

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JUN 19 4 25 PM '98

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

4. TYPE OF REPORT

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

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

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

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

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>05/01/98</u> through <u>05/31/98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$ 510,304.30
(b) Cash on Hand at Beginning of Reporting Period.....	\$ 443,105.91	
(c) Total Receipts (from line 19).....	\$ 47,153.93	\$ 206,333.94
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	\$ 490,259.84	\$ 716,638.24
7. Total Disbursements (from Line 30).....	\$ 54,301.95	\$ 280,680.35
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))..	\$ 435,957.89	\$ 435,957.89
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D).....	\$ 0.00	For further information: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D).....	\$ 0.00	

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

Type or Print Name of Treasurer
Al Jackson

Signature of Treasurer *Al Jackson* Date **6/18/98**

NOTE: Submission of false, incorrect, 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: 05/01/98	TO: 05/31/98
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (Use Schedule A).....	16,022.12	70,389.23
ii. Unitemized.....	13,704.58	65,190.05
iii. Total..... (add i and ii) >	29,726.70	135,579.28
b. Political Party Committees.....	0.00	0.00
c. Other Political Committees (such as PACs).....	0.00	0.00
d. Total Contributions..... (add all, b and c) >	29,726.70	135,579.28
12. Transfers From Affiliated/Other Party Committees.....	16,800.00	60,380.00
13. All Loans Received.....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	6,650.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	627.23	3,724.66
18. Transfers from Nonfederal Account for Joint Activity.....	0.00	0.00
19. Total Receipts..... (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	47,153.93	206,333.94
20. Total Federal Receipts..... (subtract line 18 from line 19) >	47,153.93	206,333.94
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share.....	0.00	0.00
ii. Non-Federal Share.....	0.00	0.00
b. Other Federal Operating Expenditures.....	8,551.95	52,227.22
c. Total Operating Expenditures..... (Add a, all, and b) >	8,551.95	52,227.22
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	45,750.00	225,953.13
24. Independent Expenditures (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees.....	0.00	0.00
b. Political Party Committees.....	0.00	0.00
c. Other Political Committees (Such As PACs).....	0.00	500.00
d. Total Contribution Refunds..... (Add a, b, and c) >	0.00	500.00
29. Other Disbursements.....	0.00	2,000.00
30. Total Disbursements..... (Add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	54,301.95	280,680.35
31. Total Federal Disbursements..... (Subtract line 21 all from line 30) >	54,301.95	280,680.35
III. Net Contributions/Operating Expenditures		
32. Total Contributions (Other than loans) (from line 11d).....	29,726.70	135,579.28
33. Total Contribution Refunds (from line 28d).....	0.00	500.00
34. Net Contributions (Other than loans) (subtract line 33 from 32).....	29,726.70	135,079.28
35. Total Federal Operating Expenditures..... (add 21 ai and 21 bi) >	8,551.95	52,227.22
36. Offsets to Operating Expenditures (from line 15).....	0.00	0.00
37. Net Operating Expenditures..... (subtract line 36 from 35) >	8,551.95	52,227.22

SCHEDULE A

ITEMIZED RECEIPTS

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

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 David Harris 1151 E. Warrenville Rd. Naperville, IL 60563-9339	Name of Employer Illinois Hospital & Health Systems Association Occupation Senior VP, Government Relations	Date (Month day, Year) 05/01/98	Amount of Each Receipt this Period 125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
B. Full Name, Mailing Address and Zip Code Robert B. Klint M.D. Swedish American Hospital 1313 East State Street Rockford, IL 61104	Name of Employer Swedish American Hospital Occupation President	Date (Month day, Year) 05/01/98	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
C. Full Name, Mailing Address and Zip Code Patric Magoon 2300 Children's Plaza Chicago, IL 60118	Name of Employer Children's Memorial Occupation Manager	Date (Month day, Year) 05/01/98	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
D. Full Name, Mailing Address and Zip Code David Harris 1151 E. Warrenville Rd. Naperville, IL 60563-9339	Name of Employer Illinois Hospital & Health Systems Association Occupation Senior VP, Government Relations	Date (Month day, Year) 05/01/98	Amount of Each Receipt this Period 2.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 252.50		
E. Full Name, Mailing Address and Zip Code Gary L. Bieganski P.O. Box 1328 McCook, NE 69001-1328	Name of Employer Community Hospital Occupation President	Date (Month day, Year) 05/08/98	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
F. Full Name, Mailing Address and Zip Code Harlan M. Heald Ph.D. 1640 L Street, Ste. D Lincoln, NE 68508-2509	Name of Employer Nebraska Assoc. of Hospitals & Health Systems Occupation President	Date (Month day, Year) 05/08/98	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 500.00		
G. Full Name, Mailing Address and Zip Code Richard E. Meiers Healthcare Association of HI 932 Ward Avenue, Suite 430 Honolulu, HI 96814-2126	Name of Employer Healthcare Association of Hawaii Occupation President	Date (Month day, Year) 05/08/98	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		

