

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION

Mar 20 3 10 PM '98

1. NAME OF COMMITTEE (in full) American Hospital Association PAC		2. FEC IDENTIFICATION NUMBER C00106146
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 325 7th Street, NW		
CITY, STATE and ZIP CODE Washington, DC 20004		3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (See FEC FORM 1M)

4. TYPE OF REPORT

(a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report

Monthly Report Due On:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31

Twelfth day report preceding _____ (Type of Election)
election on _____ in the State of _____

Thirtieth day report following the General Election on _____
in the State of _____


(b) Is this Report an Amendment? YES NO

SUMMARY

6. Covering Period <u>02/01/98</u> through <u>02/28/98</u>	COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a) Cash on Hand January 1, 19 <u>98</u>		\$ 510,304.30
(b) Cash on Hand at Beginning of Reporting Period.....	\$ 550,672.80	
(c) Total Receipts (from line 19).....	\$ 30,324.47	\$ 92,616.30
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	\$ 580,997.27	\$ 602,920.60
7. Total Disbursements (from Line 30).....	\$ 34,192.09	\$ 56,115.42
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))..	\$ 546,805.18	\$ 546,805.18
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	\$ 0.00	For further information: Federal Election Commission 999 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 **3/15/98**

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: 02/01/98	TO: 02/28/98
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).....	20,050.00	36,600.00
ii. Unitemized.....	8,896.70	30,373.52
iii. Total.....(add i and ii)>	28,946.70	66,973.52
b. Political Party Committees.....	0.00	0.00
c. Other Political Committees (such as PACs).....	0.00	0.00
d. Total Contributions.....(add all i, b and c)>	28,946.70	66,973.52
12. Transfers From Affiliated/Other Party Committees.....	0.00	23,330.00
13. All Loans Received.....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees...	650.00	650.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	727.77	1,662.78
18. Transfers from Nonfederal Account for Joint Activity.....	0.00	0.00
19. Total Receipts.....(add 11d, 12, 13, 14, 15, 16, 17, and 18)>	30,324.47	92,616.30
20. Total Federal Receipts.....(subtract line 18 from line 19)>	30,324.47	92,616.30
II. Disbursements		
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.....	6,585.09	6,715.42
c. Total Operating Expenditures.....(Add ai, aii, and b)>	6,585.09	6,715.42
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees...	27,607.00	47,400.00
24. Independent Expenditures (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. Individual/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 a, b, and c)>	0.00	0.00
29. Other Disbursements.....	0.00	2,000.00
30. Total Disbursements.....(Add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)>	34,192.09	56,115.42
31. Total Federal Disbursements.....(Subtract line 21 all from line 30)>	34,192.09	56,115.42
III. Net Contributions/Operating Expenditures		
32. Total Contributions (Other than loans)(from line 11d).....	28,946.70	66,973.52
33. Total Contribution Refunds (from line 28d).....	0.00	0.00
34. Net Contributions (Other than loans)(subtract line 33 from 32).....	28,946.70	66,973.52
35. Total Federal Operating Expenditures.....(add 21 ai and 21 b)>	6,585.09	6,715.42
36. Offsets to Operating Expenditures (from line 15).....	0.00	0.00
37. Net Operating Expenditures.....(subtract line 36 from 35)>	6,585.09	6,715.42

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in full)
 American Hospital Association PAC

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
H. Stephen Lieber 1 North Franklin Chicago, IL 60606	American Hospital Association Occupation Vice President	02/02/98	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		500.00
Thomas C. Dolan Ph.D One North Franklin St., #1700 Chicago, IL 60606	American College of Healthcare Executives Occupation Healthcare Executive	02/02/98	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		500.00
Mary R. Grealy American Hospital Association 325 7th Street, NW Washington, DC 20004	American Hospital Association Occupation Sr. Washington Counsel	02/02/98	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		500.00
Robert C. Kidd II Wyoming Hospital Association P.O. Box 5539 Cheyenne, WY 82003	Wyoming Hospital Association Occupation President	02/02/98	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		500.00
Joseph A. Parker 1675 Terrell Mill Rd. Marietta, GA 30067-8378	Georgia Hospital Association Occupation President	02/02/98	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		500.00
Judith R. Miller 24 D Alton Place Brookline, MA 02146	MG&A Healthcare Consultants Occupation Nurse Executive	02/02/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		250.00
Anne Hall Davis Hall P. O. Box 337 Harwich Port, MA 02646-0337	Cape Cod Hospital Occupation Health Executive	02/02/98	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		500.00

