

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 OCT 26 P 4:17

USE FEC MAILING LABEL OR TYPE OR PRINT

| | |
|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| 1. NAME OF COMMITTEE (in full) American Hospital Association PAC | 2. FEC IDENTIFICATION NUMBER C00105146 |
| ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 326 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:
- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |
- Twelfth day report preceding General (Type of Election)
election on 11/07/00 in the State of _____
- Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

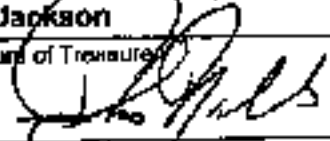
| SUMMARY | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|-----------------------------------------------------------------------------------------------|-------------------------|-----------------------------------|
| 5. Covering Period <u>10/01/00</u> through <u>10/18/00</u> | | |
| 6. (a) Cash on Hand January 1, 2000 | | \$ 585,796.20 |
| (b) Cash on Hand at Beginning of Reporting Period | \$ 277,301.00 | |
| (c) Total Receipts (from Line 19) | \$ 74,741.73 | \$ 838,102.64 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | \$ 352,042.73 | \$ 1,421,895.84 |
| 7. Total Disbursements (from Line 30) | \$ 146,046.68 | \$ 1,215,902.69 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | \$ 205,996.15 | \$ 205,996.15 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | \$ 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | \$ 0.00 | |

For further information contact:
Federal Election Commission
800 E Street, NW
Washington, DC 20463
Toll Free 800-468-9690
Local 202-694-1100

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

10/25/00

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

| | | | | | | | |
|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|

FEC FORM 3X
(revised 9/93)

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 |
| | | 10/01/00 | 10/19/00 |
| | | COLUMN A | COLUMN B |
| | | Total This Period | Calendar Year |
| I. Receipts | | | |
| 13. Contributions (other than loans) From: | | | |
| a. Individual/Persons Other Than Political Committees | | | |
| i. Itemized (use Schedule A) | 28,171.98 | 275,936.49 | 11(a)(i) |
| ii. Unitemized | 14,569.75 | 239,422.80 | 11(a)(ii) |
| Total (add i and ii) > | 42,741.73 | 515,359.29 | 11(a)(iii) |
| b. Political Party Committees | 0.00 | 0.00 | 11(b) |
| c. Other Political Committees (such as PACs) | 0.00 | 750.00 | 11(c) |
| d. Total Contributions (add a ii, b and c) > | 42,741.73 | 516,109.29 | 11(d) |
| 14. Transfers From Affiliated/Other Party Committees | 32,000.00 | 298,476.00 | 12 |
| 15. All Loans Received | 0.00 | 0.00 | 13 |
| 16. Loan Repayments Received | 0.00 | 0.00 | 14 |
| 17. Offsets To Operating Expenditures (Refunds, Rebates, etc.) | 0.00 | 0.00 | 15 |
| 18. Refunds of Contributions Made to Federal Candidates and Other Political Committees | 0.00 | 16,250.00 | 16 |
| 19. Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 6,267.35 | 17 |
| 20. Transfers from Nonfederal Account for Joint Activity | 0.00 | 0.00 | 18 |
| 21. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) > | 74,741.73 | 836,102.64 | 19 |
| 22. Total Federal Receipts (subtract line 18 from line 21) > | 74,741.73 | 836,102.64 | 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 | 416.89 | 100,643.38 | 21(b) |
| c. Total Operating Expenditures (add a ii, a ii, and b) > | 416.89 | 100,643.38 | 21(c) |
| 22. Transfers to Affiliated/Other Party Committees | 0.00 | 0.00 | 22 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | 145,629.69 | 1,106,017.69 | 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 | 0.00 | 28(c) |
| d. Total Contribution Refunds (add a, b and c) > | 0.00 | 75.00 | 28(d) |
| 29. Other Disbursements | 0.00 | 9,166.62 | 29 |
| 30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) > | 146,046.59 | 1,215,902.69 | 30 |
| 31. Total Federal Disbursements (subtract line 21 a ii from line 30) > | 146,046.59 | 1,215,902.69 | 31 |
| III. Net Contributions/Operating Expenditures | | | |
| 32. Total Contributions (other than loans)(from line 11d) | 42,741.73 | 516,109.29 | 32 |
| 33. Total Contribution Refunds (from line 28d) | 0.00 | 75.00 | 33 |
| 34. Net Contributions (other than loans)(subtract line 33 from 32) | 42,741.73 | 516,034.29 | 34 |
| 35. Total Federal Operating Expenditures (add 21 a i and 21 b) > | 416.89 | 100,643.38 | 35 |
| 36. Offsets to Operating Expenditures (from line 15) | 0.00 | 0.00 | 36 |
| 37. Net Operating Expenditures (subtract line 36 from 35) > | 416.89 | 100,643.38 | 37 |

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 17

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 | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------|------------------------------------|
| Paul V. Miles Post Office Box 340 Middlesboro, KY 40966-0340 | Middlesboro ARH Hospital Occupation Administrator | 10/02/00 | 600.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | Aggregate Year-to-Date \$ 600.00 | |
| B. Full Name, Mailing Address and ZIP Code Brian Brezosky Post Office Box 436620 Louisville, KY 40253-6620 | Kentucky Hospital Association Occupation Sr. Vice President | 10/03/00 | 380.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | Aggregate Year-to-Date \$ 480.00 | |
| C. Full Name, Mailing Address and ZIP Code Carol Blevins Ormay Post Office Box 436629 Louisville, KY 40253-6629 | KHA Occupation Vice President | 10/03/00 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | Aggregate Year-to-Date \$ 350.00 | |
| D. Full Name, Mailing Address and ZIP Code Thomas Michael White West 800 Fifth Avenue Spokane, WA 99204 | Empire Health Services Occupation President & CEO | 10/03/00 | 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 Joseph W. Gross One Medical Village Drive Edgewood, KY 41017 | St. Elizabeth Medical Center Occupation CEO | 10/03/00 | 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 Nancy C. Galvagni Post Office Box 438620 Louisville, KY 40253-6620 | Kentucky Hospital Association Occupation Sr. Vice President | 10/03/00 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | Aggregate Year-to-Date \$ 350.00 | |
| G. Full Name, Mailing Address and ZIP Code Carol J. Walters Post Office Box 436629 Louisville, KY 40253-6629 | Kentucky Hospital Association Occupation Vice President | 10/03/00 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | Aggregate Year-to-Date \$ 350.00 | |

SUBTOTAL of Receipts This Page (optional) 2,230.00

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 17
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 | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|--------------------------------------------------------------------------------------------------------------------------|----------------------------------------|--------------------------------------|------------------------------------|
| Stephen P. Miller Post Office Box 436629 Louisville, KY 40263-6629 | Kentucky Hospital Association | 10/03/00 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Vice President | Aggregate Year-to-Date > \$ 350.00 | |
| Sarah S. Nicholson Post Office Box 436629 Louisville, KY 40253-6629 | Kentucky Hospital Association | 10/03/00 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Vice President | Aggregate Year-to-Date > \$ 350.00 | |
| Paige Clements Post Office Box 436629 Louisville, KY 40253-6629 | Kentucky Hospital Association | 10/03/00 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Vice President & CEO | Aggregate Year-to-Date > \$ 350.00 | |
| Cynthia Keeney Post Office Box 436629 Louisville, KY 40253-6629 | Kentucky Hospital Association | 10/03/00 | 260.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Executive Director | Aggregate Year-to-Date > \$ 360.00 | |
| Debbie Riley Post Office Box 436620 Louisville, KY 40253-6620 | Kentucky Hospital Association | 10/03/00 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation CFO | Aggregate Year-to-Date > \$ 350.00 | |
| Virginia C. Roberts 111 Westminster Street Mail Stop RI MO 234 Providence, RI 02903-2305 | Memorial Hospital of Rhode Island | 10/03/00 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Administrator | Aggregate Year-to-Date > \$ 260.00 | |
| Barry S. Cochran 400 Northwood Drive Centre, AL 35960-1023 | Cherokee/Oakalb Baptist Medical Center | 10/04/00 | 1,130.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation President | Aggregate Year-to-Date > \$ 1,130.00 | |

