

REPORT OF RECEIPTS AND DISBURSEMENTS

HAND DELIVERED

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
PUBLIC DISCLOSURE
DIVISION

Oct 20 5 25 PM '98

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) American Hospital Association PAC	2. FEC IDENTIFICATION NUMBER C00106148
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 1/1 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>10/01/98</u> through <u>10/14/98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$ 510,304.30
(b) Cash on Hand at Beginning of Reporting Period	\$ 344,976.57	
(c) Total Receipts (from Line 19)	\$ 57,301.69	\$ 653,790.85
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(e) and 6(c) for Column B)	\$ 402,278.26	\$ 1,164,095.15
7. Total Disbursements (from Line 20)	\$ 122,500.00	\$ 884,316.89
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 279,778.26	\$ 279,778.26
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 800 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Al Jackson	
Signature of Treasurer 	Date 10/20/98

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

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:	
	10/01/98	10/14/98	
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	22,244.50	187,671.70	11(a)(i)
ii. Unitemized	12,572.91	270,199.67	11(a)(ii)
iii. Total (add i and ii) >	34,817.41	467,871.37	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	0.00	500.00	11(c)
d. Total Contributions (add a ii, b and c) >	34,817.41	468,371.37	11(d)
12. Transfers From Affiliated/Other Party Committees	22,484.28	168,459.28	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	12,850.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	6,310.20	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) >	57,301.69	653,790.85	19
20. Total Federal Receipts (subtract line 18 from line 19) >	57,301.69	653,790.85	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21(a)(i)
ii. Non-Federal Share	0.00	0.00	21(a)(ii)
b. Other Federal Operating Expenditures	1,625.00	146,003.63	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	1,625.00	146,003.63	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	120,875.00	735,738.26	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. Individual/Persons Other Than Political Committees	0.00	75.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	500.00	28(c)
d. Total Contribution Refunds (add a, b and c) >	0.00	575.00	28(d)
29. Other Disbursements	0.00	2,000.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	122,500.00	884,316.89	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	122,500.00	884,316.89	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	34,817.41	468,371.37	32
33. Total Contribution Refunds (from line 28d)	0.00	575.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	34,817.41	467,796.37	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	1,625.00	146,003.63	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) >	1,625.00	146,003.63	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 10
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 Charles N. Ellis 402 Woodland Hills Court Madison, MS 39110-7819	Name of Employer Quorum Health Resources Occupation Administrator	Date (month, day, year) 10/01/98	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code Tom Tibbitts 2948-15th Avenue, NE Fort Dodge, IA 50501-2128	Name of Employer Trinity Regional Hospital Occupation President	Date (month, day, year) 10/02/98	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code Leo F. Greenwalt 300 Elliott Avenue West, #300 Seattle, WA 98119-4118	Name of Employer Washington State Hospital Association Occupation Association President	Date (month, day, year) 10/02/98	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 500.00	
D. Full Name, Mailing Address and ZIP Code Norman E. Wright Vermont Hospital Association 148 Main Street Montpelier, VT 05602	Name of Employer Vermont Hospital Association Occupation President	Date (month, day, year) 10/02/98	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code David H. Vellinga 2 Hackberry Mason City, IA 50401	Name of Employer North Iowa Mercy Health Center Occupation CEO	Date (month, day, year) 10/02/98	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00	
F. Full Name, Mailing Address and ZIP Code Dennis A. White 1202 SE Lowell Ankeny, IA 50021	Name of Employer ServiShare Occupation Sr. Vice President	Date (month, day, year) 10/02/98	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00	
G. Full Name, Mailing Address and ZIP Code J. Kirk Norris 504- 17th Avenue SW Altoona, IA 50009	Name of Employer Association of Iowa Hospitals & Health Systems Occupation Senior Vice President	Date (month, day, year) 10/02/98	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00	

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 **2** OF **10**
FOR LINE NUMBER **11 a i**