SUB TOTAL of Receipts This Page (Optional).....>	1,627.50
TOTAL this Period (Last page this line number only).....>	>

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE	OF
2	9
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 Arthur A. Ushijima Queen's Medical Center 1301 Punchbowl Street Honolulu, HI 96813</p>	<p>Name of Employer The Queen's Medical Center</p> <p>Occupation President/CEO</p>	<p>Date (Month day, Year) 05/08/98</p>	<p>Amount of Each Receipt this Period 125.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 250.00</p>		
<p>B. Full Name, Mailing Address and Zip Code Lucinda A. Bradley P. O. Box 1167 North Platte, NE 69103-1167</p>	<p>Name of Employer Great Plains Regional Medical Center</p> <p>Occupation CEO</p>	<p>Date (Month day, Year) 05/12/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 250.00</p>		
<p>C. Full Name, Mailing Address and Zip Code Charles F. Pierce Jr. 7676 Apple Tree Circle Orlando, FL 32819</p>	<p>Name of Employer Florida Hospital Association</p> <p>Occupation President</p>	<p>Date (Month day, Year) 05/15/98</p>	<p>Amount of Each Receipt this Period 1,200.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 1,200.00</p>		
<p>D. Full Name, Mailing Address and Zip Code Thomas E. Wilhensen Jr. 8 Prospect Street Nashua, NH 03061</p>	<p>Name of Employer Southern New Hampshire Regional Medical Center</p> <p>Occupation President</p>	<p>Date (Month day, Year) 05/15/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 250.00</p>		
<p>E. Full Name, Mailing Address and Zip Code David E. Morton 4000 Lincoln Boulevard Oklahoma City, OK 73105-5200</p>	<p>Name of Employer American Hospital Association</p> <p>Occupation Regional Executive</p>	<p>Date (Month day, Year) 05/15/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 250.00</p>		
<p>F. Full Name, Mailing Address and Zip Code Joseph M. Letnaumchyn 1280 S. Governors Ave. Dover, DE 19904-4802</p>	<p>Name of Employer Delaware Healthcare Association</p> <p>Occupation President</p>	<p>Date (Month day, Year) 05/15/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 250.00</p>		
<p>G. Full Name, Mailing Address and Zip Code John C. Coffey 4000 Lincoln Blvd. Oklahoma City, OK 73105</p>	<p>Name of Employer Oklahoma Hospital Association</p> <p>Occupation President</p>	<p>Date (Month day, Year) 05/15/98</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 1,000.00</p>		
<p>SUB TOTAL of Receipts This Page (Optional).....></p>			<p>3,325.00</p>
<p>TOTAL this Period (Last page this line number only).....></p>			

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ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in full)
American Hospital Association PAC