SUBTOTAL of Receipts This Page (optional)

2,630.00

TOTAL This Period (see 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 Ed Patterson 2656 Hazelnut Drive Woodburn, OR 97071-9054 | Name of Employer Oregon Association of Hospitals & Health Systems | Date (month, day, year) 10/04/00 | Amount of Each Receipt this Period 250.00 |
| | Occupation Vice 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 G. King 1919 N.W. Lovejoy St. Portland, OR 97209-1599 | Name of Employer Legacy Health System | Date (month, day, year) 10/04/00 | Amount of Each Receipt this Period 250.00 |
| | Occupation Administrator | 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 Alan R. Yordy Post Office Box 1479 Eugene, OR 97440-1479 | Name of Employer PeaceHealth | Date (month, day, year) 10/04/00 | Amount of Each Receipt this Period 250.00 |
| | Occupation CEO | 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 John Lee 1235 N.E. 47th Ave., Suite 289 Portland, OR 97213-2100 | Name of Employer Providence Health System | Date (month, day, year) 10/04/00 | Amount of Each Receipt this Period 250.00 |
| | Occupation Regional 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 Albert E. Fowerbaugh 629 Euclid Avenue Suite 418 Cleveland, OH 44114-3003 | Name of Employer Lakewood Hospital | Date (month, day, year) 10/04/00 | Amount of Each Receipt this Period 250.00 |
| | Occupation Administrator | Aggregate Year-to-Date > \$ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| F. Full Name, Mailing Address and ZIP Code Daniel Field 3611 SW Comus St. Portland, OR 97219-7510 | Name of Employer Oregon Association of Hospitals & Health Systems | Date (month, day, year) 10/04/00 | Amount of Each Receipt this Period 250.00 |
| | Occupation VP | 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 Richard Stenson 44872 NW Plum Hill Lane Forest Grove, OR 97116-7548 | Name of Employer Tuality Healthcare | Date (month, day, year) 10/04/00 | Amount of Each Receipt this Period 250.00 |
| | Occupation President & CEO | Aggregate Year-to-Date > \$ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |

| | |
|------------------------------------------------------------------|-----------------|
| SUBTOTAL of Receipts This Page (optional) | 1,750.00 |
| 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 4 OF 17

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 | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|------------------------------------|------------------------------------|
| Kay Phillips 600 South Oakwood Road Oshkosh, WI 54903 | Affinity Health System | 10/04/00 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation COO | Aggregate Year-to-Date > \$ 250.00 | |
| Tama Matlocks 325 Seventh Street, NW Liberty Place, Suite 700 Washington, DC 20004-2802 | American Hospital Association | 10/04/00 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Senior Associate Director | Aggregate Year-to-Date > \$ 250.00 | |
| James Maskaw 829 17th Avenue PO Box 3002 Longview, WA 98632-9973 | Peace Health - Lower Columbia Region | 10/04/00 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Chief Operating Officer | Aggregate Year-to-Date > \$ 250.00 | |
| Robert J Pallari 6475 SW Arranmore Court Portland, OR 97223-7597 | Legacy Health System | 10/04/00 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation President/CEO | Aggregate Year-to-Date > \$ 250.00 | |
| Jane Udall 8144 SW Third Avenue Portland, OR 97219 | Legacy Health System | 10/04/00 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Senior Vice President | Aggregate Year-to-Date > \$ 250.00 | |
| Roy G. Vinyard 516 Coachman Drive Jacksonville, OR 97530 | Asante Health System | 10/04/00 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation President/CEO | Aggregate Year-to-Date > \$ 250.00 | |
| Bryan N. Kindred 10570 Loganwood Drive Northport, AL 35476 | DCH Regional Medical Center | 10/06/00 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation President & CEO | Aggregate Year-to-Date > \$ 250.00 | |

SUBTOTAL of Receipts This Page (optional) **1,750.00**

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 5 OF 17

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 | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|-----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------|------------------------------------|
| Charles E. Nabors FACHE Post Office Box 890 Demopolis, AL 36732-0890 | Bryan W. Whitfield Memorial Hospital | 10/06/00 | 1,000.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Administrator/CEO | Aggregate Year-to-Date \$ 1,000.00 | |
| Houston L. Bell Jr. Post Office Box 13727 Roanoke, VA 24036-0095 | Carillon Health System | 10/06/00 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Executive Vice President | Aggregate Year-to-Date \$ 250.00 | |
| Ralph H. Clark 603 Oaklane Avenue Sheffield, AL 35660-7263 | St. Clair Regional Hospital | 10/06/00 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Administrator | Aggregate Year-to-Date \$ 250.00 | |
| Michael R. Gloor Post Office Box 9804 Grand Island, NE 68802-9804 | St. Francis Medical Center | 10/06/00 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation President and CEO | Aggregate Year-to-Date \$ 600.00 | |
| Kenneth Kozloff 4320 Seminary Road Alexandria, VA 22304-1500 | Inova Alexandria Hospital | 10/06/00 | 125.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Administrator | Aggregate Year-to-Date \$ 250.00 | |
| Max Michael III, MD 1515 6th Avenue South Birmingham, AL 35233-1687 | Cooper Green Hospital | 10/06/00 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation CEO and Medical Director | Aggregate Year-to-Date \$ 250.00 | |
| Marlene Muller 2990 Telectar Ct. Falls Church, VA 22042-1207 | Inova Health System | 10/06/00 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Assistant Vice President | Aggregate Year-to-Date \$ 250.00 | |

SUBTOTAL of Receipts This Page (optional) **2,375.00**

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 6 OF 17
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 | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------|------------------------------------|
| Charles L. Stewart 2943 Glen Eagle Drive Tuscaloosa, AL 35406 | Northport Medical Center Occupation Administrator | 10/06/00 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > 5 250.00 | | |
| John T. Stone Jr. 1857 Ames Circle South Chesapeake, VA 23321 | Bon Secours Hampton Roads Health System Occupation Senior VP | 10/06/00 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > 8 250.00 | | |
| John W. Winfrey 2221 Westminster Lane Tuscaloosa, AL 35406-3610 | DCH Regional Medical Center Occupation CFO | 10/06/00 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > 5 250.00 | | |
| Joel R. Hadfield 21601 78th Avenue West Edmond, WA 98028 | Stevens Healthcare Occupation Executive Director | 10/09/00 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > 4 250.00 | | |
| Steven Meyerson 5417 Barrister Place Alexandria, VA 22304-1040 | Inova Alexandria Hospital Occupation Executive Director | 10/12/00 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > 8 250.00 | | |
| John Knox Singleton 8110 Gatehouse Road Suite 200 E Falls Church, VA 22042-1210 | Inova Health System Occupation President & CEO | 10/12/00 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > 6 250.00 | | |
| H. Patrick Walters 8326 Private Lane Annandale, VA 22304-1594 | Inova Health System Occupation Vice President, Administration | 10/12/00 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > 6 250.00 | | |

