



FEDERAL ELECTION COMMISSION

WASHINGTON, D.C. 20543

BQ-3

June 8, 1995

Sidney Jacob, Treasurer
Political Action Committee of the
American Hospital Association
One North Franklin Street
Chicago, IL 60606

Identification Number: C00106146

Reference: October Monthly (9/1/93-9/30/93), Year End (12/1/93-12/31/93), Amended February Monthly (1/1/94-1/31/94 dated 7/1/94), April Monthly (3/1/94-3/31/94), Amended April Monthly (3/1/94-3/31/94), May Monthly (4/1/94-4/30/94), Amended May Monthly (4/1/94-4/30/94), June Monthly (5/1/94-5/31/94), September ~~Monthly (8/1/94-8/31/94)~~, Amended September Monthly (8/1/94-8/31/94), October Monthly (9/1/94-9/30/94), Amended October Monthly (9/1/94-9/30/94), 12 Day Pre-General (10/1/94-10/19/94), Amended 12 Day Pre-General (10/1/94-10/19/94), 30 Day Post-General (10/20/94-11/28/94), Amended 30 Day Post-General (10/20/94-11/28/94) and Amended Year End (12/1/94-12/31/94 dated 2/17/95) Reports

Dear Mr. Jacob:

This letter is to inform you that as of June 7, 1995, the Commission has not received your response to our requests for additional information dated May 16, 1995. These notices request information essential to full public disclosure of your federal election campaign finances. To ensure compliance with the provisions of the Federal Election Campaign Act (the Act), please respond to these requests (copies enclosed).

If no response is received within fifteen (15) days from the date of this notice, the Commission may choose to initiate audit or legal enforcement action.

If you should have any questions regarding this matter, please contact Edward Ryan on our toll-free number (800) 424-9530 or our local number (202) 219-3580.

Sincerely,

John D. Gibson
Assistant Staff Director
Reports Analysis Division

Enclosures



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

BQ-2

MAY 16 1995

Sidney Jacob, Treasurer
Political Action Committee of the
American Hospital Association
One North Franklin Street
Chicago, IL 60606

Identification Number: C00106146

Reference: ~~September Monthly~~ (8/1/94-8/31/94) and Amended
September Monthly (8/1/94-8/31/94) Reports

Dear Mr. Jacob:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Schedule B of your report (pertinent portion(s) attached) discloses a contribution(s) which appears to exceed the limits set forth in the Act, 2 U.S.C. §441a(a) precludes a multicandidate committee from making a contribution to a candidate for federal office in excess of \$5,000 per election.

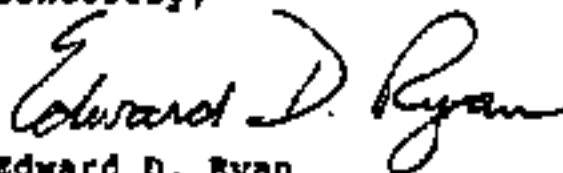
If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with clarifying information. If you have made an excessive contribution, you should notify the recipient and request a refund of the amount in excess of \$5,000 and/or notify the recipient in writing of your redesignation of the contribution. In the best interest of your committee, all refunds and redesignations should be made within sixty days of the treasurer's receipt of the contribution(s).

Please inform the Commission of your corrective action immediately in writing and provide a photocopy of the refund request sent to the contributor. In addition, any refunds should be disclosed on Schedule A supporting Line 16 of the report covering the period during which they are received. Any redesignations should be disclosed as memo entries on Schedule B supporting Line 23 of the report covering the period during which the redesignation is made. 11 CFR §110.1(b)

Although the Commission may take further legal action regarding the excessive contribution(s), your prompt action in obtaining a refund and/or redesignating the contribution(s) will be taken into consideration.

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 219-3580.

Sincerely,



Edward D. Ryan
Reports Analyst
Reports Analysis Division

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SCHEDULE B

ITEMIZED DISBURSEMENTS

Contribs. to Fed. Camps., etc.

Use separate schedule(s)
for each category of the
Detailed Summary PagePage 7 of 1
Per Line Number: 23

NAME OF COMMITTEE: American Hospital Assn PAC

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.

For the period 11/01/93 thru 11/30/93

DECEMBER MONTHLY

Name and Address	Purpose of Disbursement, Election	Date	Amount
Ike Skelton for Congress Committee 1350 I Street, NW, Suite 200 Washington, DC 20005	Contribution for Ike Skelton (MD-4-D)	11/10/93	\$2,000.00
	PRIMARY 1993		
		YTD: \$2,500.00	
Jerry Solomon for Congress Committee 4126 11th Road, North Arlington, VA 22205	Contribution for Gerald Solomon (NY-22-E)	11/04/93	\$500.00
	PRIMARY 1993		
		YTD: \$500.00	
Friends of Cliff Stearns P.O. Box 308 Silver Springs, FL 34489	Contribution for Cliff Stearns (FL-4-E)	11/04/93	\$500.00
	PRIMARY 1993		
		YTD: \$2,500.00	
Karen Thurman for Congress Committee P.O. Box 2816 Gainesville, FL 32602	Contribution for Karen L. Thurman (FL-5-D)	11/04/93	\$500.00
	PRIMARY 1993		
		YTD: \$500.00	
Wynn for Congress 8700 Central Avenue, Suite 306 Landover, MD 20785	Contribution for Albert B. Wynn (MD-4-D)	11/04/93	\$1,500.00
	PRIMARY 1993		
Wynn for Congress 8700 Central Avenue, Suite 306 Landover, MD 20785	Contribution for Albert B. Wynn (MD-4-D)	11/09/93	\$500.00
	PRIMARY 1993		
		YTD: \$4,500.00	