<p>A. Full Name, Mailing Address and Zip Code David E. Morton 4000 Lincoln Boulevard Oklahoma City, OK 73105-5200</p>	<p>Name of Employer American Hospital Association Occupation Regional Executive</p>	<p>Date (Month day, Year) 05/18/98</p>	<p>Amount of Each Receipt this Period 125.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 375.00</p>		
<p>B. Full Name, Mailing Address and Zip Code Lindsay Mac Robinson 107 East Lane Barrington, IL 60010-1939</p>	<p>Name of Employer VHA, Inc., Northern District Occupation Vice President</p>	<p>Date (Month day, Year) 05/20/98</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 500.00</p>		
<p>C. Full Name, Mailing Address and Zip Code Frank J. Sardone One Healthcare Plaza Kalamazoo, MI 49007-3339</p>	<p>Name of Employer Bronson Methodist Hospital Occupation COO</p>	<p>Date (Month day, Year) 05/20/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 250.00</p>		
<p>D. Full Name, Mailing Address and Zip Code Karl G. Bartscht 130 South First Street Ann Arbor, MI 48104-1304</p>	<p>Name of Employer Chl Systems Inc. Occupation Chief Executive Officer</p>	<p>Date (Month day, Year) 05/20/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 250.00</p>		
<p>E. Full Name, Mailing Address and Zip Code Richard A. Kitch 26320 Hidden Valley Court Farmington Hills, MI 48331</p>	<p>Name of Employer Kitch, Drutchos, Wagner & Kenney Occupation Attorney</p>	<p>Date (Month day, Year) 05/20/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 250.00</p>		
<p>F. Full Name, Mailing Address and Zip Code Dennis M. Litos Michigan Capital Healthcare 2727 S. Pennsylvania Avenue Lansing, MI 48910</p>	<p>Name of Employer Michigan Capital Healthcare-Greenlawn Occupation President and CEO</p>	<p>Date (Month day, Year) 05/20/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 250.00</p>		
<p>G. Full Name, Mailing Address and Zip Code Judith Pelham 4045 Fox Lake Dr. Bloomfield Hills, MI 48302-1619</p>	<p>Name of Employer Mercy Health Services Occupation President and CEO</p>	<p>Date (Month day, Year) 05/20/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 250.00</p>		
<p>SUB TOTAL of Receipts This Page (Optional).....></p>			<p>1,875.00</p>
<p>TOTAL this Period (Last page this line number only).....></p>			

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NAME OF COMMITTEE (In full)
American Hospital Association PAC

A. Full Name, Mailing Address and Zip Code Marlene Hulteen MIHA 6215 W. St. Joseph Hwy. Lansing, MI 48917		Name of Employer Michigan Health & Hospital Association	Date (Month day, Year) 05/20/98	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation Group Vice President	Aggregate Year-to-date > \$ 250.00	
B. Full Name, Mailing Address and Zip Code Spencer C. Johnson MIHA 6215 W. St. Joseph Hwy. Lansing, MI 48917		Name of Employer Michigan Health & Hospital Association	Date (Month day, Year) 05/20/98	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation State Executive	Aggregate Year-to-date > \$ 250.00	
C. Full Name, Mailing Address and Zip Code James Lake P.O. Box 4172 East Lansing, MI 48826-4172		Name of Employer Michigan Health & Hospital Association	Date (Month day, Year) 05/20/98	Amount of Each Receipt this Period 272.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation Vice President	Aggregate Year-to-date > \$ 272.00	
D. Full Name, Mailing Address and Zip Code Peter J. Schonfeld 1776 Yorway Dr. Howell, MI 48843-8987		Name of Employer Michigan Health & Hospital Association	Date (Month day, Year) 05/20/98	Amount of Each Receipt this Period 255.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation Policy & Health Delivery	Aggregate Year-to-date > \$ 255.00	
E. Full Name, Mailing Address and Zip Code David A. Seaman 805 Ledge Moor Blvd. Grand Ledge, MI 48837-2037		Name of Employer Michigan Health & Hospital Association	Date (Month day, Year) 05/20/98	Amount of Each Receipt this Period 255.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation Executive Vice President	Aggregate Year-to-date > \$ 255.00	
F. Full Name, Mailing Address and Zip Code William E. Maldonado M.D. 4722 Huron Hills Okemos, MI 48864-2052		Name of Employer Michigan Hospital Association Insurance Company	Date (Month day, Year) 05/20/98	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation Board of Trustees	Aggregate Year-to-date > \$ 250.00	
G. Full Name, Mailing Address and Zip Code F. Karl Neumann 4396 Manitou Drive Okemos, MI 48864-2761		Name of Employer Michigan Hospital Association Insurance Company	Date (Month day, Year) 05/20/98	Amount of Each Receipt this Period 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	

SUB TOTAL of Receipts This Page (Optional).....>	1,782.00
TOTAL this Period (Last page this line number only).....>	

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NAME OF COMMITTEE (in full)
American Hospital Association PAC