SUBTOTAL of Receipts This Page (optional) **1,750.00**

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 **17**
FOR LINE NUMBER **11**

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NAME OF COMMITTEE (in Full)
American Hospital Association PAC

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------------|
| <p>A. Full Name, Mailing Address and ZIP Code Felix Fraraccio 1013 Albert Rennolds Dr. Fredericksburg, VA 22401-4461</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer Medicorp Health System</p> <p>Occupation Executive Vice President</p> <p>Aggregate Year-to-Date > \$ 250.00</p> | <p>Date (month, day, year) 10/12/00</p> | <p>Amount of Each Receipt this Period 250.00</p> |
| <p>B. Full Name, Mailing Address and ZIP Code Briggs W. Andrews 3215 Grandis Road, S.W. Roanoke, VA 24018</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer Carilion Health System</p> <p>Occupation Sr. Vice President</p> <p>Aggregate Year-to-Date > \$ 250.00</p> | <p>Date (month, day, year) 10/12/00</p> | <p>Amount of Each Receipt this Period 250.00</p> |
| <p>C. Full Name, Mailing Address and ZIP Code Paul A. Sokolowski 12891 Eagles View Road Phoenix, MD 21131-2312</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 Vice President, Finance</p> <p>Aggregate Year-to-Date > \$ 500.00</p> | <p>Date (month, day, year) 10/12/00</p> | <p>Amount of Each Receipt this Period 500.00</p> |
| <p>D. Full Name, Mailing Address and ZIP Code Jeffrey D. Selberg 800 Grant Street Suite 700 Denver, CO 80203-3524</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer Exempla Healthcare</p> <p>Occupation President and CEO</p> <p>Aggregate Year-to-Date > \$ 250.00</p> | <p>Date (month, day, year) 10/12/00</p> | <p>Amount of Each Receipt this Period 250.00</p> |
| <p>E. Full Name, Mailing Address and ZIP Code Brian D. Gilbert Post Office Box 1081 Wrangell, AK 99929-1081</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 Fac.</p> <p>Occupation Hospital Administrator</p> <p>Aggregate Year-to-Date > \$ 500.00</p> | <p>Date (month, day, year) 10/12/00</p> | <p>Amount of Each Receipt this Period 500.00</p> |
| <p>F. Full Name, Mailing Address and ZIP Code Steve C. McCary FACHE 21801 76th Avenue West Edmonds, WA 98026-7507</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer Stevens Healthcare</p> <p>Occupation Administrator</p> <p>Aggregate Year-to-Date > \$ 250.00</p> | <p>Date (month, day, year) 10/12/00</p> | <p>Amount of Each Receipt this Period 250.00</p> |
| <p>G. Full Name, Mailing Address and ZIP Code David C. Danelker 250 West Pratt Street Baltimore, MD 21201-2423</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer Bon Secours Baltimore Health System</p> <p>Occupation Administrator</p> <p>Aggregate Year-to-Date > \$ 375.00</p> | <p>Date (month, day, year) 10/12/00</p> | <p>Amount of Each Receipt this Period 375.00</p> |

SUBTOTAL of Receipts This Page (optional) **2,375.00**

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 8 OF 17

FOR LINE NUMBER 11 a f

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 | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------------------|------------------------------------|
| Linda Bolton 8774 Carriage Hills Drive Columbia, MD 21046-8087 | Maryland Hospital Association | 10/12/00 | 400.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation V.P. Health System Integration | Aggregate Year-to-Date > \$ 400.00 | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| Robert I. Bonar Jr. 601 Children's Lane Norfolk, VA 23507-1971 | Children's Hospital of the King's Daughters | 10/12/00 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation President and CEO | Aggregate Year-to-Date > \$ 250.00 | |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| Thomas L. Brown 2406 Grand Blvd. PO Box 41910 Kansas City, MO 64108-2508 | Saint Luke's Hospital of Kansas City | 10/12/00 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Adminstrator | 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 |
| Donald S. Buckley Post Office Box 2028 Chesapeake, VA 23327-2028 | Chesapeake General Hospital | 10/12/00 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation President | Aggregate Year-to-Date > \$ 250.00 | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| Kevin Darnell 400 NE Mother Joseph Place Vancouver, WA 98668 | Southwest Washington Medical Center | 10/12/00 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation CIO | Aggregate Year-to-Date > \$ 250.00 | |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| Laraine Derr 426 Main Street Juneau, AK 99801-1152 | Alaska State Hospital & Nursing Home Association | 10/12/00 | 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 | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| Nancy M. Fiedlor 6820 Deerpath Road Elkridge, MD 21075-6234 | Maryland Hospital Association | 10/12/00 | 400.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Sr. VP Communications | Aggregate Year-to-Date > \$ 400.00 | |

SUBTOTAL of Receipts This Page (optional) 2,300.00

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 8 OF 17
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 Carl Fisher Post Office Box 980610 Richmond, VA 23298-0510</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer MCV Hospitals</p> <p>Occupation Chief Executive Officer</p> <p>Aggregate Year-to-Date > \$ 250.00</p> | <p>Date (month, day, year) 10/12/00</p> | <p>Amount of Each Receipt this Period 250.00</p> |
| <p>B. Full Name, Mailing Address and ZIP Code Michael J. Halseth 1840 Amherst Street Winchester, VA 22601-2808</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer Valley Health System</p> <p>Occupation President & CEO</p> <p>Aggregate Year-to-Date > \$ 250.00</p> | <p>Date (month, day, year) 10/12/00</p> | <p>Amount of Each Receipt this Period 250.00</p> |
| <p>C. Full Name, Mailing Address and ZIP Code Rebecca D. Hirt 12954 74th Avenue NE Kirkland, WA 98034-1842</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer Evergreen Community Health Care</p> <p>Occupation Commissioner</p> <p>Aggregate Year-to-Date > \$ 250.00</p> | <p>Date (month, day, year) 10/12/00</p> | <p>Amount of Each Receipt this Period 250.00</p> |
| <p>D. Full Name, Mailing Address and ZIP Code Barbara B. Lucas 7 Englewood Road Baltimore, MD 21210-1819</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer Greater Baltimore Medical Center</p> <p>Occupation Administrator</p> <p>Aggregate Year-to-Date > \$ 250.00</p> | <p>Date (month, day, year) 10/12/00</p> | <p>Amount of Each Receipt this Period 250.00</p> |
| <p>E. Full Name, Mailing Address and ZIP Code Grant J. Morper 216 S. Second St Post Office Box 211 Tucumcari, NM 88401-2858</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer Presbyterian Healthcare Services</p> <p>Occupation Administrator</p> <p>Aggregate Year-to-Date > \$ 250.00</p> | <p>Date (month, day, year) 10/12/00</p> | <p>Amount of Each Receipt this Period 250.00</p> |
| <p>F. Full Name, Mailing Address and ZIP Code Harley L. Tabak 7084 Raleigh Tavern Drive Manassas, VA 20112-3204</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 Executive Vice President</p> <p>Aggregate Year-to-Date > \$ 250.00</p> | <p>Date (month, day, year) 10/12/00</p> | <p>Amount of Each Receipt this Period 250.00</p> |
| <p>G. Full Name, Mailing Address and ZIP Code Jolene Tornabeni 8110 Gatehouse Road Falls Church, VA 22042-1210</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) 10/12/00</p> | <p>Amount of Each Receipt this Period 250.00</p> |