SUB TOTAL of Receipts This Page (Optional).....>	3,250.00
TOTAL this Period (Last page this line number only).....>	

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in full)
American Hospital Association PAC

A. Full Name, Mailing Address and Zip Code Kenneth A. Shull SC Hospital Association PO Box 6009 West Columbia, SC 29171-6009	Name of Employer South Carolina Hospital Association	Date (Month day, Year) 02/02/98	Amount of Each Receipt this Period 500.00	
	Occupation President	Aggregate Year-to-date > \$ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	B. Full Name, Mailing Address and Zip Code John J. Mehan 80 Seymour St.-P.O. Box 5037 Hartford, CT 06102-5037	Name of Employer Hartford Hospital	Date (Month day, Year) 02/02/98	Amount of Each Receipt this Period 500.00
Occupation Healthcare Executive	Aggregate Year-to-date > \$ 750.00			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	C. Full Name, Mailing Address and Zip Code Barry Passett AHA 325 7th St., NW #700 Washington, DC 20004	Name of Employer American Hospital Association	Date (Month day, Year) 02/02/98	Amount of Each Receipt this Period 250.00
Occupation Consultant	Aggregate Year-to-date > \$ 250.00			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	D. Full Name, Mailing Address and Zip Code Richard J. Davidson American Hospital Association 325 7th Street, NW Washington, DC 20004	Name of Employer American Hospital Association	Date (Month day, Year) 02/02/98	Amount of Each Receipt this Period 1,000.00
Occupation President	Aggregate Year-to-date > \$ 1,000.00			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	E. Full Name, Mailing Address and Zip Code John J. Carelli 4300 McKinnon Rd. Windermere, FL 34785	Name of Employer Ernst & Young, LLP	Date (Month day, Year) 02/02/98	Amount of Each Receipt this Period 400.00
Occupation Managing Partner	Aggregate Year-to-date > \$ 400.00			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	F. Full Name, Mailing Address and Zip Code Thomas L. Werner Florida Hospital 601 East Rollins Street Orlando, FL 32803-1489	Name of Employer Florida Hospital Medical Center	Date (Month day, Year) 02/02/98	Amount of Each Receipt this Period 400.00
Occupation President/CEO	Aggregate Year-to-date > \$ 400.00			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	G. Full Name, Mailing Address and Zip Code Thomas D. Robinson 103 N. Meadows Driven Bldg. 200, Ste. 230 Wexford, PA 15090	Name of Employer Quorum Health Resources	Date (Month day, Year) 02/02/98	Amount of Each Receipt this Period 250.00
Occupation Chief Executive Officer	Aggregate Year-to-date > \$ 250.00			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	SUB TOTAL of Receipts This Page (Optional).....>		3,300.00	
TOTAL this Period (Last page this line number only).....>				

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in full)
American Hospital Association PAC