A. Full Name, Mailing Address and Zip Code Jacque W. Sunmet 5361 East Hidden Lake Drive East Lansing, MI 48823-7220	Name of Employer MHA Insurance Company Occupation Consultant	Date (Month day, Year) 05/20/98	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
B. Full Name, Mailing Address and Zip Code Fritz Kellermann 1805 Willow Woods Lane Lansing, MI 48917-8642	Name of Employer Michigan Health & Hospital Assn. Service Corp. Occupation Executive Vice President	Date (Month day, Year) 05/20/98	Amount of Each Receipt this Period 255.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 255.00		
C. Full Name, Mailing Address and Zip Code Mary E. Fox 4504 Wab-Wab-Soo Drive Gaylord, MI 49735-9537	Name of Employer North Central Council of the MHA Occupation Executive Director	Date (Month day, Year) 05/20/98	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
D. Full Name, Mailing Address and Zip Code Gerald D. Fitzgerald Oakwood Healthcare System 18101 Oakwood Blvd. Dearborn, MI 48124	Name of Employer Oakwood Healthcare System Occupation President/CEO	Date (Month day, Year) 05/20/98	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
E. Full Name, Mailing Address and Zip Code Edward A. Cucci 3 Pheasant Row Lincolnshire, IL 60069	Name of Employer Swedish Covenant Hospital Occupation President	Date (Month day, Year) 05/21/98	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
F. Full Name, Mailing Address and Zip Code Harry R. Maier 4500 Memorial Drive Belleville, IL 62226-5399	Name of Employer Memorial Hospital Occupation President	Date (Month day, Year) 05/21/98	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 375.00		
G. Full Name, Mailing Address and Zip Code Donald Odr 1523 West Harrison Suite 364 Chicago, IL 60607-3105	Name of Employer Rush Presbyterian St. Luke's Medical Center Occupation Hospital Administrator	Date (Month day, Year) 05/21/98	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		

SUB TOTAL of Receipts This Page (Optional).....> **1,755.00**

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

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in full)
American Hospital Association PAC

<p>A. Full Name, Mailing Address and Zip Code Charles I. Adkins Jr. 2205 Cherry Ridge Rd. Thurman, OH 45685-9309</p>	<p>Name of Employer Holzer Medical Center</p> <p>Occupation President/CEO</p>	<p>Date (Month day, Year) 05/26/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 250.00</p>		
<p>B. Full Name, Mailing Address and Zip Code James M. Anderson Children's Hospital Med. Ctr. 3333 Burnet Avenue Cincinnati, OH 45229-3039</p>	<p>Name of Employer Children's Hospital Medical Center</p> <p>Occupation President & CEO</p>	<p>Date (Month day, Year) 05/26/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 250.00</p>		
<p>C. Full Name, Mailing Address and Zip Code James C. Castle 815 Gatehouse Lane Columbus, OH 43235</p>	<p>Name of Employer OHA</p> <p>Occupation State Assoc. Exec.</p>	<p>Date (Month day, Year) 05/26/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 250.00</p>		
<p>D. Full Name, Mailing Address and Zip Code Patricia Castle 815 Gatehouse Lane Columbus, OH 43235-1733</p>	<p>Name of Employer OHA</p> <p>Occupation State Association Exec. (Spouse)</p>	<p>Date (Month day, Year) 05/26/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 250.00</p>		
<p>E. Full Name, Mailing Address and Zip Code Ewing Crawfis 1305 Turner Road Bellevue, OH 43111</p>	<p>Name of Employer Mary Rutan Hospital</p> <p>Occupation President</p>	<p>Date (Month day, Year) 05/26/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 250.00</p>		
<p>F. Full Name, Mailing Address and Zip Code Melvin R. Creeley 425 W. Fifth St. East Liverpool, OH 43920-2498</p>	<p>Name of Employer East Liverpool City Hospital</p> <p>Occupation President</p>	<p>Date (Month day, Year) 05/26/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 250.00</p>		
<p>G. Full Name, Mailing Address and Zip Code Bridget A. Gargan 54 West Weisheimer Road Columbus, OH 43214</p>	<p>Name of Employer OHA</p> <p>Occupation Director, Government Affairs</p>	<p>Date (Month day, Year) 05/26/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 250.00</p>		
<p>SUB TOTAL of Receipts This Page (Optional) ></p>			<p>1,750.00</p>
<p>TOTAL this Period (Last page this line number only) ></p>			<p></p>