SUBTOTAL of Receipts This Page (optional) **1,750.00**

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 **17**
FOR LINE NUMBER **11 & 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 Kyle J. Viator 500 N. Lewis St. P.O. Bx 11210 New Iberia, LA 70663-2043 | Name of Employer Dauterive Hospital | Date (month, day, year) 10/12/00 | 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): | | | |
| B. Full Name, Mailing Address and ZIP Code Harold R. Acres Post Office Box 600 Manchester, NH 03105-0800 | Name of Employer St. Joseph Hospital | Date (month, day, year) 10/18/00 | Amount of Each Receipt this Period 250.00 |
| | Occupation Chairman of the Board | 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 Carla S. Baum 706 North Forest St. Louis, MO 63119 | Name of Employer St. Joseph Hospital of Kirkwood | Date (month, day, year) 10/16/00 | Amount of Each Receipt this Period 250.00 |
| | Occupation Hospital Administrator | 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 Vaha A. Kazandjian 8820 Deerpath Road Elkridge, MD 21075-6234 | Name of Employer Maryland Hospital Association | Date (month, day, year) 10/16/00 | Amount of Each Receipt this Period 400.00 |
| | Occupation VP Research | Aggregate Year-to-Date > \$ 400.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| E. Full Name, Mailing Address and ZIP Code William C. Schoenhard 477 North Lindbergh Boulevard Saint Louis, MO 63141 | Name of Employer SSM Health Care System | Date (month, day, year) 10/16/00 | Amount of Each Receipt this Period 500.00 |
| | Occupation Executive Vice President | 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 Eddie L. Howard Post Office Box 7630 Tyler, TX 75711-7530 | Name of Employer East Texas Medical Center - Tyler | Date (month, day, year) 10/15/00 | Amount of Each Receipt this Period 1,000.00 |
| | Occupation Vice President/COO | Aggregate Year-to-Date > \$ 1,000.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| G. Full Name, Mailing Address and ZIP Code Lisa McGunnigle RN, Esq. 125 Airport Road Concord, NH 03301-7300 | Name of Employer New Hampshire Hospital Association | Date (month, day, year) 10/18/00 | Amount of Each Receipt this Period 250.00 |
| | Occupation Vice President, Health Law & Policy | Aggregate Year-to-Date > \$ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |

SUBTOTAL of Receipts This Page (optional) **2,900.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE **11** OF **17**
FOR LINE NUMBER **11 a**

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------|
| A. Full Name, Mailing Address and ZIP Code Bruce McPherson 102 Irving Street, NW Washington, DC 20010-2646 | Name of Employer National Rehabilitation Hospital | Date (month, day, year) 10/16/00 | Amount of Each Receipt this Period 250.00 |
| | Occupation Vice President, Business Development | Aggregate Year-to-Date > \$ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| B. Full Name, Mailing Address and ZIP Code Paul R. Rao PhD 102 Irving Street, NW Washington, DC 20010-2949 | Name of Employer National Rehabilitation Hospital | Date (month, day, year) 10/16/00 | Amount of Each Receipt this Period 250.00 |
| | Occupation Vice President, Clinical Services | 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 Thomas S. Thomas 1701 East Broadway Floor 2 Columbia, MO 65201-5852 | Name of Employer SSM Policy Institute | Date (month, day, year) 10/16/00 | 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): | | | |
| D. Full Name, Mailing Address and ZIP Code Robert B. Klint M.D. 1400 Charles Street Rockford, IL 61104-2298 | Name of Employer Swedish American Hospital | Date (month, day, year) 10/17/00 | Amount of Each Receipt this Period 250.00 |
| | Occupation 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 John Bomher 1151 E. Warrenville Road Naperville, IL 60563-9339 | Name of Employer Illinois Hospital & HealthSystems Association | Date (month, day, year) 10/17/00 | Amount of Each Receipt this Period 250.00 |
| | Occupation Management | Aggregate Year-to-Date > \$ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| F. Full Name, Mailing Address and ZIP Code Laurenca A. Tanner Post Office Box 100 New Britain, CT 06050-4000 | Name of Employer New Britain General Hospital | Date (month, day, year) 10/17/00 | Amount of Each Receipt this Period 500.00 |
| | Occupation President & CEO | Aggregate Year-to-Date > \$ 500.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| G. Full Name, Mailing Address and ZIP Code Donald C. Sibery 606 Forest Avenue Glen Ellyn, IL 60137-1231 | Name of Employer Central DuPage Hospital | Date (month, day, year) 10/17/00 | Amount of Each Receipt this Period 250.00 |
| | Occupation Administrator | Aggregate Year-to-Date > \$ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |

SUBTOTAL of Receipts This Page (optional) **2,250.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 12 OF 17
FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------------|
| <p>A. Full Name, Mailing Address and ZIP Code B. Joe Gunn 108 Jennie Lane Vinita, OK 74301-1418</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer Craig General Hospital</p> <p>Occupation CEO</p> <p>Aggregate Year-to-Date > \$ 250.00</p> | <p>Date (month, day, year) 10/17/00</p> | <p>Amount of Each Receipt this Period 250.00</p> |
| <p>B. Full Name, Mailing Address and ZIP Code Bobby G. Thompson 2423 S. Rockford Pky. Ardmore, OK 73401-1828</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer Mercy Memorial Health Center</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$ 250.00</p> | <p>Date (month, day, year) 10/17/00</p> | <p>Amount of Each Receipt this Period 250.00</p> |
| <p>C. Full Name, Mailing Address and ZIP Code Kenneth C. Robbins 1151 East Warrenville Road Post Office Box 3015 Naperville, IL 60563-9339</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer Illinois Hospital & Health Systems Association</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$ 571.40</p> | <p>Date (month, day, year) 10/17/00</p> | <p>Amount of Each Receipt this Period 8.40</p> |
| <p>D. Full Name, Mailing Address and ZIP Code David S. Fox 25 North Winfield Road Winfield, IL 60190</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer Central DuPage Hospital</p> <p>Occupation Chief Executive Officer</p> <p>Aggregate Year-to-Date > \$ 250.00</p> | <p>Date (month, day, year) 10/17/00</p> | <p>Amount of Each Receipt this Period 250.00</p> |
| <p>E. Full Name, Mailing Address and ZIP Code Leo F. Fronza Jr. 401 Hill Street Elmhurst, IL 60126-4037</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer Elmhurst Memorial Hospital</p> <p>Occupation President & CEO</p> <p>Aggregate Year-to-Date > \$ 250.00</p> | <p>Date (month, day, year) 10/17/00</p> | <p>Amount of Each Receipt this Period 250.00</p> |
| <p>F. Full Name, Mailing Address and ZIP Code John Hayward 15326 S.E. 30th Place Bellevue, WA 98007-6538</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer PeaceHealth</p> <p>Occupation President & CEO</p> <p>Aggregate Year-to-Date > \$ 500.00</p> | <p>Date (month, day, year) 10/17/00</p> | <p>Amount of Each Receipt this Period 500.00</p> |
| <p>G. Full Name, Mailing Address and ZIP Code Howard A. Peters 1151 East Warrenville Road Naperville, IL 60563-9339</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer Illinois Health & Hospital Association</p> <p>Occupation Sr. Vice President</p> <p>Aggregate Year-to-Date > \$ 569.50</p> | <p>Date (month, day, year) 10/17/00</p> | <p>Amount of Each Receipt this Period 8.70</p> |