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name, Mailing Address and ZIP Code Thomas L. Warner Florida Hospital 601 East Rollins Street Orlando, FL 32803-1489 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Florida Hospital Medical Center Occupation President/CEO Aggregate Year-to-Date > \$ 800.00	Date (month, day, year) 10/02/98	Amount of Each Receipt this Period 400.00
B. Full Name, Mailing Address and ZIP Code Greg Boattenhamer 1129- 38th Street Des Moines, IA 50311-3620 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Association of Iowa Hospitals & Health Systems Occupation Government Relations Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 10/02/98	Amount of Each Receipt this Period 125.00
C. Full Name, Mailing Address and ZIP Code Paul R. Bengtson 1 Hospital Drive St. Johnsbury, VT 05819-9962 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Northeastern Vermont Regional Occupation Chief Executive Officer Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 10/02/98	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and ZIP Code Richard Haney 202 Woodland Drive Salem, IL 62881-2535 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Public Hospital of Salem Occupation Chairman Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 10/02/98	Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and ZIP Code Thomas W. Huebner 8 La Montagne Lane Rutland, VT 05701 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Rutland Regional Medical Center Occupation CEO Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 10/02/98	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and ZIP Code Margaret C. Mazzone 103 Continental Place Bretwood, TN 3702 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Quorum Health Group Occupation Vice President Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 10/02/98	Amount of Each Receipt this Period 500.00
G. Full Name, Mailing Address and ZIP Code Wayne A. Scholz 328 Brittany Drive Portage, MI 49024-8708 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Quorum Health Group, Inc. Occupation Assoc. Vice President Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 10/02/98	Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) **2,025.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 10
FOR LINE NUMBER 11 B I

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NAME OF COMMITTEE (in Full)
American Hospital Association PAC

A. Full Name, Mailing Address and ZIP Code Stefanie E. Higgins 325 Seventh Street, NW Washington, DC 20004-2801 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer American Hospital Association Occupation Federal Relations Aggregate Year-to-Date > \$ 267.00	Date (month, day, year) 10/06/98	Amount of Each Receipt this Period 27.00
B. Full Name, Mailing Address and ZIP Code Brock A. Slabach P.O. Box 839 Centreville, MS 39631-0639 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Field Memorial Community Hospital Occupation Administrator Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 10/08/98	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and ZIP Code Rodger H. Baker 6886 Wellhouse Drive Warranton, VA 22186-3099 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Fauquier Hospital, Inc. Occupation President and CEO Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 10/08/98	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and ZIP Code Robert G. Kieley 125 Liberty Street Madison, CT 06443-3654 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Middlesex Health System Inc. Occupation President/CEO Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 10/08/98	Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and ZIP Code Michael J. Hill 125 Airport Road Concord, NH 03301-7300 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer New Hampshire Hospital Association Occupation President Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 10/08/98	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and ZIP Code Reginald M. Hislop 2805 S. 83rd Street West Allie, WI 53219 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer West Allie Memorial Hospital Occupation Chairman of the Board Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 10/08/98	Amount of Each Receipt this Period 250.00
G. Full Name, Mailing Address and ZIP Code Jack Schroder 1201 West Peachtree Street Atlanta, GA 30309-3403 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Alston & Bird Occupation CEO Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 10/08/98	Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) **1,527.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 4 OF 10
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 Joseph A. Zaccagnino 20 York Street New Haven, CT 06504</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Yale-New Haven Healthcare Center</p> <p>Occupation President & CEO</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 10/08/98</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Thomas D. Kennedy III P. O. Box 977 Bristol, CT 06011-0977</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Bristol Hospital & Healthcare Group</p> <p>Occupation President and CEO</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 10/08/98</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Cal H. Calhoun 1675 Terrill Mill Road Marietta, GA 30067-8378</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Georgia Hospital Association</p> <p>Occupation VP, Financial Services</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 10/08/98</p>	<p>Amount of Each Receipt this Period 220.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Albert E. Fowerbaugh 418 National City Bank Bldg Cleveland, OH 44114</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Lakewood Hospital</p> <p>Occupation Attorney-at-Law</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 10/08/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Jeffrey Brewer P.O. Box 2982 Jasper, AL 35502-3547</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Walker Baptist Medical Center</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 10/08/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Kenneth N. Buchl M.D. 3950 West 900 South West Jordan, UT 84084</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Healthinsight</p> <p>Occupation Health Administration</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 10/08/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Donald S. Buckley 1408 Cobble Scott Way Chesapeake, VA 23320-4941</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Chesapeake General Hospital</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 10/08/98</p>	<p>Amount of Each Receipt this Period 250.00</p>