SCHEDULE A

ITEMIZED RECEIPTS

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

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 Douglas W. McNeill FACHE 105 McKnight Drive Middletown, OH 10940		Name of Employer Middletown Regional Hospital Occupation President & CEO	Date (Month day, Year) 05/26/98	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 250.00		
B. Full Name, Mailing Address and Zip Code Terry R. White MetroHealth Medical Center 2500 MetroHealth Dr. Cleveland, OH 44109-1998		Name of Employer MetroHealth Medical Center Occupation Hospital Executive	Date (Month day, Year) 05/26/98	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 250.00		
C. Full Name, Mailing Address and Zip Code Ginger S. Anspaugh 4002 Sunhill Court Woodstock, GA 30189-862		Name of Employer Georgia Hospital Association Occupation V.P./CEO	Date (Month day, Year) 05/28/98	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 250.00		
D. Full Name, Mailing Address and Zip Code W. Daniel Baker 50 South Prado NE Atlanta, GA 30309-3309		Name of Employer Wesley Woods Geriatric Hospital Occupation Hospital Administration	Date (Month day, Year) 05/28/98	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 250.00		
E. Full Name, Mailing Address and Zip Code Ken B. Beverly P.O. Box 76 Thomasville, GA 31773		Name of Employer John D. Archbold Memorial Hospital Occupation President & CEO	Date (Month day, Year) 05/28/98	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 250.00		
F. Full Name, Mailing Address and Zip Code Donald Faulk 691 Cherry Street Suit 300 Macon, GA 31201-2666		Name of Employer Medical Center of Central Georgia Occupation Hospital Management	Date (Month day, Year) 05/28/98	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 250.00		
G. Full Name, Mailing Address and Zip Code Gerald N. Fulks Lanier Park Hospital P.O. Box 1354 Gainesville, GA 30503		Name of Employer Lanier Park Hospital Occupation CEO	Date (Month day, Year) 05/28/98	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 250.00		
SUB TOTAL 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

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NAME OF COMMITTEE (in full)
 American Hospital Association PAC

A. Full Name, Mailing Address and Zip Code Michael E. Garrigan 2122 Manchester Expressway P.O. Box 7000 Columbus, GA 31904-6878	Name of Employer St. Francis Hospital, Inc. Occupation Hospital CEO	Date (Month day, Year) 05/28/98	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
B. Full Name, Mailing Address and Zip Code Joseph A. Parker 1675 Terrell Mill Rd. Marietta, GA 30067-8378	Name of Employer Georgia Hospital Association Occupation President	Date (Month day, Year) 05/28/98	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 750.00		
C. Full Name, Mailing Address and Zip Code Holly Bates Snow 4402 Candler Lake East Atlanta, GA 30319	Name of Employer Georgia Hospital Association Occupation Director, Government Relations	Date (Month day, Year) 05/28/98	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
D. Full Name, Mailing Address and Zip Code Charles R. Underwood MD 677 Church Street Marietta, GA 30060-8931	Name of Employer Kennestone Regional Health Care System Occupation Hospital Management	Date (Month day, Year) 05/28/98	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
E. Full Name, Mailing Address and Zip Code Karen Waters 1569 Ashforde Drive Marietta, GA 30068	Name of Employer Georgia Hospital Association Occupation VP, Professional Svcs.	Date (Month day, Year) 05/28/98	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
F. Full Name, Mailing Address and Zip Code Matt Williams 119 Pharr Road NW #B1 Atlanta, GA 30305-2135	Name of Employer Georgia Hospital Association Occupation Association Management	Date (Month day, Year) 05/28/98	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
G. Full Name, Mailing Address and Zip Code Jane Oehm 982 Sleepy Hollow Road Golden, CO 80401-8037	Name of Employer Exempla Healthcare Affiliate-Lutheran Medical Ctr. Occupation Director	Date (Month day, Year) 05/29/98	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 500.00		

SUB TOTAL of Receipts This Page (Optional).....> **2,000.00**

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

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in full)
American Hospital Association PAC

A. Full Name, Mailing Address and Zip Code Calbreith L. Simpson 325 Seventh Street, NW Washington, DC 20004-2801	Name of Employer American Hospital Association Occupation Regional Executive	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 32.61 (\$10.87
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 211.96		Biweekly)
B. Full Name, Mailing Address and Zip Code Richard J. Pollack American Hospital Association 325 7th Street, NW Washington, DC 20004	Name of Employer American Hospital Association Occupation Executive Vice President	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 125.01 (\$41.67
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 375.03		Biweekly)
C. Full Name, Mailing Address and Zip Code 	Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
D. Full Name, Mailing Address and Zip Code 	Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
E. Full Name, Mailing Address and Zip Code 	Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
F. Full Name, Mailing Address and Zip Code 	Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
G. Full Name, Mailing Address and Zip Code 	Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
SUB TOTAL of Receipts This Page (Optional)			157.62
TOTAL this Period (Last page this line number only)			16,022.12