SUBTOTAL of Receipts This Page (optional) **1,517.10**

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 13 OF 17
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 Jean Pryzbylek 306 Highland Elmhurst, IL 60126 | Name of Employer Northwestern Memorial Hospital | Date (month, day, year) 10/17/00 | Amount of Each Receipt This Period 250.00 |
| | Occupation Management | Aggregate Year-to-Date > \$ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| B. Full Name, Mailing Address and ZIP Code E. Ashley Smith 5100 Travis Street Houston, TX 77002-9746 | Name of Employer TIRR Systems | Date (month, day, year) 10/17/00 | Amount of Each Receipt This Period 1,000.00 |
| | Occupation President & CEO | Aggregate Year-to-Date > \$ 1,000.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| C. Full Name, Mailing Address and ZIP Code William H. Spitzer III 530 Park Avenue East Princeton, IL 61358-2538 | Name of Employer Perry Memorial Hospital | Date (month, day, year) 10/17/00 | Amount of Each Receipt This Period 250.00 |
| | Occupation President | 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 Robert S. Thebeau 626 Bethany Road PO Box 707 Dekalb, IL 60116-4939 | Name of Employer Kishwaukee Health System | Date (month, day, year) 10/17/00 | Amount of Each Receipt This Period 250.00 |
| | Occupation President | Aggregate Year-to-Date > \$ 251.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| E. Full Name, Mailing Address and ZIP Code Lindsay Mac Robinson One North Franklin Chicago, IL 60606 | Name of Employer American Hospital Association | Date (month, day, year) Payroll Deduction | Amount of Each Receipt This Period 22.73 (\$22.73 Biweekly) |
| | Occupation Vice President, PMGs | Aggregate Year-to-Date > \$ 386.41 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| F. Full Name, Mailing Address and ZIP Code Deborah Weiner 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818 | Name of Employer American Hospital Association | Date (month, day, year) Payroll Deduction | Amount of Each Receipt This Period 22.73 (\$22.73 Biweekly) |
| | Occupation Director | Aggregate Year-to-Date > \$ 386.41 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| G. Full Name, Mailing Address and ZIP Code Alfred Jackson III 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818 | Name of Employer American Hospital Association | Date (month, day, year) Payroll Deduction | Amount of Each Receipt This Period 45.46 (\$45.46 Biweekly) |
| | Occupation Vice President | Aggregate Year-to-Date > \$ 772.82 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |

SUBTOTAL of Receipts This Page (optional)

1,840.92

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 14 OF 17
FOR LINE NUMBER 11 a i

Any information copied from such Reports and Statements may not be used 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 John F. Barry 5 New England Executive Park Burlington, MA 01803-5010 | Name of Employer American Hospital Association | Date (month, day, year) | Amount of Each Receipt This Period |
| | Occupation Regional Executive | Payroll Deduction | 22.73 (\$22.73) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 386.41 | | Biweekly) |
| B. Full Name, Mailing Address and ZIP Code Mark Seklecki 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818 | Name of Employer American Hospital Association | Date (month, day, year) | Amount of Each Receipt This Period |
| | Occupation Director, Political Affairs | Payroll Deduction | 22.73 (\$22.73) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 386.41 | | Biweekly) |
| C. Full Name, Mailing Address and ZIP Code Richard J. Davidson 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818 | Name of Employer American Hospital Association | Date (month, day, year) | Amount of Each Receipt This Period |
| | Occupation President | Payroll Deduction | 93.08 (\$93.08) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 1,534.74 | | Biweekly) |
| D. Full Name, Mailing Address and ZIP Code Linda M. Magno 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818 | Name of Employer American Hospital Association | Date (month, day, year) | Amount of Each Receipt This Period |
| | Occupation Managing Director | Payroll Deduction | 23.81 (\$23.81) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 380.96 | | Biweekly) |
| E. Full Name, Mailing Address and ZIP Code Donna J. Melkonian One North Franklin Street Chicago, IL 60606 | Name of Employer American Hospital Association | Date (month, day, year) | Amount of Each Receipt This Period |
| | Occupation Vice President | Payroll Deduction | 23.81 (\$23.81) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 380.96 | | Biweekly) |
| F. Full Name, Mailing Address and ZIP Code Calbreith L. Simpson 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818 | Name of Employer American Hospital Association | Date (month, day, year) | Amount of Each Receipt This Period |
| | Occupation Regional Executive | Payroll Deduction | 22.73 (\$22.73) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 386.41 | | Biweekly) |
| G. Full Name, Mailing Address and ZIP Code James D. Bentley 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818 | Name of Employer American Hospital Association | Date (month, day, year) | Amount of Each Receipt This Period |
| | Occupation Sr. Vice President | Payroll Deduction | 23.81 (\$23.81) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 380.96 | | Biweekly) |

NET TOTAL of Receipts This Page (optional) **232.70**

TOTAL This Period (Just page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 15 OF 17
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

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------|------------------------------------|
| Ronald O. Purcell 802 West Bannock Street Suite 600 Boise, ID 83702-5837 | American Hospital Association | Payroll Deduction | 23.81 (\$23.81) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: Regional Executive | Aggregate Year-to-Date > \$ 380.96 | Biweekly |
| Richard J. Pollack 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818 | American Hospital Association | Payroll Deduction | 45.46 (\$45.46) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: Executive Vice President | Aggregate Year-to-Date > \$ 772.82 | Biweekly |
| Richard H. Wade 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818 | American Hospital Association | Payroll Deduction | 23.81 (\$23.81) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: Senior Vice President | Aggregate Year-to-Date > \$ 380.96 | Biweekly |
| Stephen M. Ahnen 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818 | American Hospital Association | Payroll Deduction | 22.73 (\$22.73) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: Vice President | Aggregate Year-to-Date > \$ 386.41 | Biweekly |
| Lori Schor 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818 | American Hospital Association | Payroll Deduction | 22.73 (\$22.73) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: Director | Aggregate Year-to-Date > \$ 386.41 | Biweekly |
| Carmela Coyle 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818 | American Hospital Association | Payroll Deduction | 25.00 (\$25.00) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: Senior Vice President | Aggregate Year-to-Date > \$ 375.00 | Biweekly |
| Carla L. Luggiero 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818 | American Hospital Association | Payroll Deduction | 22.73 (\$22.73) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: Sr. Associate Director | Aggregate Year-to-Date > \$ 386.41 | Biweekly |

SUBTOTAL of Receipts This Page (optional) 136.27

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 16 OF 17
FOR LINE NUMBER 11 a 1