SUBTOTAL of Receipts This Page (optional) **2,220.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 5 OF 10
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NAME OF COMMITTEE (in Full)
American Hospital Association PAC

<p>A. Full Name, Mailing Address and ZIP Code Milton L. Cruz J.D. PO Box 236 Bayamon, PR 00980</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer San Pablo Health System</p> <p>Occupation President & CEO</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 10/08/98</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Karen L. Hackatt 6221 Sleepy Hollow Lane Chicago, IL 60608-3491</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer American College of Healthcare Executives</p> <p>Occupation Healthcare Assoc. Exec.</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 10/08/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>C. Full Name, Mailing Address and ZIP Code J. Kevin Kinsella 87 Woodrow Street West Hartford, CT 06107</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Hartford Hospital</p> <p>Occupation Vice President</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 10/08/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Mark Marchetti 545 South Street Greenfield, OH 45123</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Greenfield Area Hospital</p> <p>Occupation Hospital Administrator</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 10/08/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Michael F. Noe M.D. 100 High Street Buffalo, NY 14203</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Buffalo General Health System</p> <p>Occupation Medical Director of Professional Af</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 10/08/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>F. Full Name, Mailing Address and ZIP Code George Shaw 303 Parkway Drive NE Atlanta, GA 30274-7117</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Spalding Regional Hospital</p> <p>Occupation Administrator</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 10/08/98</p>	<p>Amount of Each Receipt this Period 125.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Barry S. Cochran 206 Wilks Drive E Centre, AL 35960-1023</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Cherokee Baptist Medical Center</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$ 600.00</p>	<p>Date (month, day, year) 10/09/98</p>	<p>Amount of Each Receipt this Period 600.00</p>

SUBTOTAL of Receipts This Page (optional)

2,225.00

TOTAL This Period (Must page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **6** OF **10**
FOR LINE NUMBER **11 a**

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NAME OF COMMITTEE (in Full)
American Hospital Association PAC

<p>A. Full Name, Mailing Address and ZIP Code James E. Dalton 103 Continental Place Brentwood, TN 37027-5014</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Quorum Health Group, Inc.</p> <p>Occupation President & CEO</p> <p>Aggregate Year-to-Date > 8 500.00</p>	<p>Date (month, day, year) 10/09/98</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Terrance G. Brosseau 80 Country Club Bismarck, ND 58501-9374</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Medcenter One Health Systems</p> <p>Occupation President & CEO</p> <p>Aggregate Year-to-Date > 9 500.00</p>	<p>Date (month, day, year) 10/09/98</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>C. Full Name, Mailing Address and ZIP Code James W. Varnum One Medical Center Dr. Lebanon, NH 03756-0002</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Mary Hitchcock Memorial Hospital</p> <p>Occupation Hospital Administration</p> <p>Aggregate Year-to-Date > 8 250.00</p>	<p>Date (month, day, year) 10/09/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>D. Full Name, Mailing Address and ZIP Code William B. Donatelli 2445 Waneka Lake Trail Lafayette, CO 80026</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Quorum Health, Inc.</p> <p>Occupation CEO</p> <p>Aggregate Year-to-Date > 5 350.00</p>	<p>Date (month, day, year) 10/09/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Dan M. Eagar Jr. 7910 Old Tuscaloosa Hwy McCalla, AL 35111-0847</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Bessemer Carraway Medical Center</p> <p>Occupation Administrator</p> <p>Aggregate Year-to-Date > 8 500.00</p>	<p>Date (month, day, year) 10/09/98</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>F. Full Name, Mailing Address and ZIP Code R. Thomas Cooper III 404 Paddock Lane Montgomery, AL 36109</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Alabama Hospital Association</p> <p>Occupation Senior VP, CFO and COO</p> <p>Aggregate Year-to-Date > 6 250.00</p>	<p>Date (month, day, year) 10/09/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Mama P. Borgstrom 20 York Street Guilford, CT 06437</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Yale-New Haven Hospital</p> <p>Occupation Executive Vice President</p> <p>Aggregate Year-to-Date > 4 250.00</p>	<p>Date (month, day, year) 10/09/98</p>	<p>Amount of Each Receipt this Period 250.00</p>

