

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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 or any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in full)  
 American Hospital Association PAC

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

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