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 | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------|------------------------------------|
| Carolyn Forcina 9 Aquetong Lane Trenton, NJ 08628-1602 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | American Hospital Association | Payroll | 22.73 |
| | Regional Executive | Deduction | (\$22.73) |
| | Aggregate Year-to-Date > \$ 386.41 | | Biweekly |
| Alicia Mitchell 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | American Hospital Association | Payroll | 22.73 |
| | Director, Media Relations | Deduction | (\$22.73) |
| | Aggregate Year-to-Date > \$ 636.41 | | Biweekly |
| W. Thomas Dewese 908 Batey Court Nashville, TN 37221-4648 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | American Hospital Association | Payroll | 22.73 |
| | Regional Executive | Deduction | (\$22.73) |
| | Aggregate Year-to-Date > \$ 386.41 | | Biweekly |
| Stefania E. Higgins 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | American Hospital Association | Payroll | 11.37 |
| | Associate Director | Deduction | (\$11.37) |
| | Aggregate Year-to-Date > \$ 223.29 | | Biweekly |
| Barbara Jackler 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | American Hospital Association | Payroll | 22.73 |
| | Director of Operations | Deduction | (\$22.73) |
| | Aggregate Year-to-Date > \$ 386.41 | | Biweekly |
| Robert K. Kirk 1700 Sonny's Way Hollister, CA 95023-8632 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | American Hospital Association | Payroll | 23.81 |
| | Regional Executive | Deduction | (\$23.81) |
| | Aggregate Year-to-Date > \$ 380.96 | | Biweekly |
| Diane M. Major 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | American Hospital Association | Payroll | 22.73 |
| | Sr. Associate Director | Deduction | (\$22.73) |
| | Aggregate Year-to-Date > \$ 386.41 | | Biweekly |

SUBTOTAL of Receipts This Page (optional) **148.83**

TOTAL This Period (Net page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **17** OF **17**
FOR LINE NUMBER **11 a 1**

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 | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------|------------------------------------|
| Kristan D. Morris 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | American Hospital Association Occupation: Vice President | Payroll Deduction | 45.46 (\$45.46) Biweekly |
| | Aggregate Year-to-Date > \$ 772.82 | | |
| Paul N. Muraca 4950 138th Circle West Apple Valley, MN 55124-9229 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | American Hospital Association Occupation: Regional Executive | Payroll Deduction | 22.73 (\$22.73) Biweekly |
| | Aggregate Year-to-Date > \$ 386.41 | | |
| Don Nielsen MD One North Franklin Chicago, IL 60608 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | American Hospital Association Occupation: Sr. Vice President | Payroll Deduction | 47.62 (\$47.62) Biweekly |
| | Aggregate Year-to-Date > \$ 761.92 | | |
| Walter J. Reiter 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | American Hospital Association Occupation: Director | Payroll Deduction | 22.73 (\$22.73) Biweekly |
| | Aggregate Year-to-Date > \$ 386.41 | | |
| Curis D. Rooney 325 Seventh Street, NW Suite 700 Washington, DC 20004-2818 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | American Hospital Association Occupation: Senior Associate Director | Payroll Deduction | 23.81 (\$23.81) Biweekly |
| | Aggregate Year-to-Date > \$ 380.96 | | |
| Alex R. White Jr., CHE Post Office Box 15587 Austin, TX 78761-5587 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | American Hospital Association Occupation: Regional Executive | Payroll Deduction | 23.81 (\$23.81) Biweekly |
| | Aggregate Year-to-Date > \$ 380.96 | | |
| G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| | Aggregate Year-to-Date > \$ | | |

SUBTOTAL of Receipts This Page (optional) **186.16**

TOTAL This Period (last page this line number only) **28,171.98**

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **1** OF **1**
FOR LINE NUMBER **12**

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 NY Hospital & Healthcare Assoc. PAC 74 North Pearl Street Albany, NY 12207-2721 | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period 10,000.00 |
| | Occupation | 10/03/00 | |
| | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | |
| Aggregate Year-to-Date > \$ 47,000.00 | | | |
| B. Full Name, Mailing Address and ZIP Code NY Hospital & Healthcare Assoc. PAC 74 North Pearl Street Albany, NY 12207-2721 | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period 10,000.00 |
| | Occupation | 10/04/00 | |
| | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | |
| Aggregate Year-to-Date > \$ 57,000.00 | | | |
| C. Full Name, Mailing Address and ZIP Code NY Hospital & Healthcare Assoc. PAC 74 North Pearl Street Albany, NY 12207-2721 | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period 12,000.00 |
| | Occupation | 10/12/00 | |
| | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | |
| Aggregate Year-to-Date > \$ 69,000.00 | | | |
| 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 > \$ | | | |

| | |
|------------------------------------------------------------------|------------------|
| SUBTOTAL of Receipts This Page (optional) | 32,000.00 |
| TOTAL This Period (last page this line number only) | 32,000.00 |

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21B

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 | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|-----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------|
| Decision Research 322 Massachusetts Ave., NE Washington, DC 20002 | Polling Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/06/00 | 13,300.00 |
| B. Full Name, Mailing Address and ZIP Code Decision Research 322 Massachusetts Ave., NE Washington, DC 20002 | Voided Check from 09/29/00 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/08/00 | -13,000.00 |
| C. Full Name, Mailing Address and ZIP Code American Express Ste. 001 Chicago, IL 60679 | Service Charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/06/00 | 3.14 |
| D. Full Name, Mailing Address and ZIP Code Merchant Bankcard 1601 Elm Street Dallas, TX 75201 | Service Charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/12/00 | 106.62 |
| E. Full Name, Mailing Address and ZIP Code American Express Ste. 001 Chicago, IL 60679 | Service Charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/16/00 | 7.13 |
| 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)

416.89

TOTAL This Period (last page this line number only)

416.89

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 10
FOR LINE NUMBER 23

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 | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------|
| Blagojevich for Congress 3857 North Kedzie Chicago, IL 60618 | Rod Blagojevich, U.S. HOUSE 5th IL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/02/00 | 1,000.00 |
| Chambliss for Congress P.O. Box 605 Maultrie, 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) 2000 | 10/02/00 | 1,000.00 |
| Crowley for Congress 84-56 Grand Avenue Elmhurst, NY 11373 | Joe Crowley, U.S. HOUSE 7th NY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/02/00 | 1,000.00 |
| Gutierrez for Congress Committee 218 7th Street, S.E. Washington, DC 20003 | Luis V. Gutierrez, U.S. HOUSE 4th IL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/02/00 | 1,000.00 |
| Lipinski for Congress Post Office Box 2884 Washington DC, 20 | William O. Lipinski, U.S. HOUSE 3rd IL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/02/00 | 1,000.00 |
| Friends of Scott McInnis P.O. Box 757 Fairfax, VA 22030 | Scott McInnis, U.S. HOUSE 3rd CO Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/02/00 | 2,000.00 |
| Moran For Congress PO Box 1151 Hays, KS 67801 | Jerry Moran, U.S. HOUSE 1st KS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/02/00 | 1,000.00 |
| Whitfield for Congress 4845 Connecticut Avenue, NW, #721 Washington, DC 20008 | Edward Whitfield, U.S. HOUSE 1st KY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/02/00 | 2,000.00 |
| Upton for All of Us P.O. Box 490 St. Joseph, MI 49085 | Fred Upton, U.S. HOUSE 6th MI Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/02/00 | 3,000.00 |

SUBTOTAL of Disbursements This Page (optional)