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Juan Rivera Villa Nevarez Professional Ctr Centro Comm'l Office 101-103 San Juan, PR 00927	Puerto Rico Hospital Association	02/05/98	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Executive Vice President		
Aggregate Year-to-date > \$		500.00	
C. Wayne Rice Ph.D. 11700 Parkview Road Brecksville, OH 44141	Greater Cleveland Hospital Association	02/05/98	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation President		
Aggregate Year-to-date > \$		500.00	
Howard T. Howlett Jr. 125 E. Terrace Ave. Lakewood, NY 14750-1331	Woman's Christian Association Healthcare System	02/05/98	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Trustee		
Aggregate Year-to-date > \$		500.00	
Barbara Harness American Hospital Association One North Franklin Street Chicago, IL 60606	American Hospital Association	02/05/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Vice President		
Aggregate Year-to-date > \$		250.00	
Dallas Carroll AHA 1151 Warrenville Road Naperville, IL 60566	American Hospital Association	02/05/98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Regional Executive		
Aggregate Year-to-date > \$		1,000.00	
Elizabeth A. Ryan 167 Perry Street Apartment # 5C New York, NY 10014-2438	American Hospital Association	02/05/98	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Regional Executive		
Aggregate Year-to-date > \$		500.00	
John C. McMeekin Crozer-Keystone Health System 100 West Sprout Road Springfield, PA 19064	Crozer-Keystone Health System	02/05/98	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation President/CEO		
Aggregate Year-to-date > \$		500.00	

SUB TOTAL of Receipts This Page (Optional).....> **3,750.00**

TOTAL this Period (Last page this line number only).....>

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NAME OF COMMITTEE (in full)
American Hospital Association PAC

A. Full Name, Mailing Address and Zip Code Philo D. Hall Central Vermont Medical Center 4 Parkside Drive Montpelier, VT 05602	Name of Employer Central Vermont Medical Center	Date (Month day, Year) 02/05/98	Amount of Each Receipt this Period 500.00
	Occupation President		
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 Cyodi Kettmann P. O. Box 160727 Sacramento, CA 95816-0727	Name of Employer Sutter Health	Date (Month day, Year) 02/05/98	Amount of Each Receipt this Period 500.00
	Occupation VP, Government Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 500.00		
C. Full Name, Mailing Address and Zip Code Mary R. Greene 1200 West Maple Geneva, AL 36340	Name of Employer Wiregrass Hospital	Date (Month day, Year) 02/05/98	Amount of Each Receipt this Period 250.00
	Occupation Director, Social Services		
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 Julia Ciorletti 18 Prospect St. Cranston, RI 02910	Name of Employer Hospital Association of Rhode Island	Date (Month day, Year) 02/10/98	Amount of Each Receipt this Period 250.00
	Occupation Vice President		
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 Terry Finzen 640 Jackson Street St. Paul, MN 55101	Name of Employer Regions Hospital	Date (Month day, Year) 02/10/98	Amount of Each Receipt this Period 500.00
	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 500.00		
F. Full Name, Mailing Address and Zip Code David L. Woodrum 625 North Michigan Avenue Suite 500 Chicago, IL 60611-3110	Name of Employer The Woodrum Group	Date (Month day, Year) 02/18/98	Amount of Each Receipt this Period 500.00
	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 500.00		
G. Full Name, Mailing Address and Zip Code Timothy J. Bevelacqua Park Plaza Hospital 1313 Herman Drive Houston, TX 77004	Name of Employer Park Plaza Hospital	Date (Month day, Year) 02/18/98	Amount of Each Receipt this Period 250.00
	Occupation V.P. Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		