SUBTOTAL of Receipts This Page (optional)

2,500.00

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 **7** OF **10**
FOR LINE NUMBER **11 a**

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name, Mailing Address and ZIP Code Ralph H. Clark 603 Oakhill Ave Sheffield, AL 35680-7283</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Helen Keller Hospital</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$ 300.00</p>	<p>Date (month, day, year) 10/08/98</p>	<p>Amount of Each Receipt this Period 300.00</p>
<p>B. Full Name, Mailing Address and ZIP Code David D'Eramo Ph.D. 114 Woodland Street Hartford, CT 06105</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Saint Francis Hospital & Medical Center</p> <p>Occupation President & CEO</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 10/08/98</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Rax E. Jones PO Box 381 Nashville, AR 71852</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Howard Memorial Hospital</p> <p>Occupation CEO</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 10/09/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Jennie Rhinahart 4 Bent Oak Lane Tallahassee, AL 36078-0707</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Community Hospital, Inc.</p> <p>Occupation Administrator</p> <p>Aggregate Year-to-Date > \$ 285.00</p>	<p>Date (month, day, year) 10/09/98</p>	<p>Amount of Each Receipt this Period 285.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Barry M. Spero P.O. Box 70 Wallingford, CT 06492</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Masonic Geriatric Healthcare Center/Masonicare</p> <p>Occupation President/CEO</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 10/12/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Mary R. Greens 1200 West Maple Geneva, AL 36340</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Wiregrass Medical Center</p> <p>Occupation Director, Social Services</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 10/12/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>G. Full Name, Mailing Address and ZIP Code John H. Tobin 64 Robbins Street Waterbury, CT 06708-2800</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer The Waterbury Hospital</p> <p>Occupation Hospital Executive</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 10/12/98</p>	<p>Amount of Each Receipt this Period 500.00</p>

SUBTOTAL of Receipts This Page (optional) **2,335.00**

TOTAL This Period (list page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 8 OF 10
FOR LINE NUMBER 11 a 1

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name, Mailing Address and ZIP Code C. Thomas Nelll 103 Continental Place Brentwood, TN 37027-5014	Name of Employer Quorum Health Group, Inc. Occupation Vice President	Date (month, day, year) 10/12/98	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code Horace W. Murphy 9907 Mt. Tabor Road Myersville, MD 21773	Name of Employer Washington County Hospital Association Occupation President	Date (month, day, year) 10/13/98	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code Robert Z. Yovak 9326 Perglen Road Baltimore, MD 21236-1628	Name of Employer Maryland Hospital Association Occupation Senior Vice President	Date (month, day, year) 10/13/98	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code Beverly L. Miller 1906 Autumn Frost Lane Baltimore, MD 21209	Name of Employer Maryland Hospital Association Occupation V.P., Professional Activities	Date (month, day, year) 10/13/98	Amount of Each Receipt this Period 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 400.00	
E. Full Name, Mailing Address and ZIP Code Edgar Lawrence 1309 Milldam Road Lutherville, MD 21093	Name of Employer Maryland Hospital Association Occupation Executive Vice President	Date (month, day, year) 10/13/98	Amount of Each Receipt this Period 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 400.00	
F. Full Name, Mailing Address and ZIP Code Catherine Moron Crowley 2100 Poplar Ridge Road Pasadena, MD 21122	Name of Employer Maryland Hospital Association Occupation Assistant Vice President	Date (month, day, year) 10/13/98	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00	
G. Full Name, Mailing Address and ZIP Code Martin B. Howard 2416 Brambleton Road Baltimore, MD 21209	Name of Employer Maryland Hospital Association Occupation Vice President	Date (month, day, year) 10/13/98	Amount of Each Receipt this Period 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 400.00	