13,000.00

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 2 OF 10
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 |
|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------|
| Levin for Congress Committee P.O. Box 6916 Falls Church, VA 22046 | Sander M. Levin, U.S. HOUSE 12th MI Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/02/00 | 1,000.00 |
| B. Full Name, Mailing Address and ZIP Code Friends of Sherwood Boehlert Box C Utica, NY 13503 | Sherwood L. Boehlert, U.S. HOUSE 23rd NY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/02/00 | 500.00 |
| C. Full Name, Mailing Address and ZIP Code Committee To Re-elect Vito Fossella 15 Grandview Terrace Staten Island, NY 10308 | Vito Fossella, U.S. HOUSE 13th NY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/02/00 | 1,000.00 |
| D. Full Name, Mailing Address and ZIP Code Sue Kelly for Congress 660 White Plains Rd. #410 Tarrytown, NY 10591 | Sue Kelly, U.S. HOUSE 19th NY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/02/00 | 2,500.00 |
| E. Full Name, Mailing Address and ZIP Code Pete King For Congress Comm. 1442 Roth Road Seaford, NY 11783 | Peter T. King, U.S. HOUSE 3rd NY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/02/00 | 1,000.00 |
| F. Full Name, Mailing Address and ZIP Code Nadler for Congress P.O. Box 2884 Washington, DC 20013 | Jerrold Nadler, U.S. HOUSE 8th NY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/02/00 | 1,000.00 |
| G. Full Name, Mailing Address and ZIP Code Tom Reynolds for United States Congress PO Box 141 Williamsville, NY 14231 | Tom Reynolds, U.S. HOUSE 27th NY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/02/00 | 1,500.00 |
| H. Full Name, Mailing Address and ZIP Code Shadegg for Congress P.O. Box 45444 Phoenix, AZ 85064 | John Shadegg, U.S. HOUSE 4th AZ Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/04/00 | 1,000.00 |
| I. Full Name, Mailing Address and ZIP Code Julia Carson for Congress Committee 2530 North Park Indianapolis, IN 46205 | Julia Carson, U.S. HOUSE 10th IN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/04/00 | 2,500.00 |

SUBTOTAL of Disbursements This Page (optional)

12,000.00

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 3 OF 10
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 |
|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------|
| Ted House for Congress Committee PO Box 467 St. Charles, MO 63302 | Ted House, U.S. HOUSE 2nd MO Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/04/00 | 2,000.00 |
| Mac Collins for Congress 8422 Crowley Place Alexandria, VA 22308-1262 | Michael A. Collins, U.S. HOUSE 3rd GA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/06/00 | 2,500.00 |
| Volunteer PAC 2000 Glen Echo Suite 107 Nashville, TN 37215 | 2000 Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/10/00 | 1,000.00 |
| Keep Our Majority PAC PO Box 422 Yorkville, IL 60560 | 2000 Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/10/00 | 5,000.00 |
| Bob Riley for Congress PO Box 700 Ashland, AL 36251 | Bob Riley, U.S. HOUSE 3rd AL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/10/00 | 2,000.00 |
| Pat Toomey for Congress Committee PO Box 90158 Allentown, PA 18109 | Pat Toomey, U.S. HOUSE 16th PA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/10/00 | 500.00 |
| Reform PAC P.O. BOX 15283 Washington, DC 20003 | 2000 Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/10/00 | 4,000.00 |
| Congressional Leadership Fund Post Office Box 8780 Newport Beach, CA 92568 | 2000 Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/11/00 | 2,000.00 |
| John Conyers for Congress 104 North West Street Alexandria, VA 22314 | John Conyers, U.S. HOUSE 14th MI Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/11/00 | 1,000.00 |

SUBTOTAL of Disbursements This Page (optional)

20,000.00

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 |
|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------|
| Taxans for Lamar Smith 5701 Broadway San Antonio, TX 78209-2138 | Lamar Smith, U.S. HOUSE 21st TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/11/00 | 1,000.00 |
| Congressman Bill Young Campaign Committee PO Box 103 Arlington, VA 22210 | C. W. (Bill) Young, U.S. HOUSE 10th FL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/11/00 | 1,000.00 |
| Capitol Hill Club 300 First Street SE Washington, DC 20003 | In-Kind: Congressional Leadership Fund Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/12/00 | 379.69 |
| Henger for Congress Committee P.O. Box 40175 Washington, DC 20015 | Wally Henger, U.S. HOUSE 2nd CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/12/00 | 250.00 |
| Clay, Jr. for Congress PO Box 3146 St. Louis, MO 63130 | William L. Clay, U.S. HOUSE 1st MO Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/12/00 | 1,000.00 |
| Team Emerson Po Box 822 Cape Girardeau, MO 63701 | Jo Ann Emerson, U.S. HOUSE 8th MO Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/12/00 | 1,000.00 |
| Ike Skelton for Congress Committee 1360 I Street, NW, Suite 200 Washington, DC 20005 | Ike Skelton, U.S. HOUSE 4th MO Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/12/00 | 1,000.00 |
| Hooley for Congress 8404 Failing Street West Linn, OR 97068 | Darlene Hooley, U.S. HOUSE 5th OR Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/12/00 | 1,000.00 |
| Ken Bentsen, Jr. for Congress Committee 6815 Morningside Suite 301 Houston, TX 77005 | Ken Bentsen, U.S. HOUSE 25th TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/12/00 | 1,000.00 |

SUBTOTAL of Disbursements This Page (optional)

7,629.69

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 |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------|
| American Success Political Action Committee 1155 21st Street, NW Ste. 300 Washington, DC 20035 | 2000 Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/13/00 | 5,000.00 |
| B. Full Name, Mailing Address and ZIP Code Fight Political Action Committee 128 North Columbus Street Alexandria, VA 22314 | 2000 Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/13/00 | 2,000.00 |
| C. Full Name, Mailing Address and ZIP Code Washington Fund PAC 4428 133rd Rd., SW Mukilton, WA 98275 | 2000 Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/13/00 | 3,000.00 |
| D. Full Name, Mailing Address and ZIP Code Pioneer PAC 499 South Capitol Street, SW Suite 408 Washington, DC 20003 | 2000 Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/13/00 | 2,000.00 |
| E. Full Name, Mailing Address and ZIP Code Lincoln Chafee US Senate Po Box 7329 Warwick, RI 02887 | Lincoln Chafee, U.S. SENATE RI Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/13/00 | 2,000.00 |
| F. Full Name, Mailing Address and ZIP Code Sanford Bishop for Congress P.O. Box 708 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) 2000 | 10/13/00 | 2,000.00 |
| G. Full Name, Mailing Address and ZIP Code Texans For Henry Bonilla 19 Sanctuary Drive San Antonio, TX 78249 | Henry Bonilla, U.S. HOUSE 23rd TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/13/00 | 2,000.00 |
| H. Full Name, Mailing Address and ZIP Code Ed Bryant For Congress 430 Garland Rd Henderson, TN 38340 | Ed Bryant, U.S. HOUSE 7th TN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/13/00 | 2,000.00 |
| I. Full Name, Mailing Address and ZIP Code Callahan for Congress 2020 Pennsylvania Ave., NW, #281 Washington, DC 20006 | Sonny Callahan, U.S. HOUSE 1st AL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/13/00 | 2,000.00 |

SUBTOTAL of Disbursements This Page (optional)

22,000.00

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 **6** OF **10**

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 |
|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------|
| Friends of Bud Cramer 417 Eustis Avenue Huntsville, AL 35801 | Robert E. Cramer, U.S. HOUSE 5th AL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/13/00 | 2,000.00 |
| Norm Dicks For Congress Comm. Po Box 1663 Tacoma, WA 98401 | Norm Dicks, U.S. HOUSE 6th WA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/13/00 | 2,000.00 |
| Goodlatte for Congress P.O. Box 292 Roanoke, VA 24002 | Bob Goodlatte, U.S. HOUSE 6th VA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/13/00 | 2,000.00 |
| Jay Inslee for Congress 104 North West Alexandria, VA 22314 | Jay Inslee, U.S. HOUSE 1st WA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/13/00 | 1,000.00 |
| Steve Israel for Congress Committee 16 Ormond Street Dix Hills, NY 11745 | Steve Israel, U.S. HOUSE 2nd NY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/13/00 | 2,500.00 |
| Stephanie Tubbs Jones for US Congress 3729 Silaby Rd University Heights, OH 44118 | Stephanie Tubbs Jones, U.S. HOUSE 11th OH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/13/00 | 1,000.00 |
| Kilpatrick For United States Congress 7445 Lasalle Blvd Detroit, MI 48206 | Carolyn Kilpatrick, U.S. HOUSE 15th MI Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/13/00 | 1,000.00 |
| Meeks for Congress PO Box 900297 Far Rockaway, NY 11690 | Gregory Meeks, U.S. HOUSE 6th NY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/13/00 | 1,000.00 |
| Minge For Congress Rr 4 Box 183 Montavideo, MN 56265 | David Minge, U.S. HOUSE 2nd MN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/13/00 | 2,000.00 |