SUB TOTAL of Receipts This Page (Optional) > **2,750.00**

TOTAL this Period (Last page this line number only) >

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name, Mailing Address and Zip Code Ann Marie T. Brooks R.N. Nursing Affairs-MBC 73 PO Box 3354 Rivadh, SA 11211	Name of Employer King Faisal Specialist Hospital & Research Center	Date (Month day, Year) 02/18/98	Amount of Each Receipt this Period 500.00
	Occupation Director of Nursing	Aggregate Year-to-date > \$ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
B. Full Name, Mailing Address and Zip Code Linda Q. Everett MSN, RN Detroit Medical Center 6767 West Outer Drive Detroit, MI 48235	Name of Employer Detroit Medical Center	Date (Month day, Year) 02/18/98	Amount of Each Receipt this Period 500.00
	Occupation Northwest Regional Administrator	Aggregate Year-to-date > \$ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
C. Full Name, Mailing Address and Zip Code Lois L. Kercher RN, MSN Tidewater Health Care 1060 First Colonial Road Virginia Beach, VA 23454	Name of Employer Virginia Beach General Hospital	Date (Month day, Year) 02/18/98	Amount of Each Receipt this Period 500.00
	Occupation Nurse Executive	Aggregate Year-to-date > \$ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
D. Full Name, Mailing Address and Zip Code Denise W. Ringer MS, RN Albany Memorial Hospital 600 Northern Boulevard Albany, NY 12204-1083	Name of Employer Albany Memorial Hospital	Date (Month day, Year) 02/18/98	Amount of Each Receipt this Period 250.00
	Occupation Vice President	Aggregate Year-to-date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
E. Full Name, Mailing Address and Zip Code Wade H. Edwards Florida Hospital Association P.O. Box 531107 Orlando, FL 32853-1107	Name of Employer Florida Hospital Association	Date (Month day, Year) 02/20/98	Amount of Each Receipt this Period 400.00
	Occupation Vice President/Public Relation	Aggregate Year-to-date > \$ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
F. Full Name, Mailing Address and Zip Code W. Anthony Greer M.D. 7807 Sugar Bend Drive Orlando, FL 32819-7298	Name of Employer Florida Hospital Association	Date (Month day, Year) 02/20/98	Amount of Each Receipt this Period 400.00
	Occupation Sr. Advisor for Medical Affairs	Aggregate Year-to-date > \$ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
G. Full Name, Mailing Address and Zip Code Kim Strell 1317 Eastln Ave. Orlando, FL 32804-6309	Name of Employer Florida Hospital Association	Date (Month day, Year) 02/20/98	Amount of Each Receipt this Period 400.00
	Occupation VP/Information Services	Aggregate Year-to-date > \$ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			

SUB TOTAL of Receipts This Page (Optional).....>	2,950.00
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	OF
	6	7
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 Kathleen M. Whyte Florida Hospital Association 5071 Brandywine Way Stuart, FL 34997	Name of Employer Florida Hospital Association	Date (Month day, Year) 02/20/98	Amount of Each Receipt this Period 800.00
	Occupation VP/Federal Relations	Aggregate Year-to-date > \$ 800.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
B. Full Name, Mailing Address and Zip Code Lois Nixon PhD, MPH 13201 Bruce D. Downs Blvd. Tampa, FL 33612-3805	Name of Employer Hillsborough County Hospital District	Date (Month day, Year) 02/24/98	Amount of Each Receipt this Period 250.00
	Occupation Trustee	Aggregate Year-to-date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
C. Full Name, Mailing Address and Zip Code Philip Authier R.N. St. Mary's Healthcare Center 800 East Dakota Avenue Pierre, SD 57501	Name of Employer St. Mary's Healthcare Center	Date (Month day, Year) 02/24/98	Amount of Each Receipt this Period 250.00
	Occupation Director, Patient Care Services	Aggregate Year-to-date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
D. Full Name, Mailing Address and Zip Code Judith Buchman 1675 Broadway New York, NY 10019-5820	Name of Employer CSC Healthcare	Date (Month day, Year) 02/24/98	Amount of Each Receipt this Period 500.00
	Occupation Partner, National Director Patient Care	Aggregate Year-to-date > \$ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
E. Full Name, Mailing Address and Zip Code Carol Bradley RN 100 W. California Blvd. Pasadena, CA 91105-3097	Name of Employer Huntington Memorial Hospital	Date (Month day, Year) 02/24/98	Amount of Each Receipt this Period 500.00
	Occupation Nurse Executive	Aggregate Year-to-date > \$ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
F. Full Name, Mailing Address and Zip Code Donna M. Herrin MS, RN P. O. Box 1788 Knoxville, TN 37901-1788	Name of Employer Baptist Health System	Date (Month day, Year) 02/24/98	Amount of Each Receipt this Period 250.00
	Occupation Vice President	Aggregate Year-to-date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
G. Full Name, Mailing Address and Zip Code Linda D. Urden RN Butterworth Hospital 100 Michigan Street, NE Grand Rapids, MI 49503	Name of Employer Butterworth Hospital	Date (Month day, Year) 02/24/98	Amount of Each Receipt this Period 500.00
	Occupation Patient Care Services	Aggregate Year-to-date > \$ 575.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			