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

SCHEDULE A ITEMIZED RECEIPTS

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

NAME OF COMMITTEE (in full)
American Hospital Association PAC

A. Full Name, Mailing Address and Zip Code North Carolina HOSPAC - Federal P.O. Box 80428 Raleigh, NC 21623	Name of Employer Occupation	Date (Month day, Year) 05/08/98	Amount of Each Receipt this Period 6,800.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 6,800.00		
B. Full Name, Mailing Address and Zip Code The Hospital Association of Pennsylvania PAC 4750 Lindle Road Harrisburg, PA 17105	Name of Employer Occupation	Date (Month day, Year) 05/26/98	Amount of Each Receipt this Period 10,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 20,000.00		
C. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
D. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
E. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
F. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
G. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
SUB TOTAL of Receipts This Page (Optional).....>			16,800.00
TOTAL this Period (Last page this line number only).....>			16,800.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE	OF
1	1
FOR LINE NUMBER	
17	

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

NAME OF COMMITTEE (in full)
 American Hospital Association PAC

A. Full Name, Mailing Address and Zip Code CITIBANK P.O. Box 19748 Washington, DC 20036	Name of Employer Occupation	Date (Month day, Year) 05/29/98	Amount of Each Receipt this Period 627.23
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 3,724.66		
B. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
C. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
D. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
E. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
F. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
G. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
SUB TOTAL of Receipts This Page (Optional).....>			627.23
TOTAL this Period (Last page this line number only).....>			627.23

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (in Full)
 American Hospital Association PAC

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
WIRTHLIN WORLDWIDE 1363 Beverly Road McLean, VA 22101	Polling Services Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	05/04/98	5,200.00
B. Full Name, Mailing Address and Zip Code MOORE INFORMATION - PUBLIC OPINION RESEARCH 10200 S.W. Eastridge Street Ste. 210 Portland, OR 97225	Purpose of Disbursement Polling Services Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	05/04/98	13,000.00
C. Full Name, Mailing Address and Zip Code WIRTHLIN WORLDWIDE 1363 Beverly Road McLean, VA 22101	Purpose of Disbursement Portion In-Kind to John Shimkus (IL) See line 23 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/06/98	-4,875.00
D. Full Name, Mailing Address and Zip Code MELLON BANK, NA Merchant Card Services 2 Mellon Bank Ctr., Rm. 152-0515 Pittsburgh, PA 15259-0001	Purpose of Disbursement Service Charge Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	05/15/98	62.75
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)		
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)		
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)		
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)		
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)		

SUB TOTAL of Disbursements this page (Optional).....>	13,407.75
TOTAL this Period (Last page this line number only).....>	13,407.75

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE	OF
1	6
FOR LINE NUMBER	
23	

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NAME OF COMMITTEE (in Full)
American Hospital Association PAC

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
THE JUDD GREGG COMMITTEE P.O. Box 1812 Concord, NH 03302-1812	Judd Gregg, U.S. SENATE NH Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/04/98	1,000.00
BENNETT FOR SENATE COMMITTEE 3001 Park Center Drive Ste. 118 Alexandria, VA 22302	Robert F. Bennett, U.S. SENATE UT Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/04/98	1,000.00
HASTERT FOR CONGRESS COMMITTEE 3047 Mozart Drive Silver Spring, MD 20904	J. Dennis Hastert, U.S. HOUSE 14th IL Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/04/98	1,000.00
CITIZENS FOR RON KLINK COMMITTEE P.O. Box 474 Jeannette, PA 15644	Ron Klink, U.S. HOUSE 4th PA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/04/98	1,000.00
TEXANS FOR LAMAR SMITH 4010 Franconia Road Alexandria, VA 22310-2136	Lamar Smith, U.S. HOUSE 21st TX Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/04/98	1,000.00
CITIZENS FOR ARLEN SPECTER 111 South 15th Street, 8th Floor Philadelphia, PA 19102	Arlen Specter, U.S. SENATE PA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/04/98	1,000.00
MOORE INFORMATION - PUBLIC OPINION RESEARCH 10200 S.W. Eastridge Street Ste. 210 Portland, OR 97225	In-kind to Jim Rogan U.S. House 27th CA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/04/98	4,875.00
FAIRCLOTH FOR SENATE 1998 P.O. Box 26585 Raleigh, NC 27611-6585	Lauch Faircloth, U.S. SENATE NC Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/05/98	1,500.00
JOE SKCEN FOR CONGRESS P.O. Box 16494 Alexandria, VA 22302	Joe Skcen, U.S. HOUSE 2nd NM Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/05/98	500.00