SUBTOTAL of Disbursements This Page (optional)

14,500.00

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 |
|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------|
| Re-Elect Congressman Joe Moakley Committee P.O. Box 1073 Boston, MA 02205-9832 | John Joseph Moakley, U.S. HOUSE 9th MA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/13/00 | 1,000.00 |
| Friends of Connie Morella P.O. Box 5945 Bethesda, MD 20824 | Constance A. Morella, U.S. HOUSE 8th MD Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/13/00 | 1,000.00 |
| 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) 2000 | 10/13/00 | 4,000.00 |
| Friends of George Nethercutt 709 Secor St., NE Washington, DC 20002 | George Nethercutt, U.S. HOUSE 5th WA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/13/00 | 2,000.00 |
| Friends of Major R. Owens P.O. Box 2884 Washington, DC 20013 | Major R. Owens, U.S. HOUSE 11th NY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/13/00 | 1,000.00 |
| 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) 2000 | 10/13/00 | 2,500.00 |
| Pascarell for Congress 63 Quartz Lane Paterson, NJ 07501 | Bill Pascarell, U.S. HOUSE 8th NJ Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/13/00 | 2,000.00 |
| Deborah Pryce for Congress P.O. Box 26026 Washington, DC 20007 | Deborah Pryce, U.S. HOUSE 15th OH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/13/00 | 2,000.00 |
| Peterson for Congress Rte 2 Box 287 Detroit Lakes, MN 56501 | Collin C. Peterson, U.S. HOUSE 7th MN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/13/00 | 2,000.00 |

SUBTOTAL of Disbursements This Page (optional)

17,500.00

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 |
|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------|
| Friends of Ronnie Shows Route 2 Box 234 Bassfield, MS 39421 | Ronnie Shows, U.S. HOUSE 4th MS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/13/00 | 1,000.00 |
| B. Full Name, Mailing Address and ZIP Code Volunteers for Shimkus 1026 South Second St. Springfield, IL 62704 | John M. Shimkus, U.S. HOUSE 20th IL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/13/00 | 3,000.00 |
| C. Full Name, Mailing Address and ZIP Code Souder for Congress P.O. Box 18021 Alexandria, VA 22302 | Mark E. Souder, U.S. HOUSE 4th IN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/13/00 | 1,000.00 |
| D. Full Name, Mailing Address and ZIP Code John Spratt for Congress Committee Post Office Box 2884 Washington, DC 20013 | John M. Spratt, U.S. HOUSE 5th SC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/13/00 | 3,000.00 |
| E. Full Name, Mailing Address and ZIP Code 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) 2000 | 10/13/00 | 3,000.00 |
| F. Full Name, Mailing Address and ZIP Code Tiberi 2000 866 Macon Alley Columbus, OH 43206 | Pat Tiberi, U.S. HOUSE 12th OH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/13/00 | 1,000.00 |
| G. Full Name, Mailing Address and ZIP Code Dave Wu for Congress 233 SE Second Ave. Hillsboro, OR 97123 | Dave Wu, U.S. HOUSE 1st OR Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/13/00 | 1,000.00 |
| H. Full Name, Mailing Address and ZIP Code Zimmer 2000, Inc. P.O. Box 782 Flemington, NJ 08822 | Richard Zimmer, U.S. HOUSE 12th NJ Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/13/00 | 2,000.00 |
| I. Full Name, Mailing Address and ZIP Code Jenkins for Congress 107 E. Main Street Ste. 321 Rodgersville, TN 37857 | Bill Jenkins, U.S. HOUSE 1st TN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/16/00 | 2,000.00 |

SUBTOTAL of Disbursements This Page (optional)

17,000.00

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 |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------|
| National Leadership PAC 635 B Pennsylvania Ave. Washington, DC 20005 | 2000 Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/16/00 | 1,000.00 |
| Kirk For Congress, Inc. 1910 Waukegan Road Glenview, IL 60025 | Mark Kirk, U.S. HOUSE 10th IL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/16/00 | 2,500.00 |
| Congressman Bob Clement Committee P.O. Box 150606 Nashville, TN | Bob Clement, U.S. HOUSE 5th TN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/16/00 | 1,000.00 |
| Congressman Kildee Committee Box 6916 Falls Church, VA 22046 | Dale E. Kildee, U.S. HOUSE 9th MI Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/16/00 | 1,000.00 |
| Jim Kolbe 2000 5418 E 8th Street Tucson, AZ 86750 | Jim Kolbe, U.S. HOUSE 5th AZ Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/16/00 | 1,000.00 |
| Carolyn Maloney for Congress 216 - 7th Street, S.E. Washington, DC 20003 | Carolyn B. Maloney, U.S. HOUSE 14th NY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/16/00 | 500.00 |
| Hoopsiers for Tim Roemer 555 New Jersey Avenue, N.W., Suite 201 Washington, DC 20001 | Tim Roemer, U.S. HOUSE 3rd IN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/16/00 | 1,500.00 |
| Friends of Bennie Thompson P.O. Box 100 Bolton, MS 39041 | Bennie G. Thompson, U.S. HOUSE 2nd MS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/16/00 | 2,000.00 |
| William M. Thornberry P.O. Box 9392 Amarillo, TX 79105 | William M. Thornberry, U.S. HOUSE 13th TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/16/00 | 1,000.00 |

SUBTOTAL of Disbursements This Page (optional)

11,500.00

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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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 |
|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------|
| House Majority Fund 12328 Needlepine Terrace Silver Spring, MD 20904 | 2000 Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/18/00 | 6,000.00 |
| B. Full Name, Mailing Address and ZIP Code Mike Ferguson for Congress 340 North Ave E Ste. 6 Cranford, NJ 07016 | Purpose of Disbursement Mike Ferguson, U.S. HOUSE 7th NJ Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/18/00 | 2,500.00 |
| C. Full Name, Mailing Address and ZIP Code McCollum for Congress 2464 Burke Ave E North St Paul, MN 55109 | Purpose of Disbursement Betty McCollum, U.S. HOUSE 4th MN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/18/00 | 2,500.00 |
| D. Full Name, Mailing Address and ZIP Code Dick Arney Campaign Committee PO Box 85 Lewisville, TX 75067 | Purpose of Disbursement Richard K. Arney, U.S. HOUSE 26th TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 10/18/00 | 500.00 |
| 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 |

SUB TOTAL of Disbursements This Page (optional)

10,500.00

TOTAL This Period (last page this line number only)

145,629.00

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>10/26/00</i> |
| <input type="checkbox"/> First Class Mail | POSTMARKED |
| <input type="checkbox"/> Registered/Certified Mail | POSTMARKED (R/C) |
| <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 | |

EJC
PREPARED

10/26/00
DATE PREPARED