SUB TOTAL of Receipts This Page (Optional).....> **3,050.00**

TOTAL this Period (Last page this line number only).....>

SCHEDULE A ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In full)
American Hospital Association PAC

A. Full Name, Mailing Address and Zip Code Kathleen D. Sanford R.N. 2520 Cherry Avenue Bremerton, WA 98310-4270	Name of Employer Harrison Memorial Hospital	Date (Month day, Year) 02/24/98	Amount of Each Receipt this Period 500.00
	Occupation Vice President, Nursing		
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 Kathleen White St. Joseph Healthcare System 312 Palmer Park, NE Albuquerque, NM 87123	Name of Employer St. Joseph Healthcare System	Date (Month day, Year) 02/24/98	Amount of Each Receipt this Period 250.00
	Occupation Vice President Clinical Integration		
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 James F. Ahrens Montana Hospital Association P.O. Box 5119 Helena, MT 59604	Name of Employer Montana Hospital Association	Date (Month day, Year) 02/27/98	Amount of Each Receipt this Period 250.00
	Occupation President		
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	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 > \$		

SUB TOTAL of Receipts This Page (Optional).....>	1,000.00
TOTAL this Period (Last page this line number only).....>	20,050.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 16

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NAME OF COMMITTEE (In full)
American Hospital Association PAC

A. Full Name, Mailing Address and Zip Code Mikulski for Senate PO Box 13147 Baltimore, MD 21203-3147	Name of Employer Occupation	Date (Month day, Year) 02/10/98	Amount of Each Receipt this Period 650.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Aggregate Year-to-date > \$ 650.00		
B. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
C. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
D. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
E. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
F. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
G. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		

SUB TOTAL of Receipts This Page (Optional) > **650.00**

TOTAL this Period (Last page this line number only) > **650.00**

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In full)
American Hospital Association PAC

A. Full Name, Mailing Address and Zip Code CITIBANK P.O. Box 19748 Washington, DC 20036	Name of Employer	Date (Month day, Year) 02/27/98	Amount of Each Receipt this Period 727.77
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 1,662.78		
B. 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 > \$		
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 > \$		

SUB TOTAL of Receipts This Page (Optional).....>	727.77
TOTAL this Period (Last page this line number only).....>	727.77

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 Disb. this Period
Cooper & Secrest Associates, Inc. 228 South Washington Street Suite 330 Alexandria, VA 22314	Polling Services Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	02/17/98	6,500.00
B. 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 Disb. this Period
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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. this Period

SUB TOTAL of Disbursements this page (Optional)..... > 6,500.00

TOTAL this Period (Last page this line number only)..... > 6,500.00

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 Disb. this Period
Hobson for Congress Committee 790 North Vermont Street Arlington, VA 22203	David L. Hobson, U.S. HOUSE 7th OH Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	02/02/98	1,000.00
Coble for Congress P.O. Box 1177 Greensboro, NC 27402	Howard Coble, U.S. HOUSE 6th NC Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	02/11/98	1,000.00
People for Ganske 5907 Grand Avenue Des Moines, IA 50312	Greg Ganske, U.S. HOUSE 4th IA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	02/11/98	3,000.00
Kay Granger Campaign Fund 308 Williams Road Fort Worth, TX 76120	Kay Granger, U.S. HOUSE 12th TX Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	02/11/98	500.00
Matsui for Congress Committee P.O. Box 523024 Springfield, VA 22152	Robert T. Matsui, U.S. HOUSE 5th CA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	02/11/98	1,000.00
Citizens for Dave Obey P.O. Box 65671 Washington, DC 20035	David R. Obey, U.S. HOUSE 7th WI Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	02/11/98	1,000.00
Friends of Bobby Scott 904 North 1st Street, Suite 100 Richmond, VA 23219	Robert C. Scott, U.S. HOUSE 3rd VA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	02/11/98	500.00
Lindsey Graham for Congress 337 Bypass 123 Seneca, SC 29678	Lindsey O. Graham, U.S. HOUSE 3rd SC Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	02/17/98	500.00
Buck McKeon for Congress Committee 3869 Beech Down Drive Chantilly, VA 22021-3348	Howard P. McKeon, U.S. HOUSE 25th CA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	02/17/98	500.00