SUBTOTAL of Receipts This Page (optional) 3,200.00

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 **9** OF **10**
FOR LINE NUMBER **11 a I**

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name, Mailing Address and ZIP Code Douglas S Vang 2010 16th Street Greeley, CO 80631-5199</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer North Colorado Medical Center</p> <p>Occupation Administrator</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 10/13/98</p>	<p>Amount of Each Receipt this Period 125.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Vahe A. Kazandjian 5093 Durham Road West Columbia, MD 21044</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Maryland Hospital Association</p> <p>Occupation VP Research</p> <p>Aggregate Year-to-Date > \$ 400.00</p>	<p>Date (month, day, year) 10/13/98</p>	<p>Amount of Each Receipt this Period 400.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Linda Bolton 611 Honeycomb Gate Columbia, MD 21045-6087</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Maryland Hospital Association</p> <p>Occupation V.P. Health System Integration</p> <p>Aggregate Year-to-Date > \$ 400.00</p>	<p>Date (month, day, year) 10/13/98</p>	<p>Amount of Each Receipt this Period 400.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Nancy M. Fiedler 3619 Stansbury Mill Road Lutherville, MD 21093-6087</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Maryland Hospital Association</p> <p>Occupation Sr. VP Communications</p> <p>Aggregate Year-to-Date > \$ 400.00</p>	<p>Date (month, day, year) 10/13/98</p>	<p>Amount of Each Receipt this Period 400.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Denise Matricciani 4423 Necker Avenue Baltimore, MD 21236</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Maryland Hospital Association</p> <p>Occupation Asst. Vice President, GR</p> <p>Aggregate Year-to-Date > \$ 400.00</p>	<p>Date (month, day, year) 10/13/98</p>	<p>Amount of Each Receipt this Period 400.00</p>
<p>F. Full Name, Mailing Address and ZIP Code James Hanko 300 South Bruce Street Marshall, MN 56258-3901</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Weiner Memorial Medical Center</p> <p>Occupation Chief Executive Officer</p> <p>Aggregate Year-to-Date > \$ 225.00</p>	<p>Date (month, day, year) 10/14/98</p>	<p>Amount of Each Receipt this Period 225.00</p>
<p>G. Full Name, Mailing Address and ZIP Code James Hanko 300 South Bruce Street Marshall, MN 56258-3901</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Weiner Memorial Medical Center</p> <p>Occupation Chief Executive Officer</p> <p>Aggregate Year-to-Date > \$ 300.00</p>	<p>Date (month, day, year) 10/14/98</p>	<p>Amount of Each Receipt this Period 75.00</p>

SUBTOTAL of Receipts This Page (optional) **2,025.00**

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 **10** OF **10**
FOR LINE NUMBER **11 a**

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NAME OF COMMITTEE (in Full)
American Hospital Association PAC

<p>A. Full Name, Mailing Address and ZIP Code David L. Pearse 16 Hospital Road Plymouth, NH 03264</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Speare Memorial Hospital</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 10/14/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Laurence A. Tanner 100 Grand St. PO Box 100 New Britain, CT 06052-2017</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer New Britain General Hospital</p> <p>Occupation President & CEO</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 10/14/98</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Fred L. Brown 14319 Mandeleigh Woods Dr. Saint Louis, MO 63105-4705</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer BJC Health System</p> <p>Occupation President and CEO</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 10/14/98</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Charles F. Schneider 142 L'Homme Street Danlison, CT 06239</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Day Kimball Hospital</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 10/14/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Brian D. Gilbert P.O. Box 1060 Wrangell, AK 99929</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Wrangell General Hospital & Long Term Care</p> <p>Occupation Hospital Administrator</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 10/14/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Venetia Kudrie 325 West Fifth Avenue Shakopee, MN 55379-1227</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer St. Francis Regional Medical Center</p> <p>Occupation Administrator</p> <p>Aggregate Year-to-Date > \$ 262.50</p>	<p>Date (month, day, year) 10/14/98</p>	<p>Amount of Each Receipt this Period 187.50</p>
<p>G. Full Name, Mailing Address and ZIP Code Jolene Tomabeni 1044 Rector Lane McLean, VA 22102</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Inova Health System</p> <p>Occupation Administrator</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 10/14/98</p>	<p>Amount of Each Receipt this Period 250.00</p>

