund		Date of Disbursement 01 / 25 / 2002
Mailing Address P.O. Box 1550 City State Zip Code Ponca City OK 74602		Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement YTD:\$5,000.00 2002 Contribution	Category/ Type 011	2002 Contribution
Candidate Name	Office Sought: House Senate President	Transaction ID: 5700825
State: District: 0	Disbursement For: Primary General Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Great Dane PAC		Date of Disbursement 01 / 25 / 2002
Mailing Address PO Box 220281 City State Zip Code Chantilly VA 20151		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00 2002 Contribution	Category/ Type 011	2002 Contribution
Candidate Name	Office Sought: House Senate President	Transaction ID: 5700821
State: District: 0	Disbursement For: Primary General Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	6550.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
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Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. ASAE – American Society of Assoc. Executives PAC		Date of Disbursement 01 / 25 / 2002
Mailing Address 1575 I Street NW City: Washington State: DC Zip Code: 20005-1168		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00 2002 Contribution		2002 Contribution
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: 5700819
State: District: 0		

Full Name (Last, First, Middle Initial) B. Christopher Cox Congressional Committee		Date of Disbursement 01 / 25 / 2002
Mailing Address PO Box 8088-C City: Newport Beach State: CA Zip Code: 92658		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement YTD:\$2,000.00		2002 Contribution
Candidate Name Rep. Christopher Cox		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 5700828
State: CA District: 47		

Full Name (Last, First, Middle Initial) C. Great Dane PAC		Date of Disbursement 01 / 29 / 2002
Mailing Address PO Box 220281 City: Chantilly State: VA Zip Code: 20151		Amount of Each Disbursement this Period -4000.00
Purpose of Disbursement Voided Check from 12/01		Voided Check from 12/01
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: 5704372
State: District: 0		

SUBTOTAL of Disbursements This Page (optional)	-1000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
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Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Pomeroy for Congress		Date of Disbursement 01 / 31 / 2002
Mailing Address 304 North 4th Street City Bismarck State ND Zip Code 58501		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type
Candidate Name Rep. Earl Pomeroy		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 5724162
State: ND District: 1		

Full Name (Last, First, Middle Initial) B. Volunteers for Shimkus		Date of Disbursement 01 / 31 / 2002
Mailing Address 1025 South Second St. City Springfield State IL Zip Code 62704		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type
Candidate Name Rep. John M. Shimkus		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 5732958
State: IL District: 19		

Full Name (Last, First, Middle Initial) C. Lee Terry for Congress		Date of Disbursement 01 / 31 / 2002
Mailing Address 1107 S. 119th St City Omaha State NE Zip Code 68144		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type
Candidate Name Rep. Lee Terry		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 5732967
State: NE District: 2		

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Congressional Leadership Fund		Date of Disbursement 01 / 31 / 2002	
Mailing Address Post Office Box 8780 City Newport Beach State CA Zip Code 92568		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement YTD:\$2,000.00 2002 Contribution		011 Category/ Type 2002 Contribution	
Candidate Name			
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 5719887	
State: District: 0			

Full Name (Last, First, Middle Initial) B. Becerra for Congress		Date of Disbursement 01 / 31 / 2002	
Mailing Address PO Box 261060 City Los Angeles State CA Zip Code 90028		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Rep. Xavier Becerra			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 5720380	
State: CA District: 31			

Full Name (Last, First, Middle Initial) C. Costello for Congress Committee		Date of Disbursement 01 / 31 / 2002	
Mailing Address P.O. Box 8250 City Belleville State IL Zip Code 62222		Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement YTD:\$5,000.00		011 Category/ Type	
Candidate Name Rep. Jerry F. Costello			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 5732861	
State: IL District: 12			

SUBTOTAL of Disbursements This Page (optional) ▶	8000.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE B (FEC Form 3X)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
				<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Friends of Lois Capps		Date of Disbursement 01 / 31 / 2002	
Mailing Address 1724 Santa Barbara City State Zip Code Santa Barbara CA 93101		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Rep. Lois Capps			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 5732860	
State: CA District: 23			

B.

C.

SUBTOTAL of Disbursements This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	44050.00