SUB TOTAL of Disbursements this page (Optional)..... > 12,875.00

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
American Hospital Association PAC

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
BOB WISE FOR CONGRESS 104 North West Street Alexandria, VA 22314	Bob Wise, U.S. HOUSE 2nd WV Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/05/98	500.00
ALAN B. MOLLOHAN FOR CONGRESS P.O. Box 1343 Fairmount, WV 26554	Alan B. Mollohan, U.S. HOUSE 1st WV Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/05/98	1,000.00
BOSWELL FOR CONGRESS RR 1 BOX 130 Davis City, IA 50065	Leonard L. Boswell, U.S. HOUSE 3rd IA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/05/98	500.00
KEEP NICK RAHALL IN CONGRESS COMMITTEE 1301 Delaware Ave., SW, #409N Washington, DC 20024	Nick J. Rahall, U.S. HOUSE 3rd WV Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/05/98	1,000.00
WIRTHLIN WORLDWIDE 1363 Beverly Road McLean, VA 22101	In-kind to John Shimkus, U.S. House 20th IL Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/06/98	4,875.00
JOE SKEEN FOR CONGRESS P.O. Box 16494 Alexandria, VA 22302	Voided Check Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/12/98	-500.00
CUMBERLAND COUNTY REPUBLICAN COMMITTEE 4704 Carlisle Pike Mechanicsburg, PA 17055	1998 Annual Contribution Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/13/98	500.00
BERMAN FOR CONGRESS 11661 San Vicente Boulevard, Suite 304 Los Angeles, CA 90049	Howard L. Berman, U.S. HOUSE 26th CA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/13/98	1,000.00
FRIENDS OF JOHN BOEHNER 790 North Vermont Street Arlington, VA 22203	John A. Boehner, U.S. HOUSE 8th OH Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/13/98	2,500.00

SUB TOTAL of Disbursements this page (Optional) > **11,375.00**

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 6
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
DREIER FOR CONGRESS P.O. Box 1110 Covina, CA 91722	David Dreier, U.S. HOUSE 28th CA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/13/98	500.00
POMEROY FOR CONGRESS 304 North 4th Street Bismarck, ND 58501	Earl Pomeroy, U.S. HOUSE AL ND Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/13/98	500.00
TEXANS FOR LAMAR SMITH 4010 Francis Road Alexandria, VA 22310-2136	Lamar Smith, U.S. HOUSE 21st TX Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/13/98	500.00
SNOWBARGER FOR CONGRESS PO Box 3001 Olathe, KS 66063-3001	Vincent K. Snowbarger, U.S. HOUSE 3rd KS Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/13/98	500.00
TALENT FOR U.S. CONGRESS P. O. Box 23683 Washington, DC 20026-3683	James M. Talent, U.S. HOUSE 2nd MO Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/13/98	1,000.00
LEADERSHIP 21 5501 Cherokee Ave. Ste. 112 Alexandria, VA 22312	1998 Annual Contribution Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/13/98	1,000.00
FRIENDS OF BYRON L. DORGAN PO Box 871 Bismarck, ND 58502	Byron L. Dorgan, U.S. SENATE ND Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/15/98	500.00
FRIENDS OF SHERROD BROWN 111 Edgefield Drive Elyria, OH 44035	Sherrod Brown, U.S. HOUSE 13th OH Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/15/98	500.00
MALONEY-CONGRESS-98 1325 East Main Street Waterbury, CT 06705	Jim Maloney, U.S. HOUSE 5th CT Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/15/98	500.00