Subtotal this page:

Total this period (last page this line number only):

1- 17,300.00
2- 3,500.00
3- 3,250.00
4- 11,500.00
5- 7,500.00
6- 2,800.00

\$5,500.00 ✓

\$51,350.00

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NAME OF COMMITTEE: American Hospital Assn PAC

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Name and Address	Purpose of Disbursement, Election	Date	Amount
Kitchens, Powell & Kitchens 1836 Wilcrest Street Orlando, FL 32803	Contribution for Karen L. Thurman (FL-5-D)	08/08/94	\$4,000.00 in-kind
	GENERAL 1994		
Kitchens, Powell & Kitchens 1836 Wilcrest Street Orlando, FL 32803	Contribution for Karen L. Thurman (FL-5-D)	08/08/94	\$987.50 in-kind
	PRIMARY 1994		
Kitchens, Powell & Kitchens 1836 Wilcrest Street Orlando, FL 32803	Contribution for Karen L. Thurman (FL-5-D)	08/15/94	\$838.00 in-kind
	GENERAL 1994		
		YTD: \$5,825.50	
Vince Whittle, Jr. P.O. Box 1231 Panacea, FL 32536	Contribution for Vince Whittle (FL-1-D)	09/20/94	\$1,000.00
	PRIMARY 1994		
		YTD: \$1,000.00	
Roger Micker P.O. Box 874 Tupelo, MS 38802	Contribution for Roger Micker (MS-1-D)	08/15/94	\$2,000.00
	PRIMARY 1994		
		YTD: \$3,000.00	
Citizens for Mofford 318 Capital Court, NE, Suite 200 Washington, DC 20002	Contribution for Morris L. Mafford (PA-04-D)	08/14/94	\$1,000.00
	GENERAL 1994		
		YTD: \$1,000.00	
Hyden for Congress Committee P.O. Box 12473 Portland, OR 97212	Contribution for Arnold L. Hyden (OR-3-D)	08/17/94	\$500.00
	GENERAL 1994		
		YTD: \$500.00	

Subtotal this page:

\$10,325.50

Total this period (last page this line number only):

\$11,825.50

[Signature]
12/7/94

430/95

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 POLITICAL ACTION COMMITTEE *1994* *Amount of September Monthly*

A. Full Name, Mailing Address and ZIP Code Kitchens, Powell & Kitchens 1636 Billcrest Street Orlando, FL 32803	Purpose of Disbursement In-kind contribution for Karen Thurman (D-FL-5)	Date (month, day, year) 8/8/94	Amount of Each Disbursement This Period \$8,313.00 <i>FDG</i>
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) \$8,313.00

TOTAL This Period (last page this line number only) \$8,313.00

9-04-03 03:23:43 342:042

NAME OF COMMITTEE: American Hospital Assn INC

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For the period 10/01/93 thru 10/31/93 **NOVEMBER MONTHLY**

Name and Address	Purpose of Disbursement, Election	Date	Amount
Friends of Alan Wheat 816 K Street, S.W. Washington, DC 20003	Contribution for Alan Wheat (P2-S-21)	10/09/93	\$500.00
PRIMARY 1993			

#5333 (VOID)
#5334

TTD: \$500.00

Citizens For Wofford 510 Capitol Court, NE, Suite 200 Washington, DC 20002	Contribution for Harris Wofford (P2-S-21)	10/12/93	\$2,000.00
PRIMARY 1993			

#5359

TTD: \$2,000.00

SR

1 4,750
2 22,000
3 5,500
4 4,500
5 3,300
6 9,500
7 2,500

50,050

Subtotal this page:

\$2,500.00

Total this period (last page this line number only):

\$20,000.00

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SCHEDULE B

ITEMIZED DISBURSEMENTS

(Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 4 OF 4
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

Hospital Association Political Action Committee - Federal

AFH OCTOBER QUARTERLY
REPORT

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ANA Pac	Pac - to - PAC Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	7/19/94	\$ 27,530.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Citizens for Wofford 1420 Walnut Street, Ste. 808 Philadelphia, PA 19102	Campaign Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	8/16/94	2,500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CITIZENS FOR WOFFORD	CAMPAIGN FUNDRAISER Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	8/29/94	1,500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MASCARA FOR CONGRESS 831 Lincoln Avenue CHARLESTON, SC 29402	CONTRIBUTION Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	9/27/94	1,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

32,530.00

TOTAL This Period (last page this line number only)

32,528.00