SUBTOTAL of Receipts This Page (optional) 2,187.50

TOTAL This Period (last page this line number only) 22,244.50

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 12

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name, Mailing Address and ZIP Code Texas Hospital Association - PAC P.O. Box 15587 Austin, TX 78761-5587	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	10/02/98	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 15,114.28		2,484.28

B. Full Name, Mailing Address and ZIP Code California Healthcare Association PAC PO Box 1100 Sacramento, CA 95812-1100	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	10/08/98	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 82,450.00		20,000.00

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
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)	22,484.28
TOTAL This Period (last page this line number only)	22,484.28

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 Fairbank, Maslin, Maulin & Assoc. 2425 Colorado Avenue Sta. 180 Santa Monica, CA 90404	Purpose of Disbursement Polling Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/02/98	Amount of Each Disbursement This Period 6,500.00
B. Full Name, Mailing Address and ZIP Code Fairbank, Maslin, Maulin & Assoc. 2425 Colorado Avenue Sta. 180 Santa Monica, CA 90404	Purpose of Disbursement In-kind to Calvin Dooley, CA-20. Line 23 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	Date (month, day, year) 10/12/98	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)

1,625.00

TOTAL This Period (last page this line number only)

1,625.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 7
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
Andrews for Congress 16 Somerdale Sqare Somerdale, NJ 08033	Robert E. Andrews, U.S. HOUSE 1st NJ Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/02/98	500.00
Hoyer for Congress 7905 Malcolm Road, Suite 102 Clinton, MD 20735	Stony H. Hoyer, U.S. HOUSE 5th MD Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/02/98	1,000.00
Sununu for Congress 1965 Elm Street Manchester, NH 03110	John Sununu, U.S. HOUSE 1st NH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/02/98	1,000.00
Alan B. Mollohan for Congress P.O. Box 1343 Fairmount, WV 26554	Alan B. Mollohan, U.S. HOUSE 1st WV Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/02/98	1,000.00
Campbell Victory Fund 4306 Westover Place, NW Washington, DC 20016	Ben Nighthorse Campbell, SENATE CO Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/02/98	2,000.00
The Judd Gregg Committee P.O. Box 1812 Concord, NH 03302-1812	Judd Gregg, U.S. SENATE NH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/02/98	4,000.00
Bliley for Congress P.O. Box 9871 Alexandria, VA 22304-0477	Thomas J. Bliley, U.S. HOUSE 7th VA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/02/98	750.00
Stanholm For Congress Committee 4710 North 40th Street Arlington, VA 22207	Charles W. Stanholm, U.S. HOUSE 17th TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/02/98	2,500.00
Citizens for Tony Hall P.O. Box 2884 Washington, DC 20013	Tony P. Hall, U.S. HOUSE 3rd OH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/02/98	500.00

SUBTOTAL of Disbursements This Page (optional)