SUB TOTAL of Disbursements this page (Optional)..... > 5,500.00

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

PAGE	OF
4	6
FOR LINE NUMBER	
23	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
COOK FOR CONGRESS P.O. Box 11336 Salt Lake City, UT 84147	Merrill Cook, U.S. HOUSE 2nd UT Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/15/98	500.00
CONTINUE THE MAJORITY PAC PO Box 533971 Orlando, FL 32853	1998 Annual Contribution Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/15/98	2,500.00
FRANK LUCAS FOR CONGRESS COMMITTEE 4010 Franconia Road Alexandria, VA 22310-2136	Frank Lucas, U.S. HOUSE 6th OK Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/15/98	1,000.00
BARBARA CUBIN FOR CONGRESS P.O. Box 4657 Casper, WY 82604	Barbara Cubin, U.S. HOUSE AL WY Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/26/98	500.00
THE GRASSLEY COMMITTEE PO Box 6193 Alexandria, VA 22306	Charles E. Grassley, U.S. SENATE IA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/26/98	1,000.00
TOM REYNOLDS FOR UNITED STATES CONGRESS PO Box 141 Williamsville, NY 14231	Tom Reynolds, U.S. HOUSE 27th NY Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/26/98	2,500.00
CITIZENS COMMITTEE FOR ERNEST F. HOLLINGS P.O. Box 65271 Washington, DC 20035	Ernest F. Hollings, U.S. SENATE SC Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/28/98	5,000.00
CITIZENS COMMITTEE FOR ERNEST F. HOLLINGS P.O. Box 65271 Washington, DC 20035	Ernest F. Hollings, U.S. SENATE SC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/28/98	5,000.00
CITIZENS FOR KASICH 208 G Street, N.E. Washington, DC 20002	John R. Kasich, U.S. HOUSE 12th OH Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/28/98	1,000.00

SUB TOTAL of Disbursements this page (Optional) > **19,000.00**

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	OF
	5	6
FOR LINE NUMBER		23

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NAME OF COMMITTEE (in Full)
American Hospital Association PAC

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
FRIENDS OF BLANCHE LINCOLN 5501 Cherokee Avenue Suite 112 Alexandria, VA 22312	Blanche Lincoln, U.S. SENATE AR Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify) 98 Run-Off Election	05/28/98	5,000.00
BOB RILEY FOR CONGRESS PO Box 700 Ashland, AL 36251	Bob Riley, U.S. HOUSE 3rd AL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/29/98	1,000.00
NEW MEXICANS FOR BILL REDMOND 1640 16th Street Los Alamos, NM 87544	Voided Check Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/29/98	-1,000.00
CITIZENS FOR KASICH 208 G Street, N.E. Washington, DC 20002	Voided Check Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/29/98	-1,000.00
TED STRICKLAND FOR CONGRESS 216 7th Street, SE Washington, DC 20003	Voided Check Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/29/98	-500.00
ALCEE HASTINGS FOR CONGRESS 421 New Jersey Avenue, SE Washington, DC 20003	Voided Check Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/29/98	-500.00
PASCRELL FOR CONGRESS 63 Quartz Lane Paterson, NJ 07501	Voided Check Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/29/98	-1,000.00
ROBERT WEXLER FOR CONGRESS COMMITTEE 2500 N. Military Trail Suite 288 Boca Raton, FL 33431	Voided Check Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/29/98	-500.00
FRIENDS OF JIM MCDERMOTT 1916 17th Street, NW., Suite 114 Washington, DC 20009	Voided Check Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/29/98	-500.00

SUB TOTAL of Disbursements this page (Optional).....>	1,000.00
TOTAL this Period (Last page this line number only).....>	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
 American Hospital Association PAC

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
CONGRESSMAN E. CLAY SHAW FOR CONGRESS 3869 Beech Down Drive Chantilly, VA 22021-3348	Voided Check Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	05/29/98	-1,000.00
B. Full Name, Mailing Address and Zip Code HOOSIERS FOR TIM ROEMER 555 New Jersey Avenue, N.W., Suite 201 Washington, DC 20001	Voided Check Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	05/29/98	-1,000.00
C. Full Name, Mailing Address and Zip Code JERRY SOLOMON FOR CONGRESS COMMITTEE 6126 11th Road, North Arlington, VA 22265	Voided Check Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/29/98	-1,000.00
D. Full Name, Mailing Address and Zip Code FRIENDS OF NEWT GINGRICH 1085 Holcomb Bridge Road, Suite 190A Roswell, GA 30076	Voided Check Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/29/98	-1,000.00
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 Disb. this Period
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period

SUB TOTAL of Disbursements this page (Optional).....>	-4,000.00
TOTAL this Period (Last page this line number only).....>	45,750.00

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>6-19-98</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>SEM</i> PREPARER	<i>6-22-98</i> DATE PREPARED