SUB TOTAL of Disbursements this page (Optional).....> **9,000.00**

TOTAL this Period (Last page this line number only).....>

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 Disb. this Period
Sabo for Congress 644 North Carolina Avenue, SE Washington, DC 20003	Martin Olav Sabo, U.S. HOUSE 5th MN Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	02/17/98	1,000.00
Citizens for Kasich 208 G Street, N.E. Washington, DC 20002	John R. Kasich, U.S. HOUSE 12th OH Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	02/17/98	400.00
Hooley for Congress 6404 Failing Street West Linn, OR 97068	Darlene Hooley, U.S. HOUSE 5th OR Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	02/17/98	2,000.00
Alice Hastings for Congress 421 New Jersey Avenue, SE Washington, DC 20003	Alice L. Hastings, U.S. HOUSE 23rd FL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	02/17/98	500.00
Goodlatte for Congress P.O. Box 292 Roanoke, VA 24002	Bob Goodlatte, U.S. HOUSE 6th VA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	02/17/98	500.00
Jim Davis for Congress 209 Blanca Avenue Tampa, FL 33606	Jim Davis, U.S. HOUSE 11th FL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	02/17/98	500.00
Mac Collins for Congress 6309 Gold Course Sq. Alexandria, VA 22307	Mac Collins, U.S. HOUSE 3rd GA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	02/17/98	500.00
Texans for Henry Bonilla P.O. Box 1034 San Antonio, TX 78294-1034	Henry Bonilla, U.S. HOUSE 23rd TX Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	02/17/98	500.00
Becerra for Congress PO Box 75214 Washington, DC 20013-5214	Xavier Becerra, U.S. HOUSE 30th CA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	02/17/98	500.00

SUB TOTAL of Disbursements this page (Optional).....>	6,400.00
TOTAL this Period (Last page this line number only).....>	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	3	3
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 Disb. this Period
Lawsons Caterers & Event Planners 1350 I Street, NW Washington, DC 20005	In-kind Contribution to Pioneer PAC Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	02/17/98	207.00
Lois Capps 1724 Santa Barbara Santa Barbara, CA 93101	Lois Capps, U.S. HOUSE 22nd CA Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify) Special Run-Off Election	02/17/98	1,000.00
Carroll for Congress Committee PO Box 598174 Chicago, IL 60659	Howard Carroll, U.S. HOUSE 9th IL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	02/24/98	2,500.00
Judy Biggert for Congress PO Box 637 Hirsdale, IL 60522	Judy Biggert, U.S. HOUSE 13th IL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	02/24/98	2,500.00
The Bayou Leader PAC 1230 Dartmouth Rd. Alexandria, VA 22314	1998 Year Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	02/24/98	1,000.00
Clyborne for Congress PO Box 25485 Greenville, SC 29616	Howell Clyborne, U.S. HOUSE 4th SC Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	02/24/98	2,500.00
David Phelps for Congress 35 Dewey Road Eldorado, IL 62930	David Phelps, U.S. HOUSE 19th IL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	02/24/98	2,500.00
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 Disb. 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 Disb. this Period

SUB TOTAL of Disbursements this page (Optional).....>	12,207.00
TOTAL this Period (Last page this line number only).....>	27,607.00

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>3-20-98</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>Jaks</i> PREPARER	<i>3-23-98</i> DATE PREPARED