13,250.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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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
Ken Bentsen, Jr. for Congress Committee 555 New Jersey Avenue, N.W., Suite 201 Washington, DC 20001	Ken Bentsen, U.S. HOUSE 25th TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/02/98	2,000.00
B. Full Name, Mailing Address and ZIP Code Oxley for Congress 1800 R Street, N.W., Suite 605 Washington, DC 20009	Michael G. Oxley, U.S. HOUSE 4th OH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/02/98	1,000.00
C. Full Name, Mailing Address and ZIP Code Jon Fox for Congress Committee 36 West Skippack Pike Ambler, PA 19002	Jon D. Fox, U.S. HOUSE 13th PA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/02/98	2,000.00
D. Full Name, Mailing Address and ZIP Code National Republican Congressional Committee 320 First Street, SE Washington, DC 20003	1998 Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/02/98	10,000.00
E. Full Name, Mailing Address and ZIP Code Northern Light PAC, Inc. 1537 Shipview Rd. Annapolis, MD 21401	1998 Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/02/98	1,000.00
F. Full Name, Mailing Address and ZIP Code National Republican Senatorial Committee 425 Second Street, NE Washington, DC 20002	1998 Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/02/98	5,000.00
G. Full Name, Mailing Address and ZIP Code Friends of Senator Nickles P.O. Box 1549 Ponca, OK 74602	Don Nickles, U.S. SENATE OK Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/05/98	1,000.00
H. Full Name, Mailing Address and ZIP Code Leadership 21 5501 Cherokee Ave. Ste. 112 Alexandria, VA 22312	1998 Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/05/98	2,000.00
I. Full Name, Mailing Address and ZIP Code Republican Majority Fund P.O. Box 1550 Ponca City, OK 74602	1998 Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/05/98	1,000.00

SUBTOTAL of Disbursements This Page (optional)

25,000.00

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
American Hospital Association PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Nadler for Congress P.O. Box 2884 Washington, DC 20013	Jarrold Nadler, U.S. HOUSE 8th NY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/06/98	2,000.00
McIntyre for U.S. Congress PO Box 1 Lumberton, NC 28359	Mike McIntyre, U.S. HOUSE 7th NC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/06/98	1,500.00
Pease for Congress P.O. Box 511 Seelyville, IN 47878	Edward Pease, U.S. HOUSE 7th IN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/08/98	1,500.00
Costello for Congress Committee P.O. Box 8250 Belleville, IL 62222	Jerry F. Costello, U.S. HOUSE 12th IL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/06/98	2,000.00
Ballenger for Congress P.O. Box 2552 Hickory, NC 28603	Cass Ballenger, U.S. HOUSE 10th NC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/06/98	1,000.00
Gekas For Congress 732 S 25th Street Harrisburg, PA 17111	George W. Gekas, U.S. HOUSE 17th PA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/06/98	3,000.00
Sanford Bishop for Congress P.O. Box 709 Columbus, GA 31902	Sanford D. Bishop, U.S. HOUSE 2nd GA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/07/98	2,000.00
Wilson for Congress P.O. Box 14070 Albuquerque, NM 87191-4070	Heather Wilson, U.S. HOUSE 1st NM Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/07/98	2,500.00
John Linder for Congress P.O. Box 942060 Atlanta, GA 30341	John Linder, U.S. HOUSE 11th GA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/07/98	5,000.00

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20,500.00

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ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
American Hospital Association PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kolbe '98 Committee 4010 Franconia Road Alexandria, VA 22310-2136	Jim Kolbe, U.S. HOUSE 5th AZ Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/07/98	1,000.00
Karen Thurman for Congress Committee P.O. Box 2816 Gainesville, FL 32602	Karen L. Thurman, U.S. HOUSE 5th FL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/07/98	5,000.00
Friends of Newt Gingrich 1085 Holcomb Bridge Road, Suite 190A Roswell, GA 30076	Newt Gingrich, U.S. HOUSE 6th GA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/09/98	5,000.00
Murtha for ReElection Committee P.O. Box 1091 Johnstown, PA 15907	John P. Murtha, U.S. HOUSE 12th PA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/09/98	1,000.00
Citizens for Gillmor P.o. Box 910 Port Clinton, OH 43452	Paul E. Gillmor, U.S. HOUSE 5th OH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/09/98	1,000.00
Kucinich to Congress 609 E. Smith Street Hicksville, OH 43528	Dennis Kucinich, U.S. HOUSE 10th OH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/09/98	1,000.00
John Baldacci for Congress 79 Palm Street Bangor, ME 04401	John Baldacci, U.S. HOUSE 2nd ME Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/09/98	500.00
Jack Kingston for Congress 817-A King Street, Suite 204 Alexandria, VA 22314	Jack Kingston, U.S. HOUSE 1st GA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/09/98	1,000.00
Mac Collins for Congress 6309 Gold Course Sq. Alexandria, VA 22307	Mac Collins, U.S. HOUSE 3rd GA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/09/98	1,000.00

SUBTOTAL of Disbursements This Page (optional)

16,500.00

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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
John Lewis for Congress Committee P.O. Box 1491 Atlanta, GA 30301	John Lewis, U.S. HOUSE 5th GA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/09/98	2,000.00
Saxby Chambliss for Congress P.O. Box 605 Moultrie, GA 31776	Saxby Chambliss, U.S. HOUSE 8th GA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/09/98	1,000.00
Deal for Congress 8907 Karver Lane Annandale, VA 22003	Nathan Deal, U.S. HOUSE 9th GA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/09/98	1,000.00
Norwood for Congress 3914 Mulliken Road Evans, GA 30809	Charles W. Norwood, U.S. HOUSE 10th GA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/09/98	1,500.00
Barr-Congress Committee P.O. Box 4323 Marietta, GA 30061-4323	Bob Barr, U.S. HOUSE 7th GA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/09/98	2,000.00
Fairbank, Maslin, Maulin & Assoc. 2428 Colorado Avenue Ste. 180 Santa Monica, CA 90404	In-kind to Calvin Dooley, HOUSE 20th CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/12/98	4,875.00
Ensign for Senate 4012 South Rainbow Boulevard Las Vegas, NV 89103	John Ensign, U.S. SENATE 1st NV Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/12/98	5,000.00
Citizens for Ron Klink Committee P.O. Box 474 Jeannette, PA 15644	Ron Klink, U.S. HOUSE 4th PA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/12/98	250.00
Committee for a Progressive Congress 555 New Jersey Avenue, NW, Suite 201 Washington, DC 20001	1998 Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/12/98	2,000.00

SUBTOTAL of Disbursements This Page (optional)

19,625.00

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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
Citizens for Dave Obey P.O. Box 65671 Washington, DC 20035	David R. Obey, U.S. HOUSE 7th WI Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/12/98	1,000.00
Wes Watkins for Congress Committee Box W.W. Sdliwater, OK 74076	Wes Watkins, U.S. HOUSE 3rd OK Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/12/98	5,000.00
Capuano for Congress Committee 219 Elm Street Somerville, MA 02144	Michael Capuano, U.S. HOUSE 8th MA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/12/98	2,500.00
America Works Committee 607 14th Street, NW Ste. 800 Washington, DC 20005	1998 Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/12/98	2,500.00
Committee to Re-Elect Congressman Chris Smith 217 Hancock Avenue Bridgewater NJ, 08	Christopher H. Smith, U.S. HOUSE 4th NJ Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/13/98	500.00
Committee to Re-Elect Congressman Chris Smith 217 Hancock Avenue Bridgewater NJ, 08	Christopher H. Smith, U.S. HOUSE 4th NJ Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/13/98	1,000.00
Friends of Sherrod Brown 111 Edgefield Drive Elyria, OH 44035	Sherrod Brown, U.S. HOUSE 13th OH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/14/98	2,500.00
Faircloth for Senate 1998 P.O. Box 26585 Raleigh, NC 27611-6585	Lauch Faircloth, U.S. SENATE NC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/14/98	4,000.00
Goode for U.S. Congress 124 Orchard Ave. Rocky Mount, VA 24151	Virgil Goode, U.S. HOUSE 5th VA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/14/98	500.00

SUBTOTAL of Disbursements This Page (optional)

19,500.00

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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
Pascrell for Congress 63 Quartz Lane Paterson, NJ 07501	Bill Pascrell, U.S. HOUSE 8th NJ Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1996	10/14/98	1,500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bill McCollum for Congress 790 North Vermont Street Arlington, VA 22203	Bill McCollum, U.S. HOUSE 8th FL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/14/98	5,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

6,500.00

TOTAL This Period (last page this line number only)

120,875.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>10-20-98</i>
<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	<i>10-20-98</i> DATE PREPARED